Suicide Attempts Evaluation in Men's Emergency Services of The Clinical Hospital of Neurology and Psychiatry Oradea

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Abstract: 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 the demographics parameters, distribution of the subjects by age criteria, civil status, the admission type, the auto-aggressive procedures, the psychiatric diagnosis and comorbidities. Our results brought up the following 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 depressive disorder, personality disorder, schizophrenia and mental retardation represents 72.8% of the study group; in-hospital suicide represent a painful reality; 36 subjects have associated the para-suicide to alcohol ingestion; the psycho-prophylaxis is indispensable; the profile of the para-suicide assessment requires large and multi-centric studies; the suicidology requiresaccreditation as a medical discipline.
Keywords: suicide attempt, para-suicide, suicide behaviour, recovery, prophylaxis.

THEORETICAL CONSIDERATIONS

Self-harm behaviour, meaning suicide attempt and suicide indeed, represents a public health approach, which 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 fulfilment 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 medicament substances and chemicals substances; „deliberate self-injury" (3).

In 1970 **Norman Kreitman** defined in his monography – „Para-suicide" the suicide attempt as „a non-fatal injury or in excess ingestion of substances or drugs prescribed in excess". The acute alcohol intoxication is excluded (4).

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

In 1989 **OMS** defined suicide as „the act through which a person wants and looks forward to physical destroy himself, having more or less the intention losing his life and being more or less aware of his motivation".

Ancient and metaphorical definitions can be reconsidered, because the meaning was the same as we use them in the present: „whoever destroys himself by mean" – Hebrew language; „self-killing = sui-caedere" – Latin language.

In fact, 66% of the suicide attempts asked in different ways for medical support in the last 30 days before the „accident", which 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, and pathologic,which 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 consists 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 para-suicide risk seems to appear to healthy people as much as to non-healthy people.

The repetitive para-suicide risk is accentuated 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 himself very nearly to suicide attempt.

On the other hand,**R. Siebek** said that „an unhealthy individual is the subject of a crises and the illness is the exteriorization of the human living way".

II. OBJECTIVES, MATERIALS, METHOD

The study proposes a clinical, epidemiological and statistically approach of the suicide attempts and we mention:

- Morbidities through nosological clinical entities
- The distribution related to provenance
- The comorbidities through somatic disturbances
- The possible forensic implications

All this through:

- The anamnestic information recorded on inpatient documents
- Para-clinical(exploratory)examinations
- The dynamic psychological and psychiatric examinations

III. RESULTS AND DISCUSIONS

1. 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(important) – 34 retired and registered with handicap disabilities
  – 14 workers
  – 11 homeless
- Nationality – Romanians – 29 patients
  – Hungarians – 21 patients
  – Roma people – 6 patients
  – Slovaks – 3 patients
- Civil status -Married – 22 patients
  - Unmarried – 11 patients

- Divorced – 13 patients
- Civil-law partners – 10 patients
- Widowed – 3 patients

Lack of familial support was lined out for at least 22 patients.

3. Distribution of the subjects by group of ages:

- <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 patients
- >80-years-old – 3 patients

45 patients (76.2 %) were at the maximum social efficiency, between 21 and 60 years old.

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

- Special education school – 11 patients
- Gymnasium 8 classes – 11 patients
- Industrial school – 12 patients
- High school – 19 patients
- College – 6 patients

It shows aprevalence of subjects with intermediate and high level school training (42 patients = 71.1%)

5. Hospitalisation items:

a) Month when the subjects were admitted in hospital:

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

It shows a prevalent autumn high-tide of 21 patients.

b) Average of the hospitalization period:

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

c) Admission type – all were emergency admissions as following:

- 27 patients – Ambulance, SMURD emergency services
- 23 patients – intra-hospital transfers
- 9 patients – requested by family

It shows a healthy and good relationship between our emergency services and UPU, ATI, Surgery Department and other public health services.

d) Psychiatric disorders:

D G ICD 10	No. of patients
Personality disorder	14
Mood disorder, depressive subtype	14
Schizophrenia	6
Mental retardation	9
Alcohol addiction	5
Undifferentiated disorder	2
Schizotypal disorder	2
Persistent delusional disorder	2
Psychotic disorder due to medical condition	1
Organic psycho-syndrome	2
Dementia	2

e) we underline that most the patients (43 patients – 72.8 %) have one of the following disorder: personality disorder, recurrent depressive disorder, schizophrenia or mental retardation.

We release the following observations:

1. *The youngest patient*, born on 10, March 1986 was admitted in hospital in 2004 after he ingested carbamazepine and alcohol. The patient's diagnostic was „Behavioural disorder. Mental 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 psycho-syndrome. Left lateral-cervical 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 case*: M.S. was diagnosed with Paranoid schizophrenia, drowning suicide attempt, same as his father who committed 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 „in-hospital suicide".
6. *6 patients* were examined by the forensic medicine committee for antisocial behaviour.

f) Distribution of the subjects by the methods of self-aggression:

1. Traumatic procedures – 10 patients: blade weapons, defenestration, caustic substances
2. Asphyxia procedures – 11 patients: gallows, strangulation, drowning, gas, electrocution.
3. Toxic procedures: – 38 patients, – 34 patients – drug intoxication (neuroleptics, sedatives)

- 2 patients – intoxication with insect powder
- 2 patients – intoxication with organic-phosphoric substances

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

Diagnosis	No. of subjects
Cardio-vascular disorders	11
Rheumatoid disorders	8
Respiratory disorders	9
Endocrine &metabolic disorders	5
Digestive disorders	12
Other disorders: TCC, seizure, urologic disorders	19

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

A. *The management of the crises*:

- Electrolyticbalancing
- Treatment of the psychical disorders
- Treatment of the somatic disorders

B. *Psychotherapy*

1. Individual psychotherapy, cognitive psychotherapy and Beck inventory test
2. Ambulatory treatment – as a post crises prophylaxis

C. *The management of the suicide risk*.

CONCLUSIONS:

1. The patients with suicide attempts represent 2.13 % of the patients in the third pavilion of the hospital.

2. The suicide attempts associated to personality disorder, depressive disorder, schizophrenia and mental retardation represents72.8 % of the patients from the study group.

3. 36 patients (61 %) have associated the para-suicide 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 patients having between 21 and 60 years old.

5. The in-hospital suicide reminds us our limitations as specialists and even more, reminds the specialty boundlessness.

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

7. The primary, secondary and tertiary psycho-prophylaxis is indispensable.

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