



## Suicide and Eating Disorders

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Eating disorders (EDs) are serious psychiatric conditions that result in immense distress, impairment, and a high number of premature deaths – many of which are a result of suicide (Suokas et al., 2014). Despite this frightening reality, steps can be taken to reduce the risk of suicide in those with EDs, and it starts with reliable identification and effective tools to cope.

### PREVALENCE OF SUICIDALITY AMONG PEOPLE WITH EATING DISORDERS

Suicidality encompasses suicide ideation and suicide attempts. Suicide ideation includes unwanted thoughts, contemplations, or plans about ending one's own life. Although many people who experience suicide ideation never go on to attempt suicide, ideation is indeed a risk factor for future attempts and should be taken seriously (Klonsky et al., 2021). Research indicates that individuals with EDs experience higher rates of suicide ideation, with estimates ranging from 20 to 43% (Sohn et al., 2023), compared to 5 to 14% in the general population (Ortiz & Smith, 2019). For both clinical and subclinical EDs, restricting, purging, and binge eating behaviours have been associated with a significant increase in risk of suicide ideation (Lee & Lee, 2015). Purging behaviours in particular pose the greatest risk; they can be seen across ED diagnoses but are most characteristic of bulimia nervosa, anorexia nervosa – bingeing-purging subtype, and purging disorder (Joiner et al., 2022). Upwards of 30% of individuals whose symptoms include purging will experience suicide ideation in their lifetime, compared to

22 and 26% of those who engage in restriction and binge eating respectively (Mayes et al., 2014; Conti et al., 2017). These findings highlight the critical importance of early identification for intervention to prevent those at risk from progressing to suicide attempts.

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A suicide attempt is any action taken to end one's life that does not result in death. Individuals affected by EDs are at a significantly higher risk for suicide attempts compared to the general population, with one meta-analysis indicating those with EDs are between 18 and 31 times more likely to attempt suicide than those without (Perkins & Brausch, 2018). Even more alarming, previous suicide attempts are a robust predictor of future death by suicide (Bostwick et al., 2016). Once again, among those with EDs, the risk of suicide attempts varies. Those who engage in purging behaviours are at greater risk of attempting suicide, with rates ranging from 25 to 30% (Mayes et al., 2014). In contrast, rates of suicide attempts in those who engage in bingeing and restricting behaviours range from 2 to 20% (Conti et al., 2017; Mayes et al., 2014).

While there is a significantly smaller body of research on the association between EDs and completed suicides, the existing studies are conclusive – individuals with EDs are eight times more likely to die by suicide than the general population (Mayes et al., 2014). Among EDs, anorexia nervosa carries the highest risk of death by suicide. Suicide accounts for the second greatest portion of deaths for those with anorexia, following medical complications (Perkins & Brausch, 2018). The increased risk in those with bulimia nervosa or binge eating disorder is unclear due to limited research. Despite these alarming statistics, effective treatments and strategies are available for managing EDs and suicidal behaviours. Understanding why this group is at an increased risk may be the key to understanding which strategies and tools could be most effective.

### **WHY PEOPLE WITH EATING DISORDERS ARE AT GREATER RISK OF SUICIDALITY**

Several theories attempt to explain the connection between EDs and suicidality; the most prevalent include the compounded impacts of comorbid disorders, the Interpersonal-Psychological Theory of Suicide (IPTS), and emotional dysregulation. It is estimated between 55 and 95% of individuals with an ED will experience a co-occurring psychiatric condition, such as an anxiety, mood, or substance use disorder, in their lifetime (Hambleton et al., 2022). Research indicates the elevated risk of suicidality in individuals with EDs could be driven by experiences of comorbid disorders. One meta-analysis found those with comorbid depression and/or substance use were more likely to have recently experienced suicide ideation and to have previously attempted suicide (Franko & Keel, 2006).

Meanwhile, according to IPTS, individuals who experience thwarted belonging, perceived burdensomeness, and have acquired the capability to take lethal measures are at the greatest risk of attempting and completing suicide (Joiner, 2005). Many ED symptoms align with the experience of each of these three factors (Smith et al., 2018). Thwarted belonging refers to feelings of isolation, loneliness, and a perceived lack of reciprocal caring relationships. ED symptoms such as bodily dissatisfaction, purging, and binge eating are associated with social withdrawal and less enjoyment from social interaction, which can contribute to a sense of thwarted belonging (Forrest et al., 2016). Perceived burdensomeness is the belief of being a liability or burden to those around oneself. Individuals with EDs may experience low self-esteem

or feelings of worthlessness that contribute to the belief that they are a burden (Zeppegno et al., 2021). Suicide becomes possible when these two factors are coupled with the capability to act lethally. The capability for suicide can be acquired through repeated exposure to self-inflicted, physically painful behaviours, such as restricting or purging, which can habituate a person to the fear and pain associated with suicide over time (Goldstein & Gvion, 2019).

Both theories share a common core: the affected individual's inability to effectively cope with negative emotional states. Research has shown that those with EDs experience higher rates of emotional dysregulation than the general population. Among the former, those who reported recent suicide ideation or a history of suicide attempts tend to experience greater emotional dysregulation than those who did not report recent suicidality (Rania et al., 2020). Emotional dysregulation can manifest differently among EDs diagnoses. Individuals with bulimia nervosa or binge eating disorder experience greater difficulties with impulse control and goal-directed behaviours (Puttevils et al., 2021), and report having fewer effective coping strategies (Weinbach et al., 2017). Conversely, those with anorexia nervosa experience greater challenges in overcontrolling their emotions; more specifically, deficits in naming and accepting emotions, and in mental flexibility (Puttevils et al., 2021). A lack of emotional awareness can contribute to feelings of disconnection from oneself and others, leading to a sense of loneliness, hopelessness, or burdensomeness. This lower emotional awareness, coupled with overcontrolled emotions, is associated with overall reduced use of emotional regulation strategies (Lynch et al., 2013). Furthermore, a lack of adaptive strategies to manage intense negative emotional states can drive individuals to use coping tools such as disordered eating behaviours that ultimately harm their health, or to consider suicide to escape (Puttevils et al., 2021). That being said, treatment, support, and strategies to address EDs and suicide ideation should emphasize learning to recognize and accept emotions and teach adaptive skills to tolerate and cope with negative emotional states.

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## BEST PRACTICES FOR EATING DISORDERS AND SUICIDAL IDEATION

Best practices in the treatment of EDs and suicidal ideation overlap significantly. Dialectical Behaviour Therapy (DBT), initially developed to treat personality disorders and reduce the risk of suicide ideation, shows promise in the treatment of EDs as well. Despite the empirical support regarding the efficacy of first-line treatment models such as enhanced cognitive behavioural therapy (CBT-E) and family-based therapy, they were not designed to address concurrent suicidality. DBT may be considered an effective alternative to, or a means of augmenting first-line treatments (Vogel et al., 2021). DBT conceptualizes EDs and suicidal behaviours as maladaptive tools to regulate and cope with distressing or intolerable emotions. For example, binge eating may be seen as a tool to escape sadness or anxiety by providing temporary pleasure and relief. DBT aims to assist individuals in replacing EDs and/or suicidal behaviours with more adaptive coping strategies to regulate their emotions and enhance distress tolerance (Linehan & Chen, 2005). Meta-analyses have shown DBT to be effective in significantly reducing ED behaviours including restricting, purging, and bingeing during and following treatment (Bankoff et al., 2012).

In light of the growing body of research on the efficacy of DBT for EDs, new DBT models have also emerged to better address complex cases. Multidiagnostic Eating Disorder-DBT (MED-DBT) was designed for individuals with comorbid psychiatric disorders and/or suicidality. MED-

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DBT combines elements of traditional ED treatment (such as meal planning, regular weigh-ins, psychoeducation on weight and nutrition, and managing ED thoughts) with DBT components aimed at gradually reducing behaviours that are life-threatening, disrupt therapy progress, and negatively impact overall well-being (Federici et al., 2012). One meta-analysis found MED-DBT to be effective in reducing

ED symptoms and suicidal or self-injurious behaviour in individuals with extensive unsuccessful treatment histories (Ben-Porath et al., 2020). DBT typically involves individual sessions with a therapist and skill-building groups, in which individuals learn and practice skills to manage difficult emotions. Many of the strategies and skills that are taught can be practiced independently at home, and individuals are encouraged to do so.

## STRATEGIES TO REDUCE YOUR SAFETY RISK IF YOU STRUGGLE WITH BOTH AN EATING DISORDER AND SUICIDALITY

In addition to seeking professional support or treatment, numerous strategies can effectively reduce risk and help you cope with ED urges or suicidal ideation. These include having a plan to keep yourself safe, learning to tolerate distress or better regulate difficult emotions, and knowing when it is necessary to ask for help.

1. **Create a Safety Plan** – A safety plan is a tool that guides and supports someone when they are at risk of engaging in harmful behaviours. Creating a safety plan can help you better recognize warning signs that you may engage in harmful behaviours and understand how to cope or get support. A person’s safety plan may include sections that list their triggers, reasons to not engage in harmful behaviours, go-to coping strategies, and support contacts. It can be handy to keep the plan where it is easily accessible – perhaps on a mobile device or in your wallet.
2. **Try Some Distress Tolerance Techniques** – Distress tolerance refers to the ability to manage intense emotional experiences without becoming overwhelmed. When facing a challenging emotional event, it can be difficult to practice adaptive coping strategies; it might feel natural to engage in behaviours in the moment that are familiar, despite causing problems in the long run. Distress tolerance skills can help reduce emotional intensity and enable you to access more adaptive ways to regulate emotions. Below are some common distress tolerance techniques taught in DBT:
  - **TIPP** – TIPP stands for temperature, intense energy exertion, paced breathing, and paired muscle relaxation. These are techniques that can be practiced individually or together.
  - **Temperature:** When feeling overwhelmed, our bodies tend to feel hot. Counter this physical and

emotional heat by doing things to cool yourself down. Try splashing cold water on your face, holding an ice cube, or standing in front of a fan.

- **Intense Energy Exertion:** Intense emotions can create a build-up of energy in your body. Physical activities such as running, jumping jacks, dancing, or skipping rope can release pent-up energy. If you have been advised to avoid or limit exercise or movement, try screaming into a pillow or ripping up a magazine or newspaper.
- **Paced Breathing:** Reduce distressing physical sensations such as rapid heart rate or sweating by taking deep breaths or practicing breathing exercises. Box breathing is one example. In this exercise, you hold each breath for four counts; inhale for four, hold it in for four, exhale for four, hold for four and repeat.
- **Progressive Muscle Relaxation:** Tense and relax groups of muscles, such as your arms and hands, to release excess tension during overwhelming emotions. Hold the tension for a few seconds and gradually release it, paying attention to how your muscles feel as they relax.
- **Grounding** – Grounding is a self-soothing skill that can help reorient you back to the present moment when you are sitting with overwhelming emotions or racing thoughts, often using the five senses. One exercise to practice is called 5,4,3,2,1 – pay attention to your surroundings and try to name and describe five things you can see, four things you can touch, three things you can hear, two things you can smell, and one thing you can taste.
- **STOP** – This skill involves pausing before acting when sitting with an urge, allowing you to make choices that better align with your goals and values. When overwhelmed with an intense emotion, the first step is to stop. Pause and name the emotion, rather than acting on it. Next, take a step back from the situation – remove yourself from the environment or focus on deep breathing. Once you have taken a few minutes away from the situation, begin to observe what is happening around you and within you. Reflect on your own emotions and thoughts and notice what others around you may be doing or saying. Now that you have gathered all the relevant information, you can proceed mindfully. Remind yourself of the benefits of not acting on your urges or the drawbacks

of giving in to them. Consider which choices will improve the situation and how they will impact your goals. With this clearer headspace, you may be better equipped to handle the situation effectively.

3. **Practice Emotional Regulation Strategies** – When feeling less heightened, you may find it useful to try some strategies to regulate your emotions. Learning to regulate your emotions in a way that replaces potentially harmful behaviour is the core of many DBT practices. Some useful techniques to consider are:
  - **Mindfulness** – Mindfulness is a practice that involves paying attention to the present moment and bringing awareness to your thoughts, feelings, and physical state without judgment. It can support recognition of negative thoughts or feelings and create a tolerance for sitting with the distress without acting on it. One popular mindfulness technique is mindful breathing, which you can practice either seated or standing in a relaxed position. Take deep breaths, pay attention to how your body feels and observe any physical sensations. If your mind begins to wander, acknowledge any thoughts that come up, allow them to pass and shift your attention back to your breath. Try this activity for five minutes each day to see how sitting with your thoughts, feelings, and body without judgment feels.
  - **Opposite Action** – One way to practice this involves acknowledging urges to engage in harmful or unhelpful behaviour, or the emotions driving the urges, and choosing to do the opposite behaviour. For example, if you are having distressing thoughts about your body and feeling compelled to restrict your portions at mealtime, pause, acknowledge the urge, and choose to eat full portions of food instead. Another way to practice opposite action is to reflect on the emotion that is driving the urge and do something that fosters the opposite emotion. For example, if you are feeling the urge to act on suicidal thoughts and identify anxiety as the driver, do activities that foster a sense of calm, such as deep breathing, yoga, or meditation.

4. **Reach out to Crisis Resources** – If you are feeling overwhelmed with thoughts of suicide and unable to cope, it is crucial to seek support immediately. Reach out to a trusted loved one or friend. Be open and honest about how you are feeling and ask for help. Professional and anonymous supports also exist if you are uncomfortable reaching out to personal supports. Connect with a distress centre or crisis line, go to your local emergency department, or call 911.
- Remember, help is available, and taking steps to reduce risk and seek support can make a difference. If you are experiencing suicidal ideation, please consider connecting with the following resources:

**Talk Suicide Canada** operates a nationwide crisis line. You can call 1-833-456-4566 toll-free anytime or text 45645 between 4 pm-12 am ET. For a list of text and chat services available in Canada, please visit <https://talksuicide.ca/>.

**Kids Help Phone** offers 24/7 support to young people across Canada. Access help by calling 1-800-668-6868, texting CONNECT to 686868, or starting a live chat at <https://kidshelpphone.ca/>.

**Crisis Text Line** provides 24/7 support to Canadians in crisis via text, WhatsApp, or online live chat. Access help by texting HOME to 741741 or starting a live chat at <https://www.crisistextline.org/>.

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