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Sleep, psychiatric disorders and suicide

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We would like to thank Dr. Tufik and his associates for their thoughtful comments on our paper (Sher et al., 2012). Indeed, sleep abnormalities are associated with psychiatric disorders and suicidal behavior.

A recent prospective study of a large sample of military personnel has demonstrated that insomnia symptoms were predictors of suicide attempt (Ribeiro et al., 2012). The results of this study are consistent with multiple previous observations suggesting that insomnia, poor sleep quality, and nightmares are associated with increased risk for suicidal behavior (Singareddy and Balon, 2001; Agargun and Cartwright, 2003; Blasco-Fontecilla et al., 2011). Sleep studies have reported various polysomnographic findings including increased rapid eye movement (REM) time and REM activity in suicidal patients with depression, schizoaffective disorder, and schizophrenia (Singareddy and Balon, 2001). For example, it has been found that suicidal subjects have a significantly shorter mean rapid eye movement sleep (REM) latency and a higher mean REM percentage compared to the non-suicidal subjects (Agargun and Cartwright, 2003). A reduction in dream-like quality of the REM content between the first and second halves of the night has been observed to be associated with suicidality (Agargun and Cartwright, 2003). It has also been observed that short sleep is associated with suicide attempts in males but not in females which suggests that there may be gender differences with regard to the relation between sleep abnormalities and suicidal behavior (Blasco-Fontecilla et al., 2011).

Clinical and research observations indicate that it is very important to incorporate sleep problems into suicide risk assessment. The relation of sleep to psychiatric disorders and suicidal behavior merits further investigation.

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Conflict of interest

None.

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