SUICIDE ATTEMPTS EVALUATION IN MEN EMERGENCY SERVICE OF THE CLINICAL HOSPITAL OF NEUROLOGY AND PSYCHIATRY ORADEA

Paina Gheorghe MD, Ardelean Horia MD, Ph D, Vlăduţ Vasile MD, Ph D, Iova Claudiu Sorin MD, Sabău Teodora psycholoque, Psihyatrie Clinic, Oradea

MOTO: “An unhealthy individual is the subject of an crises and the illness is the exteriorization of the human living way”. *(R. Siebek)*

Abstract: Theoretical considerations. Objectives, materials, method

The clinical, epidemiological and statistical study concern a specific group of 59 male subjects admitted in the acute pavilion of the hospital between 01.01.2004 and 31.12.2006 after suicide attempts.

We underline:

- demographics parameters, distribution of the subjects by age criteria, civil status, etc.
- the admission type
- autoaggressive procedures
- psychiatry diagnosis and comorbidities.

1. Results and conclusions:
    - The specific group we have focused on represents 2,13% of the total number of subjects admitted in the acute pavilion (2763 subjects).
    - The suicide attempts related to depresive disorder, personality disorder, schizophrenia and menthal retardation represents 72,8% of the study group.
    - Inhospital suicide represent an dolorous reality.
    - 36 subjects have associated the parasuicide to alcohol ingestion.
    - The psychoprophilaxy is indispensable.
    - The profile of the parasuicide assessment require large and multicentric studies.
    - The suicidology require to to be acreditated as an medical discipline.

Keywords: suicide attempt, parasuicide, suicide behaviour, recovering, prophilaxy.

Rezumat: Evaluarea tentativelor de suicid în serviciul de urgenţă bărbaţi, la nivelul Spitalului Clinic de Neurologie şi Psihiatrie Oradea
1. consideraţii teoretice
2. obiective, material, metodă
Studiul clinic, epidemiologic şi statistic se adresează unui lot specific de 59 pacienţi, de sex masculin internaţi între 01.01.2004 şi 31.12.2006 după tentativa de suicid, în secţia de acuţi.
Se evidenţiază
- parametrii demografici, distribuţia după vârstă, sex, stare civilă, etc.
- tipul de internare
- mijloacele de autoagresiune
- diagnosticul psihiatric şi comorbiditate.
3. Rezultate şi concluzii
- Lotul analizat reprezintă 2,13% din totalul de 2763 pacienţi internaţi;
- Tentativele de suicid legate de tulburarea depresivă, tulburarea de personalitate, schizofrenie şi retardul mental reprezintă 72,8% din lotul studiat;
- Suicidul intraspitalicesc este o tristă realitate
- 36 pacienţi, adică (61 %), au asociat parasuicidul cu ingestia de alcool.
- psihoprofilaxia este obligatorie
- stabilirea profilului fenomenului parasuicidar, necesită studii aprofundate, multicentrice
- suicidologia se impune ca şi ştiinţă medicală
Cuvinte cheie: tentativa de suicid, parasuicid, comportament suicidar, recuperare, profilaxie.

THEORETICAL CONSIDERATIONS

Self-harm behaviour, meaning suicide attempt and suicide indeed, represents a public health approach witch enjoin "the suicidology" as an academic discipline.

According to OMS predictions for 2020, the loss of human lives through suicide will represent the second cause of death, depressive disorders and other psychical conditions being in exponential increase.

In 1897 **Durkheim** E. stated in "Le suicide" that "the suicide attempt can't be define but as a failure of fulfillment of a certain death" (1).

In 1952 **Stengel E.** asserted the term of "suicide attempt" (2).

After 1960 **Kessel N.** propose the following terms:

- "deliberate self poisoning" for deliberate poisoning with medicamentary substances and chemicals substances.

- "deliberate self injury" (3).

In 1970 **Norman Kreitman** defined in his monography – "Parasuicide" the suicide attempt as "a non-fatal injury or ingestion in excess of substances or drugs prescribed in excess"

It is excluded the acute alcohol intoxication (4).

After 1979 **Morgan H.G.** asserted the phrase "deliberate self harm" witch include the "deliberate self poisoning" and "deliberate self injury" (5).

In 1989 **OMS** defined suicide as "the act through witch a person want and look forward to physical destroy him self, having more or less the intention loosing his life and being more or less aware of his motivation".

Anyway, sometimes the terses, ancient and metaphorical definitions can be reconsidered as the following, but the meaning is the same as we use them in the present:

- "whoever destroy him self by mean" – hebrew language
- "self killing - sui-caedere" – latin language.

In fact actually 66% of the suicide attempts asked in different ways for medical support in the last 30 days before the "accident", witch represents an alarm for the specialists, related to communication between doctor and patient.

As the suicide, the suicide attempt can be:

- non-pathologic, it is very rare it is characterized by protest and sacrifice accents.
- pathologic witch is appropriate to subjects with mental disorders.

The suicide or suicide attempt represents the real vital risk for the people with mental disorders, the achievement way depends on the person and on the mental disorder.

Kielholz P. consider that "the best suicide prophylaxis consist in a good empathy relation between doctor and depressive subject. Consequently, the relation between doctor and patient must be considered as a primary choice option and unreplaceable (6).

The parasuicide risk seems to appear to healthy people as much as to nonhealthy people.

The repetitive parasuicide risk is accentuate by: alcohol abuse, antisocial personality disorder, previous admission in hospital or ambulatory treatment, previous suicide attempt, loneliness and social isolation (7).

As called the vulnerably "normal" subject, stressed and under hand of unhappiness and burned out, this type of subject is him self very nearly to suicide attempt.

II. OBJECTIVES, MATERIALS, METHOD

The study propose a clinical, epidemiological and stastistically approach of the suicide attempts and we mention:

- morbidities through nosological clinical entities
- the distribution related to provenance
- the comorbidities through somatical disturbances
- the possible forensic implications

all this through:

- the anamnestic informations recorded on inpatient documents
- paraclinic examinations
- the dynamic psychological and psychiatric examinations

II. RESULTS AND DISCUSIONS

1. The distribution of the subjects according to morbidity:

Total of Admissions	Third pavilion 2763	Year 2004	Year 2005	Year 2006	100%
		895	908	960	
Total of Suicide attempts	Third pavilion 59	Year 2004	Year 2005	Year 2006	2,13%
		15	21	23	

2. Distribution of the subjects by:

- provenance – rural – 26
- urban – 33
- occupation is important – 34 – retired and registered with handicap disabilities
- 14 workers
- 11 homeless
- nationality – romanians- 29 patients
- maghiars 21 patients
- rroms – 6 patients

slovaks – 3 patients

- civil status – married – 22 patients
- unmarried – 11 patients
- divorced – 13 patients
- concubinage - 10 patients
- widowed – 3 patients

lack of familial support being lined out for at least **22** patients.

3. Distribution of the subjects by group of age:

- <20 years old – 6 patients
- 21-30 - 10 patients
- 31-40 -11 patients
- 41-50 -16 patients
- 51-60 -8 patients
- 61-70 -3 patients
- 71-80 -2 patient
- >80 years old - 3 patient

45 patients (76,2 %) being at the maximum social efficiency, between 21 and 60 years old.

4. According to education level we have the following distribution:

- helping school – 11 patients
- 8 clases – 11 patients
- industrial school – 12 patients
- high school – 19 patients
- college – 6 patients

and demonstrate the ponderosity of the subjects with intermediate school and high school training (71,1 %) – 42 patients.

5. Hospitalisation items :

a) month when the subjects were admitted in hospital:

- January – 4patients
- February – 3 patients
- March – 4 patients
- April - 4 patients
- May – 3 patients
- June – 3 patient
- July – 6 patients
- August - 5 patients
- September – 9 patients
- October – 6 patients
- November – 6 patients

- December - 6 patients

with an autumn high-tide of 21 patients.

b) the average of the hospitalization period:

- < 17 days – 39 patients
- > 18 days – 20 patients

c) the admission type – all were emergency admissions as following:

- 27 patients – Ambulance, SMURD
- 23 patients – intrahospitally transfers
- 9 patients – requested by family

witch demonstrate an healthy and good relation between our emergency service and UPU, ATI, Surgery Department and other public health services.

d) psychiatric disorders:

D G ICD 10	Number of the patients
Personality disorder	14
Mood disorder, depressive subtype	14
Schizophrenia	6
Menthal retardation	9
Alcohol addiction	5
Undiferentiated disorder	2
Schizotypal disorder	2
Persistent delusional disorder	2
Psychotic disorder due to medical condition	1
Organic psychosindrome	2
Dementia	2

e) we underline that the majority of the patients (43 patients - 72,8 %) have one of the following disorder: personality disorder, recurrent depressive disorder, schizophrenia or menthal retardation.

We relieve the following observations:

1. *The youngest patient*, born on 10. March 1986 was admitted in hospital in 2004 after he ingested carbamazepin and alcohol. The patient's diagnostic was Behavioural disorder. Menthal retardation. Alcohol abuse and he was discharged after 14 days of hospitalization.
2. *The oldest patient*, born on 21. Sept. 1918 was admitted in hospital in 2005 with diagnosis of Organic psychosindrome. Left laterocervical cut injury. Self aggressive behaviour and he was discharged after 19 days of hospitalization.
3. *21 patients have presented previous history of suicide attempt*, B.M. is the "record-holder" with eight previous suicide attempts.

4. *A particular case*: M.S. was diagnosticated with Paranoid schizophrenia, Drowing suicide attempt , same as his father who commited suicide as an inpatient at third pavilion of the hospital. Very important to discover is the family history of suicide attempts.
5. *The patient* B.M. born on 11. Aug. 1969 was found hanged-on in the toilet, afew hours after admission in hospital. This rub in discussion the reality of the "inhospital suicide".
6. *6 patients* were examinated by the forensic medicine committee for antisocial behaviour.

f) distribution of the subjects by the methods of self aggression:

1. Traumatic procedures – 10 patients : arme blanche, defenestration, caustic substances
2. Asphyxia procedures – 11 patients: gallows, strangulation, drowning, gas, electrocutation.

3. Toxic procedures: -38 patients: - 34 patients – drug intoxication (neuroleptics, sedatives)
- 2 patient – intoxication with insect powder
- 2 patient – intoxication with organophosphoric substances

g) distribution by the somatical comorbidity complicate the recuperation and the prognostic.

Diagnosis	Number of subjects
Cardio-vascular disorders	11
Rheumatoid disorders	8
Respiratory disorders	9
Endocrinometabolic disorders	5
Digestive disorders	12
Other disorders: TCC, scizure, urologic disorders	19

IV. THERAPEUTIC COURSE is very complex and it assume the followings:

A. *The management of the crises*:
- electrolytic reechilibration
-treatment of the psychical disorders
- treatment of the somatical disorders

B. *Psychotherapy*
1. Individual psychotherapy, cognitive psychotherapy and Beck inventory test
2. Ambulatory treatment – as a post crises prophylaxy

C. *The management of the suicide risk*.

CONCLUSIONS:

1. The patients with suicide attempts representes 2,13 % of the patients in the third pavilion of the hospital.
2. The suicide attempts associated to personality disorder, depressive disorder, schizophrenia and menthal retardation representes 72,8 % of the patients from the study group.
3. 36 pacients (61 %) have associated the parasuicide to alcohol ingestion.
4. According to age parameter we observed the Gaussian distribution of the study group, with a central condensation – 76,2 % of the pacients having between 21 and 60 years old.
5. The inhospital suicide reminds us our limitations as specialists and even more, reminds the speciality boundlessness.

6. The suicidology concern itself about self-aggressive behaviour from medical, toxicologic, psychologic and sociologic point of view and it is required to be accreditated as an medical discipline.

7. The primary, secondary and tertiary psychoprophilaxy is indispensable.

BIBLIOGRAPHY

1. DURKHEIM, E. (1987) Le suicide, Etude de sociologie, Felix Alcan, Paris.
2. STENGEL, E. 1964 Suicide and Attempt Suicide, Paperback
3. KESSEL, N. (1965) Self –poisoning, Brit. Med.J. p.1265-1270 1336 - 1340
4. KREITMAN, N. (1977) Parasuicide, Chichester Wiley
5. MORGAN, H. G. (1978) Death Wishes The Understanding and Management of Deliberate Self-harm
6. KIELHOLZ, P. (1973) La depresion masque, Editions Hans-Huber, Berne.
7. COZMAN, D. (1999) Sinuciderea, Risoprint, Cluj-Napoca