Veterans who have served in the conflicts of Iraq and Afghanistan are at increased risk of suicide compared to other veterans if they have a psychiatric diagnosis

**QUESTION**

**Question:** Is there an association between military service in Iraq and Afghanistan, psychiatric comorbidity and suicide mortality?

**People:** All 5,772,282 veterans who had used the Veterans Health Administration (VHA) services during fiscal year (FY) 2007 or 2008. Veterans were 90.5% male and an average age of 60.9 years. Among these veterans, 309,108 were Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) veterans who had served in the conflicts of Iraq and Afghanistan and the remaining 5,463,174 were non-OEF/OIF veterans who had served in other conflicts.

**Setting:** VHA, USA; 2007–2008.

**Risk factors:** OEF/OIF status and psychiatric comorbidity. The VHA’s National Patient Care Database (NPCD) was used to identify any use of inpatient, residential or outpatient services during FY07 or FY08. Diagnoses of depression, schizophrenia, bipolar disorder, substance use disorder, post-traumatic stress disorder (PTSD) and other anxiety disorders were coded according to ICD-9. VHA users were categorised as OEF/OIF if the date of last deployment in the VHA’s OEF/OIF roster was on or before the end of FY08. Analyses were controlled for sex, age and geographic region. The analysis focused on veterans not currently on active duty.

**Outcomes:** Suicide death, identified by linking the NPCD to the Centers for Disease Control and Prevention’s National Death Index, which coded deaths according to ICD-10 criteria.

**METHODS**

**Design:** Cohort study.

**CONCLUSIONS**

OEF/OIF veterans are not at an increased risk of suicide mortality compared to non-OEF/OIF veterans, but those with a psychiatric disorder are at almost doubled risk compared to non-OEF/OIF veterans.

**ABSTRACTED FROM**


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**Sources of funding:** None reported.

**Follow-up period:** Approximately 1 year: from first day of FY2008, or first day of use in FY2008 for those not using services in FY2007, to death or last day of FY2008.

**MAIN RESULTS**

Compared to non-OEF/OIF veterans, OEF/OIF veterans were on average younger (52.7 vs 62.5 years), included a higher proportion of women (12.5% vs 9.4%), and were more likely to be diagnosed with depression, PTSD and other anxiety disorders. There were 1920 suicide deaths during FY2008, 5% of which (n=96) were among OEF/OIF veterans. The rate of suicide among OEF/OIF veterans was 38 per 100,000 person-years vs 36.0 per 100,000 person-years among non-OEF/OIF veterans (p value not reported). There was a significant interaction between risk of suicide and being an OEF/OIF veteran and having any psychiatric condition (p=0.02). Among OEF/OIF veterans, any psychiatric condition was associated with a 4.4-fold increase in risk of suicide (HR 4.41, 95% CI 2.57 to 7.55), compared to a 2.5-fold increase in risk of suicide among non-OEF/OIF veterans (HR 2.48, 95% CI 2.27 to 2.71). When looking at specific psychiatric diagnoses, there was significant interaction between OEF/OIF status and depression, schizophrenia, or a substance use disorder. There was no significant effect of OEF/OIF status alone (without psychiatric comorbidity).

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