SUICIDE AND PSYCHIATRIC EMERGENCIES

[Abstract:0225] Suicide and psychiatric emergencies

Investigation of related factors in suicide attempts in Diyarbakir

Aslıhan Okan Ibiloglu, Suleyman Demir, Abdullah Atli, Mahmut Bulut, Mehmet Cemal Kaya, Aytekin Sir

Department of Psychiatry, Dicle University, Faculty of Medicine, Diyarbakir-Turkey
e-mail address: aslihanokan@hotmail.com

Objective: Attempted suicide was defined as any potentially self-injurious action with a non-fatal outcome for which there is evidence, either explicit or implicit, that the individual intended to kill him- or herself. According to Turkey's Statistical Yearbook (TurkStat), in the last years suicide rates have increased in Turkey. A variety of factors are associated with an increased risk for suicide attempt, including presence of psychiatric disorders, history of previous suicide attempts, and family history. It is obvious that no pathognomonic risk factors exist. Nevertheless, suicides are preventable. Based on this information, the objective of this article is to prioritize suicide prevention in the community of Turkey and to raise awareness of suicide as a public health issue among mental health professionals. Therefore, we aimed to investigate the relationship between single and multiple suicide attempts, hypothesizing that individuals with multiple suicide attempts would have higher rates of psychological disturbance and therefore demonstrate a greater number of suicide attempts when admitted to hospital.

Methods: We used a cross-sectional design and randomized cases who had come to the psychiatry department over 7 months. We evaluated 154 patients with at least one suicide attempt during lifetime. Out of 154 participants, 48 participants had comorbidity of exclusion criteria in follow-up. The study was approved by the Ethics Commission.

Results: The present study included 106 participants, 56 of whom were classified as multiple suicide attempt (MA) and 50 of whom were single suicide attempters (SA). In all, 53.8% (n=57) were female, and 46.2% (n=49) were male. There was a statistically significant positive relationship between the MA and the age of onset of suicide attempts (r=0.0614, p=0.00). This suggests that the increased number of suicide attempts results in a later age of onset of attempts. Mean age at onset of psychiatric disorders was 25.26±5.06 years. The psychiatric diagnosis assigned by the clinicians was a significantly greater MDD in MA than in SA. On the other hand, the risk of MA was highest for participants with MDD. Next in order were GAD and PTSD.

Conclusion: The suicide rates tend to differ dramatically by age. Suicide rates increase with age; however, the absolute numbers are highest among those below the age of 45 years. A family history of attempted suicide likewise was a predictor of patients who would attempt suicide. In our study, MA were approximately twice as likely as SA to report suicide attempts among family members (67.3% versus 32.7%). This is the effect of suicide contagion. These findings are quite similar to other reports in the literature. Regarding risk factors for attempting suicide, compared to first-time attempters, repeat attempters had more previous psychiatric treatment. Consequently, these findings are referred to in the previous literature; hence, this study reflects the consistency of the results in the previously described variables.

Keywords: attempted suicide, family history, psychiatric disorders

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