

A Study of Sociodemographic Correlates and Psychiatric Morbidity Among Suicide Attempters – in A General Hospital.



Medical Science

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ABSTRACT

BACKGROUND : *Suicide is among the top ten causes of death in India. Out of every three cases of suicide reported every 15 minutes in India, one is committed by a youth in the age group of 15 to 29. Considering these facts, the present study is an effort to know whether the attempters are driven by any psychiatric illness leading to this state.*

METHODS AND METHODOLOGY: *A sample of 60 suicide attempters, was recruited from the casualty, King George Hospital, Visakhapatnam; those seeking inpatient care after attempting suicide. After taking verbal consent, the Semi- Structured interview schedule and the Mini International Neuropsychiatric Interview (M.I.N.I) were administered. RESULTS: About 50% of the sample showed some kind of a psychiatric morbidity leading them to suicidal behavior. CONCLUSION: Alcohol abuse and dependence, major depression, dysthymia and, psychotic illness, are the common psychiatric disorders that are associated with suicidality.*

INTRODUCTION

Human suicidal behavior has always been a source of dream and wonder to mankind. When a person has suicidal ideas, he is thinking of preponing his death and undergoing that process, sudden, or slow voluntarily. All suicidal people are not death seekers. Some attempt, the act to communicate pain, to reduce isolation, and to avoid consequences of social status change, seek revenge and convey a whole lot other meanings, which are essentially individualistic.

Suicide is not a random or pointless act. Suicide is intentional self-inflicted death. It is associated with thwarted or unfulfilled needs; feelings of hopelessness and helplessness; ambivalent conflicts between survival and unbearable stress; a narrowing of perceived options and a need for escape, the suicidal person sends out signals of distress.

INCIDENCE

In India, suicide is among the top ten causes of death. Suicide is also among the top 3 causes of death in India between 16 and 35 year range. It is observed that men have a higher incidence than women. In men, it is found to be 59% as compared to 41% in women. Men commit suicide 4 times more as compared to women, and women attempt suicide 4 times more as compared to men.

Considering these facts and keeping in mind an alarming increase in the number of people wanting to take their lives in general population, the present investigation is an effort to know whether the attempters are driven by any psychiatric illness leading to this state.

Aims and objectives :

The present study is aimed to study the socio-demographic correlates in a group of suicide attempters and about their possible psychiatric morbidities.

Hypothesis :

1. There is no psychiatric morbidity amongst those who attempt suicide.
2. Previous suicidal behavior does not influence the current suicide attempt.
3. Physical illness does not lead a person to suicides.
4. Suicidal behavior amongst family members is not an indicator of suicide.

Design :

The study was developed on a single group design. The group consisted of 60 suicide attempters, seeking inpatient treatment.

Sample :

The sample comprises of 60 suicide attempters, seeking inpatient treatment at the king George Hospital, Visakhapatnam.

Inclusion Criteria :

1. Both Men and women
2. In the age group 15-55 years

Exclusion Criteria :

1. Patients with history of organic brain syndrome
2. Patients with history of Mental retardation

Tools :

1. Semi – Structured interview schedule.
2. Mini International Neuropsychiatric Interview (M.I.N.I)

Procedure :

The sample for the study was identified from the casualty, King George Hospital, Visakhapatnam; those seeking inpatient care after attempting suicide. After taking verbal consent from the person, the Semi- Structured interview schedule and the MINI were administered.

Statistical Methods :

The results were analyzed with the help of SPSS 10.0 frequencies, measures of central tendency were used to analyze the data

RESULTS

1.Age

The sample comprised of 60 subjects in the age group of 15 to 55 years. The mean age of sample was found to be 27.6 years.

Figure –1 shows the age wise distribution of sample in percentages, most of the sample consists of age between 15 – 24 years, 76.6% of sample is below 34 years.

2. Sex

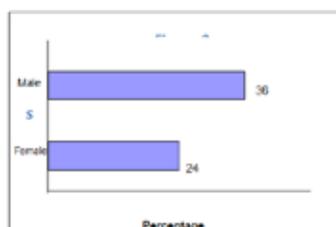


Figure 2 shows the sex wise distribution of the sample in percentages; Males comprised most of the sample.

3. Past history of mental illness

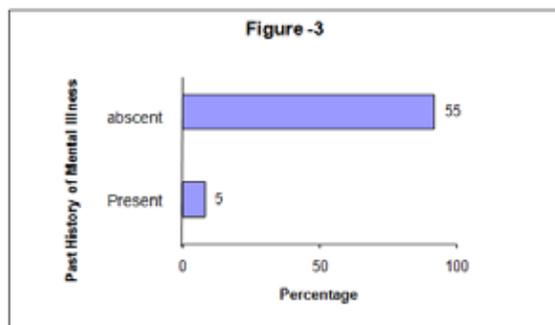


Figure 3, shows the past history of mental illness in the group. Only 8.33% of the sample had a previous history of mental illness.

4. Psychiatric Diagnosis:

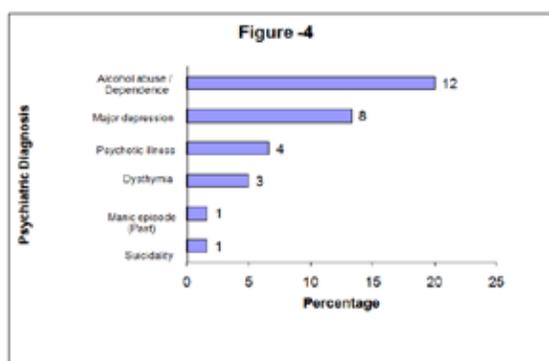


Figure 4 shows the psychiatric diagnosis of the sample, as evaluated by the MINI, 20% of the sample, qualified for Alcohol abuse / dependence, 13.32% for Major depression, 6.66% for psychiatric illness, 5% for dysthymia, 1.66% each for manic episode (past) and suicidality.

DISCUSSION

The present study was conducted on individuals who attempted suicide and were being treated in the casualty department of the King George Hospital, Visakhapatnam.

The subjects for the sample were selected on the basis of a purposive sampling. Those who had attempted suicide, and undergoing treatment after stabilization, at the general hospital were selected for the study. After taking consent from the subject, the socio-demographic profile was filled in with the help of an interview, and MINI was administered next.

In the group the mean age of the sample was found to be 27.6 years + 10.31yrs, which is in accordance to previous findings of Badrinarayana (1977), Hegde (1980), Hollinger (1987) and Jain (1999) that suicide attempters are usually below the age group of 30 years.

Men outnumbered women in the sample, which is observed in yet another study by Sarma & Sawang (1993) in Warangal. Other studies by Ponnudurai et al (1980), Banerji et al (1990), Shaffer et al (1994), Mahajan (1996) show that females outnumber men in attempting / committing suicide. However the reason, why men outnumber women in attempting suicide at Andhra Pradesh is

not known, but the probable causes may be due to the financial burdens and the poor interpersonal relationships between spouses and family members, due to the promiscuity amongst men and women.

Even though Kar (1995), Gupta et al (1992), Jain (1999), Unni et al (1996) observed that a previous history of mental illness, leads an individual to suicide, in this study it was observed that almost 91.66% of the sample did not have any previous history of mental illness. Only 5% of the sample had a family history of mental illness, suggesting that this need not be a precipitating factor, leading an individual to attempting / committing suicide, reflecting the null hypothesis. However Unni (1992), observed that BiPolar Affective Disorder in families was significantly associated with suicidal attempts.

Only one subject in the study showed a previous suicidal history. She was a 17 years old girl, having frequent disturbance at home, with her parents over her impending love life. It appeared, as if it had become a behavior of her to pressurize her parents, and convince them. Even though Hummel et al (2000) and Friedman et al (1987) observed that women are more prone to repeated suicidal attempts, in this study it was seen that almost 98% of the sample did not have any previous suicidal history, suggesting that previous suicidal behavior does not necessarily influence the current suicidal attempt there by rejecting the null hypothesis.

In the sample 6.66%, discussed about their suicidal attempt to their family members and friends, which was also observed by Ponnudurai (1986). However even then, they were not taken seriously by their family members and friends suggesting that their social support system was inadequate.

Almost one third of the sample, engaged in smoking, and 20% of the sample had alcohol abuse and dependence. Ponnudurai (1986) et al, Unni et al (1996), Shafi (1985), Hawton (1987), Kelleher (1990) and Choudhary (1996) observed that alcoholics who attempted suicide have a greater incidence of personality disorders and traits. Ayd et al (1995) and Masiciciki (1997) observed that although female are more prone to depression than males, males are more prone to suicide, especially, the alcoholic male. Roy et al (1986) observed that those who attempted suicide often have a dual disorder of mental illness along with alcoholism.

Several studies have aimed to find out the presence of psychiatric ailments amongst the suicide attempters. Rao et al (1989) noted that psychiatric ailments are a major causes of suicidal behaviour. One of the primary hypothesis in this study was that there is no psychiatric morbidity amongst the suicide attempters. However in accordance to the previous findings, the null hypothesis is rejected, as almost 42% of the sample showed the presence of mental illness on MINI.

Alcohol dependence syndrome and abuse was seen in almost 20% of the sample, which was also reported by Ponnudurai et al (1986), Choudhary et al (1996), Shafi et al (1985), Hawton (1987), Soloff et al (1994), suggesting that Alcohol abuse and dependence by itself can be a major predisposition to an individual to cause suicide. This could also be due to the vicious cycle of financial, social, and physical discomfort the individual lands himself into, due to Alcohol Dependence Syndrome, that he/she finds difficult to copy up with many a times, leading to a feeling of vacuum and emptiness driving an individual to take his life. (Figure -4).

Major depression was seen in 13.32% of the sample and dysthymia in 5% of the sample. Several researchers have tried to examine the co-relation between depressive illness and suicidal

tendencies. Badrinarayana (1980) found significant association between depressive illness and suicidal tendencies with cases of early parental deprivation, recent bereavement and positive family history of suicidal behaviour. In depressive illness feelings of hopelessness and helplessness has been considered as potential suicidal indicator (Figure 4).

Gupta SC et al (1992), Kar N et al (1995), Rao AV (1999), Unni (1996), Kumar et al (1996), Jain (1999), Dyer et al (1984), Robins DR et al (1985) and Michel K(1987) have also observed that depressive symptoms were more frequent amongst suicide attempters (Figure 4).

6.66% of the sample showed the presence of psychotic disorders in the MINI. This is in accordance to the findings of schully et al (1983) and Hawton et al (1987), that the percentage of those suffering from psychotic disorders, attempting suicide is generally low.

Only one subject (1.66%) of the sample reported to have symptoms of a manic episode in the past on MINI, which is in accordance to other previous findings that those with bipolar disorders had the least chance of committing/ attempting suicide (0.65%) as in comparison to other psychiatric groups (Unni et al (1996) (Figure 4).

The null hypothesis that there is no psychiatric morbidity in those attempting suicide is being rejected in the study as almost 50% of the sample showed some kind of a psychiatric illness on the MINI.

The present investigation rejects the null hypothesis made on all the occasions, as nearly 50% of the sample showed to have some kind of psychiatric morbidity, and 98% of the sample did not show any previous history of suicidality, 95% of the sample did not have suicidal behavior amongst the family members, suggesting that they are not the necessary indicators in identifying the potential suicidal attempter. 95% of the sample did not show any physical ailments prior to the suicidal attempt, suggesting that physical ailments by itself need not lead an individual to taking his /her life.

CONCLUSION

To conclude,

Only 5 members had previous history of mental illness, three members have family history of mental illness, and one individual had a previous suicide attempt; 6 months back; suggesting that these factors, need not necessarily influence the current suicidal attempt. Four subjects discussed about their attempt to friends and family members; but they were not taken seriously; suggesting poor social support system.

One third of the sample (22 individuals); had smoking, and 20% of the sample, had alcohol abuse and dependence; revealing the poor decision taking ability of these individuals and their possible higher co morbidity with other disorders like personality disorders.

In the study Alcohol abuse and dependence was found in 20% of sample; major depression in 13.32% of the sample; dysthymia in 5% of the sample showing their strong association to suicidal behavior. 6.66% of the sample showed the presence of psychotic illness, 1.66% manic episode (past), and 1.66% suicidality in MINI. Over all almost 50% of the sample shown some kind of a psychiatric morbidity leading them to present state.

Limitations :

1. The sample size is small.
2. The source of data collection was a government general hospital where the cases of that particular area were referred and is not reflective of the general population at large.
3. The study has not shown any representation from higher socio economic status as it is from general hospital.
4. Some psychiatric disorders like personality disorders and adjustment disorders not found in MINI might be missed which can lead to suicide attempt.

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