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SUICIDALITY IN PATIENTS USING OPIOID MEDICATIONS TO TREAT SEVERE, REFRACTORY RESTLESS LEGS SYNDROME: PREVALENCE AND ASSOCIATIONS

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Introduction: Prior investigations demonstrate a high prevalence of suicidal ideation and behavior in Restless Legs Syndrome (RLS) patients, particularly those with depression and severe RLS symptoms. The present study examines the prevalence of, and associations with, active suicidal ideation (ASI) and passive suicidal ideation (PSI) in patients using prescribed opioids for severe refractory RLS.

Methods: The National RLS Opioid Registry is an observational longitudinal study consisting of individuals taking a prescribed opioid for diagnosed RLS, nearly all with previously augmented symptoms. Information on opioid dosages, side effects, past and current concomitant RLS treatments, RLS severity, psychiatric symptoms, and opioid abuse risk factors were collected at baseline and every 6 months thereafter by REDCap surveys. Two years following enrollment, the C-SSRS was utilized to assess both PSI and ASI in the previous year, whereas the last question on the PHQ-9 assessed PSI in the past two weeks.

Results: At baseline, participants reported a reduction in previous suicidality following initiation of opioids: ASI from 22.0% to 7.0%, and PSI from 36.7% to 13.4%. At the 2-year PHQ-9 survey, 10.1% of registry participants reported PSI within the two previous weeks. At that same 2-year assessment, on the C-SSRS, 7.8% of participants reported both PSI and ASI in the past year. Overall, suicidality was associated with depression, anxiety, female sex, and perceived opioid stigma. PSI was less likely to be present in those taking methadone. Serial mediation analysis found that both RLS severity and depression severity moderated the relationship between methadone use and PSI. Specifically, methadone use was associated with decreased RLS severity, which was associated with decreased depression severity, and then further, less PSI.

Conclusion: Maximal treatment of RLS symptoms and approaches which mitigate the other clinical features associated with ASI and PSI in this population (anxiety, depression, stigma) are worthy of independent therapeutic attention. Similarly, this data may be useful for prescribers when assessing the appropriateness of opioid treatment for individual patients.

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