

PTSD: A Driver of Suicidal Ideation in Post-Deployed Veterans

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BACKGROUND

The prevalence of suicidal ideation (SI) in Veterans is a significant concern, as Veterans exhibit a 72% increased risk of suicide completion compared to the general population. Targeting modifiable risk factors (MRFs) such as sleep disturbances, impaired concentration, and emotional dysregulation—all commonly associated with Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and reduced quality of life (QoL)—may influence SI.

OBJECTIVE

Explore the relationship between SI and subjective symptoms related to PTSD and TBI to determine MRFs associated with higher odds of Veteran SI.

METHODS

This study is part of an IRB-approved, longitudinal study by the Washington, D.C. War Related Illness and Injury Study Center, which monitors post-deployed Veterans through remote surveys at baseline and quarterly follow-ups. Participants completed standardized psychometric measures including: the PTSD Checklist for DSM-5 (PCL-5), QoL in Neurological Disorders (Neuro-QoL), Neurobehavioral Symptom Inventory (NSI), and Patient Health Questionnaire 9 (PHQ-9). NSI was used to capture TBI symptom severity, and SI was operationalized with a PHQ-9 item 9 score greater than zero, forming SI vs non-SI categories. Binary logistic regression of baseline data was used for statistical analyses. Although the study was observational, clinicians contacted Veterans reporting SI within 24 hours for qualitative risk assessment.

RESULTS

Table 1. Demographic characteristics of the sample

Sample Size, N	N = 36
Age, Mean ± SD	51.7 ± 9.46
Male, # (%)	32 (88.9)
Suicidal Ideation at Baseline, # (%)	7 (19.4)

Table 2. Multivariable analysis of SI, controlling for timepoint, PCL-5, NSI, and Neuro-QoL

Binary Logistic Regression Analysis

Predictor	Odds Ratios	CI	p-value
PCL-5	1.09	1.01 - 1.18	0.028
NSI	1.02	0.96 - 1.09	0.572
Neuro-QoL	1.03	0.95 - 1.12	0.463

CONCLUSION

1. Veterans with increased PCL-5 scores are at greater odds of SI than those with lower scores.
2. Veterans with increased scores of TBI symptom severity are at greater odds of SI than those with lower scores.
3. Veterans with decreased scores of Neuro-QoL are at greater odds of SI than those with higher scores.
4. In the multivariable analysis, PTSD-related MRFs played the most critical role in predicting SI, while the predictive utility of TBI and QoL diminished to insignificance.
5. Clinically, PTSD symptoms should be monitored in Veterans as these symptoms are significantly associated with increased risk of SI.

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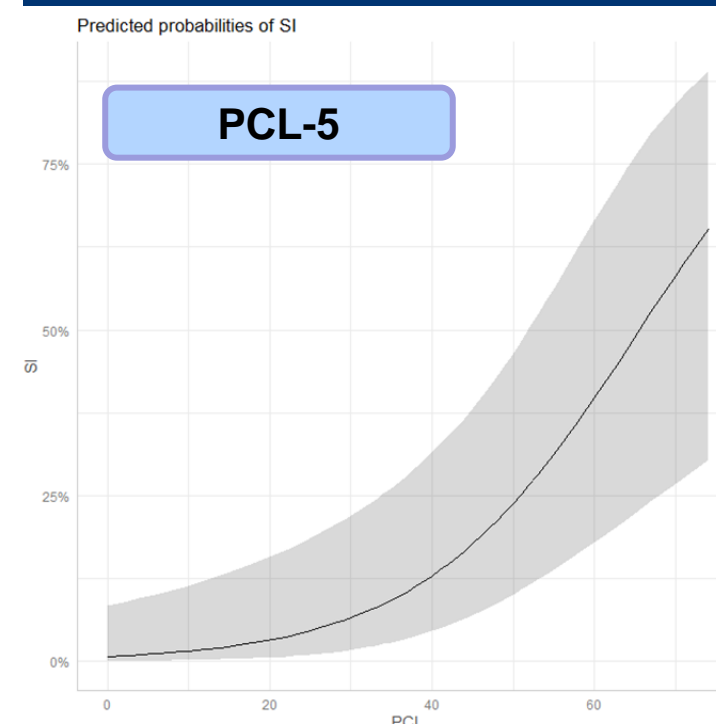


Figure 1. Veterans exhibited higher odds of experiencing SI with increasing PCL-5 scores, a measure of PTSD (OR: 1.08 [95% CI: 1.02 - 1.14]).

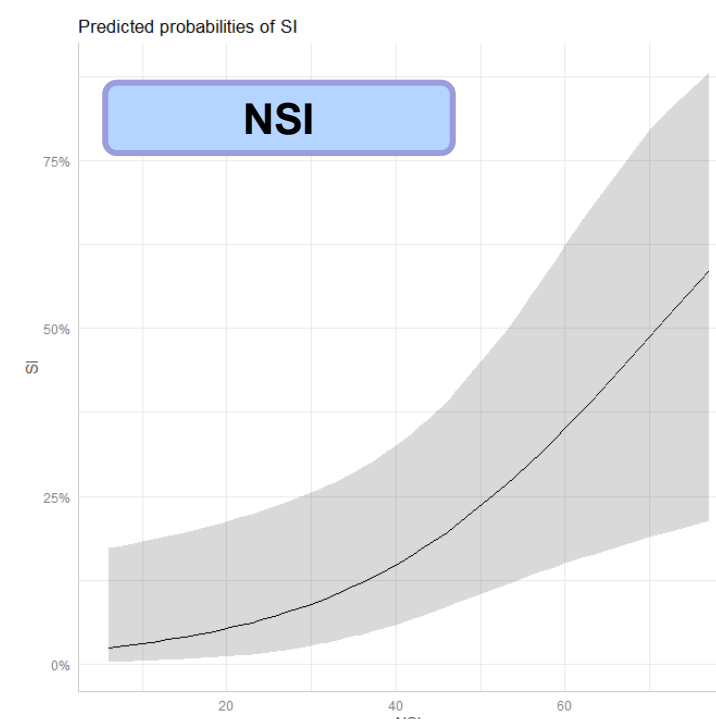


Figure 2. Veterans exhibited higher odds of experiencing SI with increasing NSI scores, a measure of TBI (OR: 1.06 [95% CI: 1.01 - 1.11]).

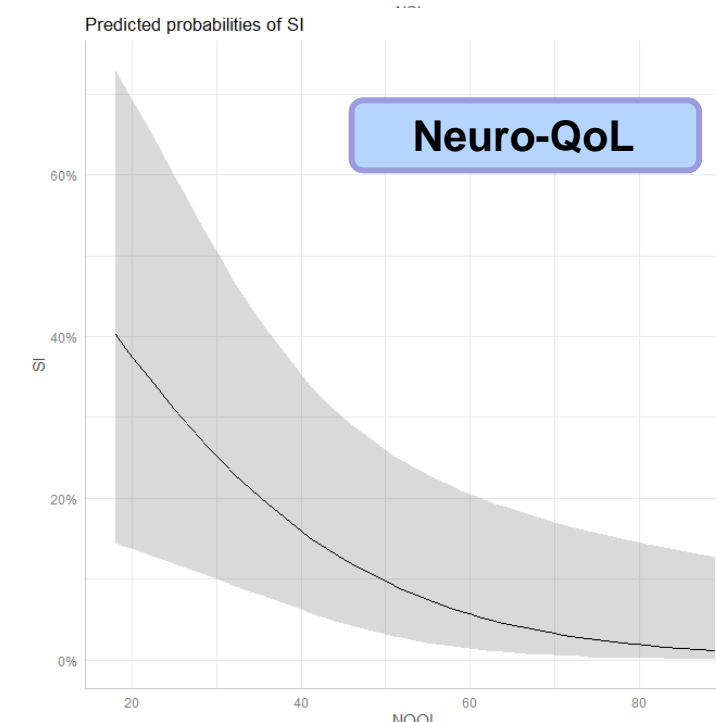


Figure 3. Veterans exhibited higher odds of experiencing SI with decreasing Neuro-QoL scores (OR: 0.94 [95% CI: 0.90 - 0.99]).