Original Article

Pattern of Psychiatric

Psychiatric Morbidity in Suicide

Morbidity in Suicide Attempters

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ABSTRACT

Objective: To determine psychiatric morbidity among those who presented to the tertiary care hospital due to attempted suicide.

Study Design: An observational-cross sectional study

Place and Duration of Study: This study was conducted at the Sir Cowasjee Jahangir Institute of Psychiatry, Liaquat University hospital Hyderabad Pakistan from January 2011 to December 2011.

Materials and Methods: General Health Questionnaire -28 was used for Psychiatric screening; detailed medical antiquity and psychological state checkup were conducted by using the Diagnostic and Statistical Manual –IV Text Revised; the data was entered in excel sheet in SSP - 20 version; and Chi- Square test was applied.

Results: Prevalence of psychiatric disorders were reported: "mood disorders" (35%), "Anxiety disorders" (17.5%), "Schizophrenia" (5%), "Personality disorder" (4 %), "Substance use disorders" (15.5%), "Organic Mental Disorder" (2%), "Other Psychotic Disorders" (8%), and "Co-morbid Psychiatric Disorders" (13%).

Conclusion: The study concludes that psychiatric disorders were highly frequent among those who reported to hospital due to attempted suicide. It is suggested that the stigma about mental illness should be reduced and people should be encouraged to seek proper psychiatric consultation. Further, Undetected psychiatric illnesses may lead to untimely suicide attempt.

Key Words: Attempted suicide, Psychiatric Disorders and Stigma

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INTRODUCTION

Psychiatric disorders are very frequent and prevalent among the victims of suicide. Various studies reveal that almost 90% of patients who commits suicide have some psychiatric disorder ^[1,2].

Various psychiatric disorders such as depression, mania, pathological jealousy, schizophrenia, alcohol and substance abuse are linked with suicide [3].

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Compared to general population, the risk of suicide increases by twenty folds with depressive disorder, fifteen folds with bipolar disorder and twelve folds with dysthymic disorders [4]. Anxiety is present in 3 to 17% people with serious suicidal tendency; however, the prevalence will be higher as many studies did not report about anxiety disorder [5]. Panic disorder was reported in 20% of people who died of suicide ^[5]. Another psychiatric disorder that was associated with increase attempt of suicide was post-traumatic stress disorder (PTSD) [6]. Schizophrenia was presented in 6 and 19% of people who had attempted suicide or suicidal intent [7]. Substance abuse was present in 19% of people who died by committing suicide. Another study shows that with suicidal behavior range from 2.2 to 5.8 % [8]. Welter et al. reported 18-26% of those who died by committing suicide had alcohol in their blood at death time [9] Various studies suggest that more than half of people who commits suicide have some sort of psychiatric illness [10, 11].

Psychiatric illness and suicide both are considered taboo in Pakistan. There is very limited data available related to prevalence of psychiatric illness in people who attempts suicide. In this study, we will determine the frequency of psychiatric illness in participants who have attempted suicide.

MATERIALS AND METHODS

This observational-cross sectional study was carried out in Sir Cowasjee Jahangir Institute of psychiatry, Liaquat university hospital Hyderabad, from 1 January 2011 till 31 December 2011. Participants, who came to emergency department with attempted suicide, were recruited via consecutive convenient non-probability sampling technique. Informed consent was taken from attendant. For identifying psychiatric morbidity, subjects were interviewed, and General Health Questionnaire 28 was applied on them. Two hundred participants (200) who were identified with psychiatric illness through initial assessment were identified by exhaustive psychological story and mental health examination with the criterion of Diagnostic and Statistical Manual –IV Text Revised (DSM-IV).

Statistical software SPSS version 20 was used to analyze the data. Since the variables of study were categorical, they were represented as frequencies and percentages. Whereas, significant association inbetween categorical variables were found Chi-square test. P- Value <0.05 was cogitated as statistically significant.

RESULTS

This study included a total 200 subjects, out of them males were 157 (78.5 %) and females were 43 (21.5%). Most prevalent psychiatric disorders found among those who presented with suicide attempt were "Mood Disorders" i.e. 70 subjects (35%) ensued by Anxiety disorders i.e. n= 35 (17.5%). Schizophrenia was diagnosed in 10 (5%) out of whom seven patients were males, and 3 patients were females. Personality Disorder was diagnosed in 8 (4 %) participants of the study. Other diagnoses included "Substance use disorders" 31 (15.5%), "Organic Mental Disorder" 4 (2%), "Other Psychotic Disorders" 16 (8%), and "Comorbid Psychiatric Disorders" 26 (13%) (Table 1).

Table No.1: Psychiatric disorders among suicide attempter

S.	Psychiatric	Males	Females	Total	P
No	Diagnosis	%	%	cases%	value
1.	Mood disorders	52 (33.1)	18 (41.8)	70 (35)	0.287
2.	Substance use disorders	29 (18.4)	2 (4.6)	31 (15.5)	0.026
3.	Schizophrenia	7 (4.4)	3 (6.9)	10 (5)	0.502
4.	Personality disorders	5 (3.1)	3 (6.9)	8 (4)	0.260
5.	Organic mental disorders	3 (1.9)	1 (2.3)	4 (2)	0.863
6.	Other psychotic disorders	12 (7.6)	4 (9.3)	16 (8)	0.722
7.	Anxiety disorders	26 (16.5)	9 (20.9)	35 (17.5)	0.504
8.	Co-morbid psychiatric disorder	23 (14.6)	3 (6.9)	26 (13)	0.185

DISCUSSION

Various studies have found association between mental illness and attempted suicide. Leon AC et al. found that 90% of suicide victims had some sort of diagnosable psychiatric illness at the time of death [12]. Baxter D et al also reported similar result [13]. Result from meta-analysis reports geographical difference as well; as victims of suicide in south Asian populations have reported higher incidence compared to western population¹⁴.

The most common reported mental disorder in our study was mood disorder (35%). Henriksson et al and Shibre T et al, also reported similar finding^{15,16}. A local study from Pakistan founds 48% of participants with positive past history for suicide had depressive disorder¹⁷. Second most common disorder in our study was substance related disorder (15.5%). Kamath P et al reports that alcohol use was significantly associated with suicide attempt¹⁸. Pirkola SP et al also found an association with alcohol and suicidal behavior. Alcohol has an effect on mood, cognition and impulsivity; all of these factors can contribute to suicidal behavior¹⁹. Doger et al. also reported that addiction due to substance use could lead to suicidal behavior²⁰.

In our study, schizophrenia was found in 5% of subjects. Radomsky ED et al, while describing symptoms of schizophrenia, described that self-harm or suicide is common symptom in schizophrenia²¹. Haukka J et al. found that risk of suicide in patients with schizophrenia is clearly higher than that in the general population²².

In our study, personality disorder was diagnosed in 4% subjects. Schneider B et al. in his study reported that axis II personality disorders have increased risk of attempting suicide²³. Our finding was comparatively lower to other studies. Isomerta et al. found that 44% of participants in their study have some co-morbid personality disorder²⁴. Cheng et al. reports 55-70% of participants who attempts suicide have some co-morbid personality disorder²⁵.

CONCLUSION

This study found that psychiatric disorders were highly frequent prevalent cause among those who were hospitalized due to the act of attempted suicide. Stigma is attached to psychiatric/mental illnesses in many societies including our society. Mostly people shun seeking psychiatric help/treatment due to that stigma.it is therefore essential to strive for reducing the stigma about mental illnesses which can help the individuals to seek psychiatric treatment whenever it is needed and hence reduce the risk of unfortunate deaths by committing suicide.

Author's Contribution:

Concept & Design of Study: Jamil Junejo
Drafting: Inayatullah Awan,

Anoop Kumar Data Analysis: Jawed Akbar I

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