

SUICIDAL IDEATION AND THE RISK OF ATTEMPTED SUICIDE IN MAJOR DEPRESSION

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ABSTRACT

Objective: To assess the rate of suicidal ideation and attempts in patients with major depressive disorder

Method: A semi-structured proforma was used to record the sociodemographic variables, psychiatric and medical history of the patients. They were clinically assessed for depression. The severity of the major depressive episode was measured objectively using the Hamilton Rating Scale for Depression (HAM-D) and BECK Suicidal Inventory. Diagnosis of the current depressive episode was based on the DSM-IV criteria.

Results: Analysis of the data show that the incident of suicidal attempt was 14.5% in patients with suicidal ideations, statistically a high threat of suicidal attempts was found in individuals 25 to 35 years of age.

Conclusion: All the patients who express suicidal ideation do not attempt suicide. Suicidal attempts were reported in only 16.6% of the patients with major depressive episodes having suicidal ideation. A significantly higher number of patients in the age group of <30 years attempted suicide.

INTRODUCTION

Suicide is the third important reason of death amongst young people; on the other hand the frequency of attempted suicide is much more. It has been observed that after teenage years, rate of suicide increases with age until it stabilize in young adulthood. This increase in suicide may be related with the onset and increase in depressive and other disorders during adolescents as compare to childhood as well as greater suicidal rate with age. As compare to adult males, adolescent males complete suicide at rates around five time high than rates for adolescents females. The cause for the lower rates of death in females than in males is due to less dangerous favored method of attempt for suicide. The rate of suicide rose in the 1970's- 1990's in youths between age ranges of 15 to 19 years. This increase is attributable to mounting rate of depression.^{1,2}

Suicidal behavior is difficult. It is an illogical craving to die. Suicide effects are terrible and felt long after the individual has taken his own life. A person who dies by suicide leaves after confusion family members and friend who try for to make sense of a senseless and a meaningless act. It is generally second or third reason of death among teenagers, and remains one of the top ten leading causes of death in middle age. The logic behind suicide, which is define as planned taking of one's own life, can be as simple or as complex as life itself. The key drive to suicide is depression which is

characterize by mood disturbance, feelings of unhappiness, hopelessness and discouragement, resulting from individual loss and disaster.³

Depression and suicidality are extremely intertwined. Suicidality is a diagnostic symptom for major depression, and depression is the most frequent mental disorder leading to suicide, though substance abuse and schizophrenia are also key contributors (WHO, 2001). Depression harmfully impact growth and development, school performance, and peer or family relationships and may direct to suicide.⁴

Major depression is the psychiatric diagnosis which is generally connected with suicide. Life span threat of suicide among patients with untreated depressive disorder is almost 20% (Gotlib&Hammen, 2002).⁵ The suicide risk amongst treated patients is 141/100,000 (Isacsson et al, 2000).⁶

About 2/3 of people who attempt suicide are depressed at the time of their deaths. About 7 out of every hundred men and 1 out of every hundred women who have been diagnosed with depression in their lifetime will go on to complete suicide. The risk of suicide in community with major depression is about 20 times that of the general population. Individuals who have had multiple episodes of depression are at higher risk for suicide than those who have had one episode. People who have addiction on alcohol or drugs in addition to being depressed are at greater risk for suicide.⁷

Suicide is an illogical wish to die. We use the term "illogical" here because no matter how bad a person's life is, suicide is an eternal key to what is nearly always a short-term problem

Depression is a treatable disorder, but often the treatment takes time, energy and effort on the part of the person whose feeling depressed. Sometimes, as

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a person who is depressed feels the refreshing effects of an antidepressant medication, they will still feel depressed, but have more energy. During this treatment many people turn to suicide and suicidal act.⁸

Depression is the most common disorder in Pakistan. However suicide attempt in depression is the common reason of the death, the purpose of this study is to assess suicidal thoughts in major depressive disorder in our region.

METHOD

The study sample consisted of 70 patients (39 men and 31 women) attending the outpatient of Psychiatry of lady Reading Hospital Peshawar from April to June 2015. Patients between 16 and 65 years of age who had depressive illness major depressive episode and had suicidal ideation were included in the study. The leaving out criteria were current substance or alcohol abuse, neurological illness, active medical conditions.

A semi-structured proforma was used to record the sociodemographic variables, and psychiatric and medical history of the patients. They were clinically assessed for depression. Hamilton Rating Scale for Depression (HAM-D) was used for the severity of the major depressive episode.⁹ Diagnosis of the existing depressive episode was based on the DSM-V criteria.¹⁰

Mean and standard deviation of different symptom variables of HAM-D were calculated, BECK Suicidal Inventory is conducted to assess the suicidal risk.

RESULTS

Analysis of the data showed that the incident of suicidal attempt was 14.5% in patients with suicidal ideations, statistically a high threat of suicidal attempts was found in individuals 25 to 35 years of age. The mean age of the sample was 31.38 ± 11.59 years. Out of 70 patients, 22 men were married and 17 men were unmarried, married women were 20 and 11 female were unmarried, out of these 15 were students of higher classes and 13 were jobless, students were more likely to attempt suicide. Level of Depression and level of suicidal risk are shown in Table 2,3.

DISCUSSION

In this study, the frequency of suicidal attempt was 14.5% in patients with a major depressive episode and suicidal ideation. All the attempters were 25 to 35 ages and a significant risk factor for suicidal attempt between those with suicidal ideation.

In this study, rural areas were higher compared with urban areas, but a higher number of patients from the urban setting attempted suicide. Another finding of this study was that a higher number of single men and married women attempted suicide compared with married men and unmarried women. This result was in

Table 1: Demographic Details

Gender	
Male	39
Female	31
Marital Status	
Married	42
Unmarried	28
Living Status	
Urban	40
Rural	30
Students	15
Jobless	13

Table 2: Level of Depression Revealed by HAM-D

Depression	
Mild	20%
Moderate	35%
Sever	45%

Table 3: Level of Suicidal Risk Revealed By BECK Suicidal Inventory

Suicidal Risk	
Present	64%
Not Present	36%

harmony with that report in prior to studies.

It was observed that patients in the more educated group were more likely to attempt suicide. However, Kessler et al 1999.¹¹ found that poorly educated subjects were more vulnerable to suicidal attempts. Among attempters, students and housewives outnumbered the 'others' group, which is in concurrence with the study by Narang et al 2000.¹²

Malone et al 1993.¹³ reported a higher level of suicidal ideation, aggression, hostility and impulsivity in subjects who attempted suicide. This was also experimental in the present study where attempters had a higher level of suicidal ideation and agitation. Malone et al.¹³ however, did not find any correlation between suicidal attempt and paranoid symptoms. Srivastava et al 2000.¹⁴ also reported a low positive relationship between severity of depression and suicidal intent. Botwick et al 2000.¹⁵ also reported that impulsivity, aggression and psychosis increased in attempters. With comparison to Roose et al 1983.¹⁶ it's concluded that delusional, depressed patients were five times more likely to commit suicide than non-delusional ones.

CONCLUSION

All the patients who state suicidal ideation do not try suicide. A significantly higher number of patients in the age group of 25 to 35 years attempted suicide. Severity of suicidal thoughts, agitation and depressive symptoms were more in attempters, whereas general somatic symptoms and hypochondriasis were more in non-attempters. Young patients with depression, especially unmarried men, housewives, students and those with class 10 or higher education, having severe suicidal thoughts.

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