SUICIDAL IDEATIONS AND ATTEMPTS IN PATIENTS ADMITTED TO PSYCHIATRY OUTPATIENT CLINIC

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ABSTRACT

Objective: *The present study was conducted to determine the frequency of lifetime suicide attempts and suicidal ideations and to determine related risk factors on patients admitted to psychiatry outpatient clinic of Erzincan State Hospital.*

Material and Method: *All the patients were asked for their suicidal ideations and behaviors in their lifetime. The sociodemographic data, number of application to outpatient clinics, the presence of a psychiatric disorder and a history of a suicide attempt within the family were questioned and recorded. The diagnosis based on DSM-IV-TR was determined after the psychiatric interview by the same psychiatrist. Among 1378 invited, 1073 participate in the study (77.9%).*

Results: *Suicidal ideations were 28.3% (n=303) and attempts were 18.5% (n=198) during lifetime. Rate of suicidal attempts was 65.3% (198/303). Patients who considered or attempted suicide were more common among women than men. The most frequently diagnosed psychiatric condition was mood disorders followed by anxiety disorders for the patients with suicidal ideations and suicide attempts. For the group with suicidal attempts, the third most frequent diagnosis was somatoform disorders. Undiagnosed cases ranked third for the group with suicidal ideations.*

Conclusion: *It is crucial to examine suicidal ideations and suicide attempts in all psychiatric patients. Following mood and anxiety disorders, the third most common diagnosis was somatoform disorders in patients living in rural areas of Eastern Turkey. Suicide attempts may be used as a non-verbal language as part of somatization.*

Key Words: *Suicide, suicidal ideations, mental disorders, somatoform disorders, psychiatric department, hospital*

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AYAKTAN TAKİBİ YAPILAN PSİKİYATRİK HASTALARDA İNTİHAR DÜŞÜNCE VE DAVRANIŞLARI

ÖZET

Amaç: Bu çalışma, Erzincan Devlet Hastanesi psikiyatri polikliniğine başvuran hastalarda yaşam boyu intihar denemesi ve intihar düşüncesi sıklığını ve ilişkili risk etmenlerini belirlemek amacıyla yürütülmüştür.

Materyal ve Metod: Bütün hastaların yaşam boyu intihar düşüncesi ve intihar denemeleri sorgulandı. Sosyodemografik verileri, poliklinik başvuru sayıları, eşlik eden psikiyatrik tanılar ile ailede intihar öyküsü varlığı sorgulandı ve kaydedildi. Tanılar aynı psikiyatrist tarafından yürütülen psikiyatrik görüşmelerde DSM-IV-TR temel alınarak kondu. Çalışmaya davet edilen 1378 kişiden 1073'ü (%77,9) çalışmaya katıldı.

Bulgular: Yaşam boyu intihar düşüncesi oranı %28,3 (n=303) ve intihar deneme oranı %18,5'di (n=198). İntihar düşüncesi olanların intihar deneme oranı %65,3 (198/303) olarak hesaplandı. İntihar düşünceleri ve denemeleri olanların oranı kadınlar arasında daha sıktı. İntihar düşüncesi ve denemesi olan hastalarda en sık rastlanan psikiyatrik tanılar duygu durum bozuklukları ve anksiyete bozukluklarıydı. İntihar denemesi olan grupta en sık üçüncü tanı grubu somatoform bozukluklardı. İntihar düşüncesi olanlarda üçüncü sırada ise tanı konmamışlar bulunuyordu.

Sonuç: Psikiyatri poliklinik hastalarının tümünde intihar düşünce ve denemelerinin sorgulanması önemlidir. Türkiye'nin doğusunda kırsal bölgede yaşayan hasta grubunda duygu durum ve anksiyete bozukluklarını izleyen en sık üçüncü tanı somatoform bozukluklardır. İntihar denemeleri somatizasyonun bir parçası olarak verbal olmayan iletişim yolu olarak kullanılıyor olabilir.

Anahtar Kelimeler: İntihar, intihar düşünceleri, mental bozukluk, somatoform bozukluk, psikiyatri bölümü, hastane **Nobel Med 2013; 9(1): 61-66**

INTRODUCTION

Suicide is a major public health issue and included in the 10 main causes of death.[1] Suicidality spans a spectrum that ranges from suicidal ideations (thoughts about wanting to be dead) to suicidal acts (self-destructive behaviors with at least some intent to end one's life).[2] Demographic features related to individuals who committed suicide, such as gender, age, marital status, employment status and demographic features related to suicide, such as timing, method and place of the suicide may vary between different societies, as well as between the different regions of the same country.[3,4] In Turkey, all suicide cases have been recorded since 1962 in all residential areas by the State Institute of Statistics (DIE). It was reported that 1853 individuals ended their lives via suicide in 1999, and 2816 individuals in 2008 which gives a crude suicide rate of 3.96 for 2008.[5]

Suicide is observed among a wide population, ranging from healthy individuals who respond to stressful life conditions to patients with severe mental disorders. The person attempting suicide may actually be motivated to be dead; however, the person might also be motivated to emphasize their suffering, desperation, and hopelessness with this behavior.[6] Suicide attempts are mainly associated with depression and alcohol-substance abuse and also various mental disorders, negative family interactions, lack of public solidarity, economic problems, and socioeconomic factors, such as migration.[7]

High ratios of mental disorders of individuals who have attempted suicide or died due to suicide have been reported in several studies.[8] Depression is most often related to the suicide attempt among the mental disorders. Rapid cycling and bipolar mood disorders can also increase the risk of suicide.[9]

High rate of suicide in psychiatric disease cause higher probability of suicidal ideations or attempts among patients of psychiatry outpatient clinics. This encumbers the consulting psychiatrist with the responsibility of strictly considering and screening the suicidal tendencies among their patients. The present study was conducted to investigate the frequency of lifetime suicide attempts and suicidal ideations and to determine related risk factors on patients admitted to psychiatry outpatient clinic of Erzincan State Hospital.

MATERIAL and METHOD

The study group was the patients who were admitted to the psychiatry outpatient clinic of a Turkish Hospital. After excluding those patients who were seen due to legal issues, referrals from other departments, emergency room referrals, mental disorders related to general medical status, delirium, dementia, amnesia, and other cognitive disorders; all adult cases (≥18 years of age) admitted to psychiatry outpatient clinic between January 2006 and January 2007 were included in the present study. All the participants were given the information about the research and →

asked for verbal consents. Among 1378 invited, 1073 participate in the study (77.9%).

All the patients were asked for their suicidal ideations and suicide attempts in their lifetime. The sociodemographic data including age, gender, level of education, marital and employment status of the patients were recorded. Number of application to outpatient clinics, the presence of a psychiatric disorder and a history of a suicide attempt within the family were questioned and recorded. The diagnosis based on DSM-IV-TR was determined after the psychiatric interview by the same psychiatrist.[10]

The patients were grouped as attempters (patients who attempted suicide), idealizers (patients who considered suicide at least once during their lifetime but did not actually attempt it), and control (patients who never had a suicidal ideation or attempt) for analyses. Those who actually attempted suicide were also included to the suicidal ideation group. The relationship between the variables was examined using Mann Whitney U, Spearman Chi Square, and Kruskal-Wallis analysis. The main significance limit was accepted to be $p<0.05$ and absolute p values were given after every analyses.

RESULTS

Among the 1073 patients, 28.3% (n=303) considered and 18.5% (n=198) attempted suicide at least once during their lifetime. Rate of suicide attempts among the patients with suicidal ideations was calculated as 65.3% (198/303). The number of suicide attempts was 1.1±0.5 per patient and not differ among sexes.

The mean age of the patients was 39.9±14.3 years, the mean level of education was 6.1±3.9 years, and the number of admissions to the psychiatry outpatient clinics was 1.4±1.0 times. Among them, 67.4% (n=723) were females, 77.1% (n=827) were married, 61% (n=654) were unemployed. A family history of psychiatric disorders was recorded for 28% (n=300) of the patients.

The sociodemographic characteristics of three groups were presented in Table 1. Patients who attempted suicide were more common among women (72.4%) compared to control group (65.1%) (p=0.023). Mean age of suicide attempters (37.2) was younger than controls (40.4) (p=0.017) but it did not differ for suicide idealizers. There was no statistically significant difference in terms of marital status or education. The employment rate of attempters (28.8%) was significantly lower (p=0.001); but employment rate of suicide idealizers (42.9%) did not differ from the controls (41.2%). History of a psychiatric disorder within the family was significantly higher than the controls for both the attempters (p<0.001) and idealizers (p=0.030). The number of applications to psychiatry outpatient clinics did not differ in attempters and idealizers, both higher than the control group (p<0.001 and p=0.014 respectively).

Table 1: Sociodemographic characteristics of patients

	Patients with suicide attempts n=198	Patients with suicidal ideations n=105	Control (no suicidal ideations or attempts) n=770	
	(Mean±SE)	(Mean±SE)	(Mean±SE)	p
Age (years)	37.24±11.98	41.39±15.44	40.40±14.61	0.088*
Education (years)	5.88±3.40	6.90±4.21	6.00±3.92	0.195*
Application to psychiatry outpatient clinics (times)	1.72±1.12	1.56±1.05	1.35±0.92	0.000*
Suicide attempts	1.1±0.49	-	-	
	n (%)	n (%)	n (%)	p
Gender				
Male	51 (25.8)	30 (28.6)	269 (34.9)	0.032**
Female	147 (72.4)	75 (71.4)	501(65.1)	
Marital status				
Married	157 (79.3)	79 (75.2)	591 (76.8)	0.671**
Single	41(20.7)	26 (24.8)	179 (23.2)	
Job				
Yes	57 (28.8)	45 (42.9)	317 (41.2)	0.004**
No	141 (71.2)	60 (57.1)	453 (58.8)	
Psychiatric history within the family				
Yes	156 (78.8)	25 (23.8)	119 (15.5)	0.000**
No	42 (21.2)	80 (76.2)	651 (84.5)	

* Kruskal Wallis analysis of variances ** Chi-square test

The distribution of diagnoses for three groups of patients was summarized in Table 2. The most frequently diagnosed psychiatric condition was mood disorders followed by anxiety disorders for the patients with suicidal ideations and suicide attempts, whereas the most diagnosed psychiatric condition was anxiety disorders for the group without suicidal ideations or suicide attempts followed by mood disorders and undiagnosed patients. For the group with suicidal attempts, the third most frequent diagnosis was somatoform disorders. Undiagnosed cases ranked third for the group with suicidal ideations.

DISCUSSION

The present study, conducted in the city of Erzincan, determined that among the patients admitted to psychiatry outpatient clinics, female gender, unemployment, and having psychiatric disorder history within the family are risk factors for having →

Table 2: Psychiatric diagnoses of patients

Diagnosis	Patients with suicide attempts	Patients with suicidal ideations	Control (no suicidal ideations or attempts)
	n (%)	n (%)	n (%)
Mood disorder	87 (43.9)	49 (46.7)	163 (21.2)
Depressive disorder	58 (29.3)	35 (33.3)	128 (16.6)
Bipolar disorder	18 (9.1)	3 (2.9)	29 (3.8)
Dysthymic disorder	2 (1.0)	3 (2.9)	6 (0.8)
Adaptation disorder accompanied by a depressive mood	9 (4.5)	8 (7.6)	-
Psychotic disorders	21 (10.7)	6 (5.7)	93 (12.1)
Schizophrenia	12 (6.1)	4 (3.8)	44 (5.7)
Schizoaffective disorder	6 (3.0)	2 (1.9)	27 (3.5)
Brief psychotic disorder	1 (0.5)	-	10 (1.3)
Hallucinative disorder	2 (1.0)	-	12 (1.6)
Anxiety disorders	32 (16.0)	25 (23.9)	231 (30.0)
Common anxiety disorder	6 (3.0)	2 (1.9)	42 (5.5)
Panic disorder	9 (4.5)	1 (1.0)	27 (3.5)
Obsessive compulsive disorder	4 (2.0)	6 (5.7)	24 (3.1)
Social anxiety disorder	4 (2.0)	4 (3.8)	14 (1.8)
Post-traumatic stress disorder	-	3 (2.9)	-
Anxiety disorder, NOS	9 (4.5)	9 (8.6)	89 (11.6)
Adaptation disorder accompanying anxiety	-	-	35 (4.5)
Somatoform disorders	31 (15.7)	9 (8.6)	112 (14.6)
Conversion disorder	5 (2.5)	-	39 (5.1)
Somatoform disorder, NOS	12 (6.1)	6 (5.7)	42 (5.5)
Undifferentiated somatoform disorder	9 (4.5)	1 (1.0)	15 (1.9)
Hypochondriasis	2 (1.0)	2 (1.9)	6 (0.8)
Pain disorder	3 (1.5)	-	10 (1.3)
Dissociative disorder	1 (0.5)	1 (1.0)	7 (0.9)
Alcohol abuse	9 (4.5)	1 (1.0)	4 (0.5)
Personality disorder	2 (1.0)	-	2 (0.3)
Mental retardation	1 (0.5)	1 (1.0)	25 (3.2)
Undiagnosed	14 (7.1)	13 (12.4)	129 (16.8)
Total	198 (100.0)	105 (100.0)	770 (100.0)

suicide attempts. It is observed that 65% of patients with suicidal ideations actually attempt suicide at any time during their lifetimes.

In one study, prevalence of suicide ideations and attempts for community were found 6.6% and 2.3% respectively in Manisa, Turkey.[11] In the National Comorbidity Survey study estimated prevalence of suicide ideation was 13.5%.[12] Repetition tendency of suicidal behaviors are well known.[13] This tendency, with the high probability of psychiatric comorbidities in the patients with suicidal ideations or attempts, increases the load of patients with suicide risk among patients admitting to psychiatric outpatient clinics. In this study, 28.3% of the patients admitted to outpatient clinic, considered or attempted suicide at least once during their lifetime which is a higher percentage than public.

Suicidal ideation is a risk factor and a stage in the suicidal process from planning to attempting and dying due to suicide. Suicidal ideations are associated with multiple factors, such as female gender, single/widowed/separated/divorced marital status, low income, lifestyle (use of alcohol, sedatives, and pain relief medications); however it is not associated with a low level of education or employment status.[14] In the present study the majority of the suicide attempters were female and unemployed. They were younger, had a low level of education, and high frequency of psychiatric disorders within the family. However, no significant difference was observed in terms of age, gender, and employment status.

The annual rate of admission of the patients to the psychiatry outpatient clinics was higher in patients with suicidal ideation and attempts. Help seeking behaviors of patients with suicidal ideations were already known. It causes patients who considered or attempted suicide to accumulate in psychiatry outpatient clinics. This is an additional reason for consultant psychiatrist to look for suicidal risk of every patient.

It was reported that women attempt suicide three times more than men during their lifetimes.[15] Previous epidemiologic studies have reported that the suicide rate in men is higher than in women, whereas those who attempted suicide are more likely to be female.[16-19] Higher rate of suicidal attempts among women result in increasing number of women patients. The tendency of males to use more lethal, less reversible means of suicide (e.g., shooting and hanging), whereas females are more likely to attempt suicide by overdosing on a medication.[20] It has been suggested that acts of deliberate self-harm in women are more often based on non-suicidal motivation and are used to communicate distress or to modify the behavior and reactions of other people.[21] Suicide attempts of females are more likely to imply a manipulative relationship compared to suicide attempts of males. This condition is consistent with the suicide attempts addressed in the present study. Higher rates of unemployment among females, another emphasis on male dominance of study region, and a lack of females in social activities might be contributing to this.

Cultural specificity may have some effect upon the tendency toward suicide if it is viewed as one aspect of a behavioral pattern, which is influenced to some extent by the culture.[17,22] Although the number of deaths due to suicide is low in Turkey, the frequency →

of suicidal ideations and attempts are similar to those countries where suicide is traditionally a common behavior.[23]

The most common diagnosis for patients with both suicidal ideations and/or attempts was mood disorders especially depressive disorders. Numerous studies have identified mental illnesses, such as depression and substance-alcohol abuse, and stressful life events, such as interpersonal losses and legal issues, as significant risk factors [16,24,25]. A recent Japanese study has revealed high prevalence of affective disorders, anxiety disorders and borderline personality disorder, and severe depressive symptomatology among psychiatric suicidal patients.[26] Over their lifetime, the vast majority (80%) of psychiatric patients with bipolar disorders have either suicidal ideation and/or attempts. Depression and hopelessness, comorbidity, and preceding suicidal behavior are key indicators of risk. The prevalence of suicidal behavior in bipolar I and II disorders is similar, but the risk factors for it may differ somewhat between the two.[27]

The third most common diagnosis was somatoform disorders in the present study for patients who attempted suicide. The symptoms of somatoform disorders, especially observed in people living in rural areas, are reported as a non-verbal communication tool which appeared in the case of situations expressing the feelings verbally limited by the society.[28,29] Therefore, these findings are used as a way of self-expression of suppressed feelings. This group of patients often attempt suicide impulsively in the case of vital events and prefer suicide attempts as a way of expressing their desperation and solving problems. Suicide attempts by adults are protests against the experience of 'not existing in anyone else's mind'; that is, being not considered by others as much as needed. This may be also valid for persistent somatic complaints.[29] People who experience difficulties in expressing their feelings verbally cannot overcome this stress and conflicts and they would convert this challenge to physical indications. Suicide attempts appeared as if a somatic symptom for the cases of the present study.

Because of the economical dependence of the women, it is acceptable to observe somatoform disorders as a common disorder within this social structure. However, more detailed studies are needed to determine the characteristics of suicide attempts on patients with somatoform disorders.

The presence of diagnosable psychiatric disorders is an important risk factor for suicide attempts with ratios from 60% reaching up to a level of 90% in suicide attempts.[1,30,31] In a study performed on 100 individuals attempted suicide, depression was determined in 70%, alcohol abuse in 15%, schizophrenia in 3%, and other disorders in 5% of these patients.[32]

In the present study, 14 of 198 cases attempted suicide were not detected with any axis I or axis II disorder. It is unclear why approximately 10% of those who commit successful suicides seem to be psychiatrically normal. Most of the individuals who commit suicide and appeared psychiatrically normal after a psychological autopsy may probably have an underlying psychiatric process that the psychological autopsy method, as commonly carried out, failed to detect.[33]

It is crucial to examine suicidal ideations and suicide attempts in all of the psychiatric outpatient clinic patients. Following mood and anxiety disorders third most common diagnosis was somatoform disorders in patients living in Eastern rural areas. Suicide attempts may be used as a non-verbal language as part of somatization but co-morbid mood disorders should be considered. In the locality study conducted many of the cases of attempted suicide were married women reflecting high family disfunctionalities.

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