

Supplementary Material

Article Title: The Relationship Between Mental Pain, Suicide, and Childhood Traumatic Experiences:

Results From a Multicenter Study

Author(s): Maurizio Pompili, MD, PhD; Denise Erbuto, PhD; Marco Innamorati, PsyD, PhD; Mario

Luciano, MD; Gaia Sampogna, MD; Giovanni Abbate-Daga, MD; Stefano Barlati, MD; Claudia Carmassi, MD; Giovanni Castellini, MD; Pasquale De Fazio, MD; Giorgio Di Lorenzo, MD; Marco Di Nicola, MD; Silvia Ferrari, MD; Carla Gramaglia, MD; Maria Giulia Nanni, MD; Massimo Pasquini, MD; Federica Pinna, MD; Nicola Poloni, MD; Gianluca Serafini, MD, PhD; Maria Signorelli, MD; Antonio Ventriglio, MD; Umberto Volpe, MD; and

Andrea Fiorillo, MD, PhD

DOI Number: 10.4088/JCP.21m14176

List of Supplementary Material for the article

1. Methods

2. Results

3. Table 1 Differences Between Inpatients and Outpatients (N=2137)

4. References

Disclaimer

This Supplementary Material has been provided by the author(s) as an enhancement to the published article. It has been approved by peer review; however, it has undergone neither editing nor formatting by in-house editorial staff. The material is presented in the manner supplied by the author.

METHODS

Assessment

C-SSRS. A rating scale evaluating suicidal ideation in individuals aged 12 years and older. The C-SSRS rates an individual's degree of suicidal ideation on a scale from 'wish to be dead' to 'active suicidal ideation with a specific plan and intent'. The C-SSRS begins with two items assessing the respondent's wish to be dead (e.g. 'I wish I were dead') and non-specific active suicidal thoughts (e.g. 'I've thought about killing myself'). If the participant responds positively to one of these items, then three additional items are used to assess: active suicidal ideation either with any method but no plan or intent to act; active suicidal ideation with some intent to act but no plan; and active suicidal ideation with a specific plan and intent. According to the protocol of this instrument, we used past month ratings for all analyses involving suicidal ideation and intent, whereas past three month ratings for those involving suicidal behaviour.

BDI-II. A 21-item self-report instrument evaluating the presence/severity of depressive symptoms during the previous 14 days.² Each item is scored from 0 to 3 to evaluate symptom severity, with total scores of 0–63. A score of \geq 20 is suggestive of moderate to severe depression. Internal consistency and concurrent validity have been documented in clinical/non-clinical samples.³ Cronbach's alpha in the present sample was 0.94.

CTQ. A 28-item self-report questionnaire assessing physical, emotional and sexual abuse and also emotional and physical neglect.⁴ Each item begins with the anchor 'when I was growing up' and respondents indicate the frequency of a particular incident on a five-point

Likert scale (1 = never true; 5 = very often true). Consistent with the original factor structure, we considered a five-factor model: emotional neglect (EN), emotional abuse (EA), sexual abuse (SA), physical abuse (PA) and physical neglect (PN). The CTQ has been shown to have solid psychometric properties.⁵⁻⁷ Cronbach's alpha values in the present sample were 0.52 for PN, 0.89 for EN, 0.91 for SA, 0.81 for PA and 0.83 for EA.

OMMP. A 44-item self-report measure of mental pain.⁸ Each item is self-scored on a five-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher OMMP scores reflect higher levels of mental pain. Cronbach's alpha in the present sample was 0.98.

PPPS. A self-administered questionnaire that evaluates the intensity of physical and mental pain on a dimensional scale from 0 (*none*) to 10 (*maximum possible pain*):⁹ the current intensity of pain, the usual pain during the last 15 days and the maximum pain always experienced in relation to the last 15 days (PPPS worst). Cronbach's alpha values in the present sample were 0.91 and 0.92, respectively, for physical and mental pain dimensions.

RESULTS

Differences between in- and out-patients

658 participants (410 women and 248 men) were currently admitted to inpatient units, and 1479 (902 women and 576 men) to outpatient units. Inpatients and outpatients differed for several sociodemographic and clinical variables (see Table S1), including age (40.77 \pm 14.78 vs. 43.82 \pm 14.98, respectively for inpatients and outpatients, t_{2093} =4.32, p<0.001), suicide ideation in the last month (χ_5^2 =277.71, p<0.001), lifetime suicide attempts (48.8% vs. 33.1%, respectively for inpatients and outpatients, p<0.001), and diagnoses of schizophrenia (20.8% vs. 12.3%, respectively for inpatients and outpatients, p<0.001), anxiety disorders (11.7% vs. 21.0%, respectively for inpatients and outpatients, p<0.001), and personality disorders (8.5% of BPD and 21.0% of other personality disorders vs. 8.1% of BPD and 9.7% of other

personality disorders, respectively for inpatients and outpatients, $\chi^2=51.40$, p<0.001).

Supplementary Table 1. Differences between inpatients and outpatients (N=2137)						
Variables	Inpatients	Outpatients	test	Significanc	Effect	
<u>-</u>	N=658	N=1478		e	size	
Sex - n (%)				0.30^{a}	phi=-0.01	
Men	248(37.7%)	576(39.0%)				
Women	410(62.3%)	902(61.0%)				
Age - M SD	40.77±14.78	43.82±14.98	$t_{2093}=4.32$	<0.001	d=0.20	
Marital status			$\chi^2 = 27.40$	<0.001	v=011	
-n (%)						
Married	167(25.4%)	532(36.5%)				
Divorced or	107(16.3%)	235(16.1%)				
widowed						
Single	383(58.3%)	691(47.4%)				
Job-n (%)			$\chi^2_2 = 36.53$	<0.001	v=0.13	
Employed	279(43.0%)	795(54.9%)				
Unemployed	291(44.8%)	453(31.3%)				
Other	79(12.2%)	200(13.8%)				
School			$\chi^2_2 = 11.33$	0.003	v=0.07	
attainment –						
n (%)						
<u><</u> 8 yrs	244(37.3%)	436(30.0%)				
=13 yrs	309(47.2%)	744(51.2%)				
>=16 yrs	102(15.6%)	272(18.7%)				
Living			$\chi^2_2 = 24.87$	<0.001	v= 0.11	
accomodation						
-n (%)						
Alone	162(24.6%)	253(17.3%)				
Family or	434(66.0%)	980(67.1%)				
friends						
Other	62(9.4%)	227(15.5%)				
Diagnosis –						
n (%)						
Schizophreni	137(20.8%)	182(12.3%)		<0.001 ^a	phi=-0.11	
a						

BD 138(21.0%) 3	14(21.2%)		0.47^{a}	phi=-
				0.003
MDD 192(29.2%) 42	29(29.0%)		0.49^{a}	phi=0.00
				2
Anxiety 77(11.7%) 3	11(21.0%)		<0.001 ^a	phi= -0.11
disorders				
Personality		$\chi^2_2 = 51.40$	< 0.001	v= 0.16
disorders –				
n (%)				
BPD 56(8.5%) 1	20(8.1%)			
Others 138(21.0%) 1	44(9.7%)			
Substance 64(9.7%) 1	26(8.5%)		0.21a	phi=0.02
abuse – n (%)				
Mental illness 308(47.6%) 7	17(50.7%)		0.10^{a}	phi=0.03
in the family				
members –				
n (%)				
Suicide		$\chi^2_5 = 277.71$	<0.001	v = 0.36
ideation, last				
month –				
n (%)				
None 295(44.8%) 10	97(74.2%)			
Wish to be 68(10.3%) 1:	53(10.4%)			
dead				
Suicidal 33(5.0%)	60(4.1%)			
thoughts				
Suicidal 55(8.4%)	71(4.8%)			
thoughts with				
method (but				
without				
specific plan				
or intent to				
act)				
Suicidal intent 69(10.5%)	49(3.3%)			

('41)					
(without					
specific plan)					
Suicidal intent	138(21.0%)	48(3.2%)			
with specific					
plan					
Suicide	321(48.8%)	489(33.1%)		<0.001 ^a	phi=-0.15
attempts,					
lifetime –					
n (%)					
OMMP	119.96±38.5	107.74±40.8	$t_{2129}=6.49$	< 0.001	d=0.31
Psychological	8	3			
pain-M SD					
PPPS worst	7.33 ± 2.96	5.31±3.40	$t_{1395.63} =$	< 0.001	d= 0.63
Psychological			13.75		
pain – M SD					
PPPS	11.05 ± 8.72	9.73 ± 8.48	$t_{2101}=3.26$	0.001	d= 0.15
Physical pain					
– M SD					
CTQ PN –	8.20 ± 3.22	8.19±3.16	$t_{2118}=0.10$	0.92	d=0.003
M SD					
CTQ EN –	12.92 ± 5.62	13.12 ± 5.75	$t_{2118}=0.77$	0.44	d=0.04
M SD					
CTQ SA –	7.00 ± 4.21	6.50 ± 3.70	$t_{1101.40}=2.63$	0.009	d=0.13
M SD					
CTQ PA –	7.30 ± 3.99	6.44±2.94	t _{964.69} =4.93	<0.001	d= 0.25
M SD			0,04.0)	0.001	u 0.20
CTQ EA –	10.16±5.01	8.99±4.62	t _{31145.87} =5.0	<0.001	d= 0.24
M SD			8	10.001	G 0.24
BDI – M SD	24.01±13.87	18.49±13.50	$t_{2130}=8.64$	<0.001	d= 0.40
BDI – M SD BDI≥20 -	381(58.1%)	638(43.2%)	12130 G.UT	<0.001 <0.001 ^a	phi= 0.14
	(- · -)	()		~0.001 "	рш- у.14
<u>n (%)</u>					

^aOne-way Fisher exact test. Bonferroni correction for multitesting: p=0.05/24=0.002; In bold test significant after correction for multitesting.

BD=Bipolar disorder; MDD=Major depressive disorder; BPD=Borderline personality

disorder; OMMP=Mental Pain Questionnaire; PPPS=Physical and Psychological Pain Scale; CTQ=Childhood Trauma Questionnaire; PN=Physical neglect; EN=Emotional neglect; SA=Sexual abuse; PA=Physical abuse; EA=Emotional abuse; BDI=Beck Depression Inventory-2.

REFERENCES

- 1. Posner K, Brown GK, Stanley B, et al. The Columbia-Suicide Severity Rating Scale: initial validity and internal consistency findings from three multisite studies with adolescents and adults. *Am J Psychiatry*. 2011;168:1266-77.
- 2. Beck AT, Steer RA, Brown GK. Manual for the Beck Depression Inventory-II. San Antonio, TX:Psychological Corporation;1996.
- 3. Sica C, Ghisi M. The Italian versions of the Beck Anxiety Inventory and the Beck Depression Inventory-II: Psychometric properties and discriminant power, in Lange MA (ed): Leading-edge psychological tests and testing research. New York, NY, Nova Science Publishers, 2007, pp 27–50
- 4. Bernstein DP, Fink L. Childhood Trauma Questionnaire: A Retrospective Self-Report. San Antonio, TX:Harcourt Brace & Co.;1998.
- Bernstein DP, Ahluvalia T, Pogge D, et al. Validity of the Childhood Trauma
 Questionnaire in an Adolescent Psychiatric Population. *Journal of the American* Academy of Child & Adolescent Psychiatry. 1997;36:340-348.
- Bernstein DP, Stein JA, Newcomb MD, et al. Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child Abuse Negl*. 2003;27:169-90.
- Innamorati M, Erbuto D, Venturini P, et al. Factorial validity of the Childhood
 Trauma Questionnaire in Italian psychiatric patients. *Psychiatry Res.* 2016;245:297-302.
- 8. Orbach I, Mikulincer M, Sirota P, et al. Mental pain: a multidimensional operationalization and definition. *Suicide Life Threat Behav*. 2003;33:219-30.
- 9. Olié E, Guillaume S, Jaussent I, et al. Higher psychological pain during a major depressive episode may be a factor of vulnerability to suicidal ideation and act. *J*

Affect Disord. 2010;120:226-30.