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Letter to the Editor

The relationship between history of overdose and medically self-sabotaging behaviors

Dear Editor:

Few studies have examined relationships between potentially lethal behaviors, such as suicide attempts, and accompanying nonsuicidal self-destructive behaviors. As examples, Shah and Ganesvaran [1] examined 60 completed suicides and found a significant association with a past history of "deliberate self-harm." Safer [2] reviewed the literature relating to adolescent populations and concluded that there was no convincing overlap between suicide attempts and "deliberate self-harm." In a study of 107 psychiatric inpatients, we confirmed a relationship between a history of suicide attempts and a number of low-lethal self-harm behaviors [3], including a symptom cluster of three medically self-defeating behaviors—that is, the prevention of wounds from healing, the abuse of prescription medications, and the purposeful exercising of an injury. Collectively, these sample studies report inconsistent results regarding whether patients with high-lethal behaviors, such as suicide attempts, engage in other forms of nonsuicidal self-destructive behavior. However, there are a number of methodological variances among these studies that may account for differences in findings (e.g., comparison of two inpatient samples versus a composite sample; two adult populations versus an adolescent population; retrospective record review versus a literature review versus cross-sectional sampling; lack of clarification of the types of self-harm examined, except for our study, in which we examined 22 specific behaviors).

In the present study, we examined the relationship between self-reported overdoses and 19 types of medically self-sabotaging behaviors among a sample of urban psychiatric inpatients. We elected to study individuals with histories of overdoses to identify those participants with potentially high-lethal behavior toward body self, not necessarily suicide attempts. Our hypothesis was that this type of high-risk behavior to self might translate into body-based medically self-sabotaging behaviors. Respondents (N=120) consisted of 47 males and 73 females, ranging in age from 18 to 74 years (mean=38.69, S.D. =11.74). Most participants were white (81.5%) or African-American (15.1%); the remainder indicated Native American (n=2), Asian, (n=1), or other (n=1). With regard to the highest level of completed education, 12.7% had not graduated high school; 35.6% had earned a high school diploma, 35.6% some college coursework but not a degree, 9.3% an undergraduate degree, and 6.8% a graduate degree.

All participants were recruited during one investigator's (J.S.M.) weekly visit to the inpatient unit (i.e., a sample of convenience). Of the 145 individuals approached, 120 agreed to participate for a response rate of 82.8%.

All participants completed a research booklet that contained the query, "Have you ever intentionally, or on purpose, overdosed?" In addition, all participants completed the Medical Sabotage Survey, a 19-item, author-developed (R.A.S.) measure that explores medically self-sabotaging behavior (i.e., self-destructive behaviors that impair or defeat effective medical care). This survey was published in a previous study [4]. Items in the survey are preceded by the statement, "Have you ever, intentionally or on purpose,..." and include, "not taken a prescribed medication to hurt yourself; exposed yourself to an infected person with the hopes of getting infected, yourself; created additional symptoms to attract the attention of a healthcare provider," and, "exaggerated physical symptoms to attract the attention of a healthcare provider."

Completion of the research booklet was assumed to be implied consent. The project was approved by the institutional review boards of the local hospital and the university.

With regard to results, compared to those who did not endorse the item "overdosed," those who did demonstrated a greater rate of endorsement of multiple items on the Medical Self-Sabotage Survey (see Table 1)—specifically, 8 of 19 behaviors (42.1% of the presented behaviors). These particular endorsements clearly indicate the active sabotage of one's medical care.

These findings suggest that, among psychiatric inpatients with histories of overdoses, there may be associated self-harm behaviors that manifest in an elusive form—that of medically self-defeating behaviors. This specific area of inquiry is likely to be overlooked by clinicians in both psychiatric and primary care settings. Interestingly, we do not know if these particular individuals manifest traditional adjunctive self-harm behavior, as well, such as hitting, cutting, or burning oneself. However, it is possible that for a subgroup of individuals with suicide attempts, adjunctive

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Table 1
Percentage of respondents (*N*=120) indicating having engaged intentionally in each form of medically self-sabotaging behavior as a function of ever having overdosed

Medically self-sabotaging behavior ("Have you ever intentionally, or on purpose...")	Ever overdosed? (%)			
	No (*n*=53)	Yes (*n*=67)	χ^2	*P*<
Not taken a prescribed medication to hurt yourself	11.3%	32.8%	7.94	.01
Exposed yourself to an infected person with the hopes of getting infected yourself	0.0%	11.9%	6.78	.01
Damaged yourself, on purpose, and sought medical treatment	9.4%	43.3%	16.70	.001
Not gone for medical treatment, despite knowing that you need it, to purposefully hurt yourself	11.3%	40.3%	12.46	.001
"Created" additional symptoms to attract the attention of a healthcare provider	3.8%	14.9%	4.09	.05
Exaggerated physical symptoms to attract the attention of a healthcare provider	7.5%	22.4%	4.89	.05
Purposefully misused medications to worsen a physical illness	0.0%	22.4%	23.56	.001
Mixed prescription drugs with the intent to harm yourself	0.0%	29.9%	18.99	.001

self-harm behavior solely manifests as medically self-sabotaging behavior.

This study indicates that patients with histories of overdoses oftentimes harbor a number of *other* low-lethal self-harm behaviors that have medical overtones. These latter behaviors may be functioning as self-injury equivalents as do their traditional counterparts, thereby suggesting the possibility of a comorbid diagnosis of a Cluster B personality disorder such as borderline personality disorder. Borderline personality would be a possible candidate for consideration because of the diagnostic criterion of "impulsivity in…areas that are potentially self-damaging" (in this case, the care of one's health). However, not all self-harmers meet the criteria for this disorder.

This study has a number of potential limitations, including the self-report methodology and the inherent constraints of such an approach; the lack of a standardized measure for medically self-sabotaging behavior (we are not aware of such an existing measure); and the imprecise intent of participants who reported overdoses. However, this study suggests that in patients with histories of overdoses, both traditional as well as medically related forms of self-harm may exist. The latter behaviors are likely to be under-recognized and this avenue of diagnostic inquiry may be overlooked. Therefore, in all patients with histories of suicide attempts, we suggest exploring a number of types of self-harm behavior in an effort to flush out the entire diagnostic picture.

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