Original Article

To Estimate the Prevalence of Psychiatric Disorders Among the Patients Attempting Suicide Reporting to a Tertiary Care Centre: A Cross Sectional Study.

Kumar A, Banal R, Menia A, Sahni B, Zutshi V.

Abstract

Background

Suicide is a serious public health problem and the word suicide is derived from Latin word for "self murder." Variety of Mental disorders mostly including (depressive disorder, bipolar disorder, schizophrenia, personality disorders, anxiety disorders), some chronic physical disorders (ultimately leading to depression) such as chronic fatigue syndrome, and substance abuse (including alcoholism, benzodiazepines etc) are risk factors. This study aimed at looking at the different co-morbidities of the study population and to demonstrate any relationship between the act of suicide and a psychiatric co-morbidity, requiring an active response.

Materials and Methods

The following study was a hospital-based, cross-sectional study done at a tertiary care hospital (GMC Jammu) in Emergency/Causality. Total of 106 patients were included in the study. Patients with Suicide attempt giving written consent were included in the study and Psychiatric morbidity was assessed using MINI (Mini International Neuropsychiatric Interview).

Results

On MINI scale 23 patients were having symptoms of Bipolar Affective Disorder, eighteen patients presented with symptoms of Generalized Anxiety Disorder, forty patients were having symptoms of (MDD) Major Depressive Disorder, eight patients presented with symptoms of OCD (Obsessive Compulsive Disorder), eight patients were having symptoms suggestive of Borderline Personality Disorder and nine patients were having symptoms of (PTSD) Post Traumatic Stress Disorder.

Conclusion

The most common psychiatric morbidity found in our study was major depressive disorder. More studies are required from different centres across the state to identify this problem and also to look in detail the factors associated. Community participation is required for proper psycho-education of general public which will eventually help in reducing suicides.

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Introduction

Suicide is a serious public health problem and the word suicide is derived from latin word for "self murder"[1]. It is an act of intentionally and wilfully causing person's own death[2]. Variety of Mental disorders mostly including (depressive disorder, bipolar disorder, schizophrenia, personality disorders, anxiety disorders), some chronic physical disorders (ultimately leading to depression) such as chronic fatigue syndrome, and substance abuse (including alcoholism, benzodiazepines etc) are risk factors [3-6]. The word suicide was first used by the English author, Sir Thomas Browne in 1642. Suicide attempts represent

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Keywords

Stress, Suicide ,Mental disorders.

a major risk factor for future suicide attempts and eventual completed suicide [7-9].

The most commonly adopted method of suicide varies from country to country and is partly related to the availability of effective means[10]. Rates of suicide are generally higher among men than women, ranging from 1.5 times higher in the developing world to 3.5 times higher in the developed world. Suicide is generally most common among those over the age of 70; however, in certain countries, those aged between 15 and 30 are at the highest risk [11] .About 20% of suicides have had a known previous attempt, and of those who have attempted suicide, nearly 1% die by suicide within a year[12] and more than 5% die by suicide within 10 years [13].

Considering the recent surge in various stress factors (un-employment, migration, nuclear family norm, financial crunch and covid-19 related co-morbidities), an upward trend of suicides is seen in the whole world including Jammu (J&K-UT). This study aimed at looking at the different co-morbidities of the study population and to demonstrate any relationship between the act of suicide and a psychiatric co-morbidity, requiring an active response. This study will go a long way in deciphering such precipitating factors and also in making future strategies for their management.

Materials and Methods

The present study was conducted in the Emergency/Causality of Government Medical College, Jammu. The study was approved by Institutional Ethical Committee of GMC Jammu.

The study was conducted on 106 subjects, belonging to either sex, who presented to emergency with complaint of suicidal attempt and were randomly enrolled in the study from Government Medical College, Jammu. A written informed consent was taken from all eligible subjects.

Inclusion Criteria

Age ≥ 18years and those who gave consent for the study.

Exclusion Criteria

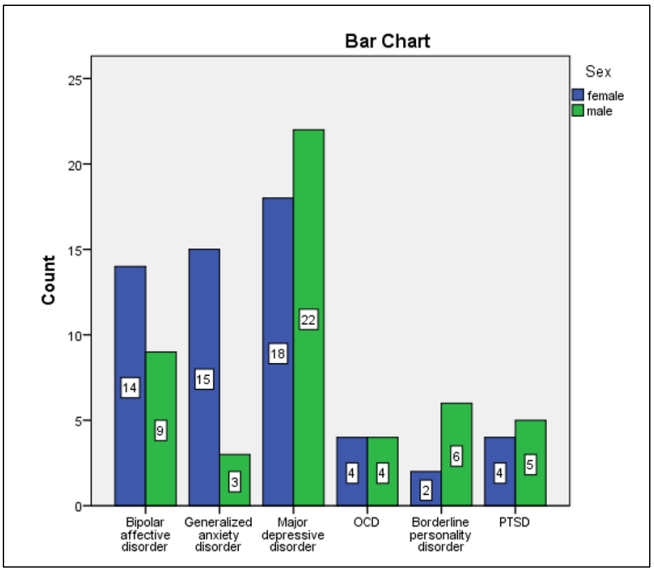
1. Subjects presenting with Accidental injuries.
2. Those Suffering from severe neurological disorders.
3. Those with severe medical co-morbidities.
4. Those not fit medically to participate in the study.

After detailed discussion regarding the purpose and methodology of the study, all eligible subjects were requested to participate in the study. All the subjects included in the study were interviewed by the investigator themself and relevant information regarding the details of demographics (age, gender, place of living etc.), designation were taken on the socio-demographic sheet.

All the subjects were assessed for psychiatric co-morbidity using MINI scale.

All Patients were evaluated to investigate the lifetime and current psychiatric disorder for psychiatric morbidity using Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition (DSM-IV) criteria by means of Mini International Neuropsychiatric Interview (MINI, English version 5.0.0) [14].

Results



Total 106 patients took part in the study including 49 males and 57 females. Four patients were not having any educational background (illiterate), while 17 were studied up-to secondary school, 38 had studied up-to high school, 36 were having higher secondary education, nine were graduate and two were in possession on post graduate qualification. 70 patients were residing in rural areas and 36 were residing in urban areas.

66 patients were married and 35 were unmarried, whereas five patients were either divorced or separated. Out of 106 patients, 31 were still studying, 21 were employed, 28 were working as housewife and 26 were self employed. Order of birth among siblings – 33 were younger, 26 born middle and 47 were older among siblings. No suicidal note was written or found among any patient attempting suicide but 58 patients gave warning call before attempting suicide. Four patients gave previous family history

Twenty four patients belonged to migrant community and eighty two were non-migrant. Four patients gave family history of psychiatric disorder and eight patients gave history of treatment from psychiatrist in the past. Only 15 patients are in the age group of forty years and above and majority of patients (91) were in the age group of less than forty years.

On MINI scale 23 patients were having symptoms of Bipolar Affective Disorder, eighteen patients presented with symptoms of Generalized Anxiety Disorder, forty patients were having symptoms of (MDD) Major Depressive Disorder, eight patients presented with symptoms of OCD (Obsessive Compulsive Disorder), eight patients were having symptoms suggestive of Borderline Personality Disorder and nine patients were having symptoms of (PTSD) Post Traumatic Stress Disorder.

Discussion

Jammu being part of J&K is a disturbed area since more than past 30 years, leading to increase in stress level with less opportunities leading to poor quality of life [15]. A sharp rise has been seen in the adolescent and young age group in both developing and developed countries (including India). In our study 85.8% patients were in the age group of below forty years which corresponds to Indian research on suicide stating that majority of the suicides (37.8%) in India are by those below the age of 30 years. The fact that 71% of suicides in India are by persons below the age of 44 years imposes a huge social, emotional and economic burden on society [16]. Females constituted about 53.7% of total patients with total, of 57 female patients attempting suicide and about 49 males which constituted about 46.2% of total patients attempting suicide which is also been seen in recent studies [17,18].44.3% patients in the study were older in the order of birth (24.5% were middle and 31.1% were younger), indicating that person who are older in order of birth are at increased risk of suicide attempts, which is in accordance with study conducted previously [19-22].54.72% patients in our study gave warning call before suicide attempt, which is in accordance with previous studies [23-25].

Major Depressive Disorder (37.7%) was the predominant psychiatric disorder in the study, which is in accordance with previous studies [26,27] , including 31.6% females and 44.9% males.

Next to major depressive disorder, 21.7% were diagnosed as a case of Bipolar Affective Disorder, which is in accordance with previous study [28] (26.4% in females and 18.4% males). Generalized Anxiety disorder contributed 17%, which is in accordance with previous study [28]. Post Traumatic Stress Disorder contributed to 8.5%, which is in accordance with previous study [29].

Borderline Personality Disorder contributed 7.5%, which is in accordance with study conducted at Bangladesh in 2018 [30] .Other diagnosis in our study included Obsessive Compulsive Disorder contributed to 7.5%(7% females and 10.2% males).

Conclusion

The most common psychiatric morbidity found in our study was major depressive disorder. More studies are required from different centres across the state to identify this problem and also to look in detail the factors associated. There is a need to develop a robust system with active participation from different sectors in formulation of future strategies. Community participation is required for proper psycho-education of general public which will eventually help in reducing suicides.

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