

SUICIDE

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Suicide Awareness



- Self murder
- It is fatal act that represents the person's wish to die
- Thinking-----complete act
- Accidents of undetermined causes

Some kinds of suicide

- Chronic suicide , deaths through alcohol and substance abuse and consciously poor adherence to medical regimens for addiction, obesity and hypertension , semi intentional.
- Extended suicide
- Suicide attempt
- Complete suicide
- Paradoxical suicide

Durkheim's Theory

- Altruistic suicide
- Egoistic : not strongly integrated into any social group .lack of family integration unmarried persons urban areas
- Anomic :no integration into society cannot follow customary norms of behavior

Economic situation social instability and
breakdown of society's standards and values

Primary emergency

- Internist ----- cancer =psychiatrist -----suicide
- Provide optimal care yet the patient may die by suicide
- Impossible to predict but numerous clues can be seen
- Mental illness usually depression

Epidemiology

- 800000- 1000000/y world
- 35000 USA suicide 20000 homicide
- 25 to 1 ratio attempts/complete
- Adolescents increase /decreased rate elderly
- 12/100000
- IRAN 5/100000

1. Heart Dis.
2. Cancer
3. Chronic Lower Respiratory Dis
4. CVA
5. Accidents
6. Alzheimer's Dis
7. DM
8. Influenza And Pneumonia
9. Kidney Dis
10. Suicide

- More than 25/100000 Lithuania , South Korea, Sri Lanka , Russia, Belarus , Guyan
- Fewer than 10/100000 Portugal, Netherland, Austria ,Spain, South Africa, Italy, Egypt, Iran
- Prime suicide site in the world is Golden Gate Bridge in San Francisco 1600 committed since 1937

Risk factors

- Gender differences
- Men 4 times commit fire arms , hanging, jumping
- Women 3 times attempt overdose and poison
- The most common method is hanging

Age

- Rare before puberty
- Men peak after 45
- Women completed suicide after 55
- 29/100000 65 or older
- Older persons attempt less but more successful
- Rising among young persons
- 3rd leading cause of death after accidents and homicide

Religion

- Historically Protestants and Jewish higher suicide rates than Catholics
- Muslims have much lower rates
- The degree of orthodoxy and integration more accurate measure of risk than simple religious affiliation

Marital Status

- Marriage lessen the risk ,children in home
- Single never married 2 times married persons
- Divorced men 3 times commit
- Widow and widowers
- Socially isolated or family history suicide
- Anniversary suicide
- Homosexuals more

Occupation

- Higher social status greater risk but drop in social status increase risk
- Work protects
- Physicians at greatest risk
- Law enforcement , dentists ,artists ,mechanics , lawyers, insurance agents
- Unemployed
- Economic recessions and depression
- Decrease during high employment and wars

Physician suicide

- Male and Female physicians
- Female 2-3 times
- Mental disorder ,depression ,substance
- Overdose , drug availability knowledge about toxicity
- Psychiatrist, ophthalmologist, anesthesiologist
- But all specialists are vulnerable

Physical Health

- 1/3 committed suicides medical attention within 6 months
- Physical illness important factor $\frac{1}{2}$ all suicides
- Loss of mobility , physical activity occupation or recreation ,disfigurement particularly women
- Intractable pain
- Hemodialysis
- Disruption of relationship
- Loss of occupational status

- Drugs
- Corticosteroids , antihypertensive , some anticancer drugs.
- Alcohol related illness

Non Psychiatric Diseases

- CNS
- Huntington, parkinson , HIV , brain tumors, CVA ,dementia
- GI
- Peptic ulcer , cirrhosis, pancreatic cancer
- Genitourinary
- BPH, hemodialysis
- Rheumatology
- SLE,RA

Mental Illness

- 95% commit mental dis.
- 80% depression
- 10% schizophrenia
- 5% dementia ,delirium
- 25% dual diagnosis and alcohol
- Delusional depression high risk
- Impulsivity and violent acts
- Previous psychiatric hospitalization

- Substance abuse and antisocial under 30
- Mood dis and cognitive dis above 30
- Stressors under 30 separation , rejection above 30,unemployment ,legal troubles

Psychiatric Patients

- 3-12 times
- Age, Sex, Diagnosis, Inpatients, Outpatients.
- M-f inpatients 5-7times
- M-f outpatients 3-4 times
- Depression and ECT
- Mood dis bipolar II
- Middle aged or older but relatively young
- M 29.5 F 38.4schizophrenia mood dis

- Inpatients suicide hospital ground
- 1st week admission,
- 3-5 w inpatients same as general population
- Times of staff rotation , psychiatric residency
- Period after discharge
- 3 months after discharge f 275 times m 70 times
- 1/3 depressed within 6 months after discharge

- Mood dis depression
- Schizophrenia
- Substance dis
- Repeated visit to ER
- Health professionals working in ER

Depressive dis

- Mood dis.
- 60-70% depression
- Bipolar 15-20% risk of death during depressed episode
- Male ,Earlier ,Single ,Separated ,Divorced ,Widowed , Recently Bereaved , Middle aged or older
- Social isolation , onset or end of depressed episode,

- History of therapy
- 1/3 to 1/2 receiving suitable therapy
- Less than adequate
- Sub therapeutic treatment
- no enough dose and duration

Schizophrenia

- 10% committed
- Young adults or adolescents
- Young age, male, single , previous suicidal attempts, depressive symptoms, recent discharge
- 3-4 hospitalization during 20s
- Social, occupational sexual adjustment problems

- Typically unmarried, unemployed, socially isolated living alone single room
- Discharge
- Dejected, helpless act out suicidal ideas
- Small percentage hallucination or escape of delusion
- 50% after discharge few weeks or months

Substance Dependence

- 15% alcoholics committed suicide
- 270/100000 US
- 80% male
- Middle aged, unmarried, friendless, socially isolated, currently drinking,
- 40% previous suicidal attempt.
- Older post discharge one year
- Depressed, 2/3 mood dis.

- 50% loss of close affectionate relationship one year.
- Antisocial personality. other substances, impulsive, aggressive criminal behavior.
- Heroin 20 times
- Adolescent girls IV abusers high suicidal rates.

- Lethal dose, IV abusers, antisocial personality disorder, chaotic lifestyle, impulsivity
- Dysphoric
- Depressed
- Intoxicated

Personality Disorders

- Predisposing to mental health depressive dis and substance dependence
- Difficulties to relationships ,social adjustments
- Precipitating to undesirable life events
- Impairing to cope
- Conflicts family, physician, hospital staff

- 5% antisocials commit suicide
- Prisoners 3times
- 1/3 mental dis , 1/2 previous suicidal attempts

6 months

- Borderline personality dis.

Anxiety dis

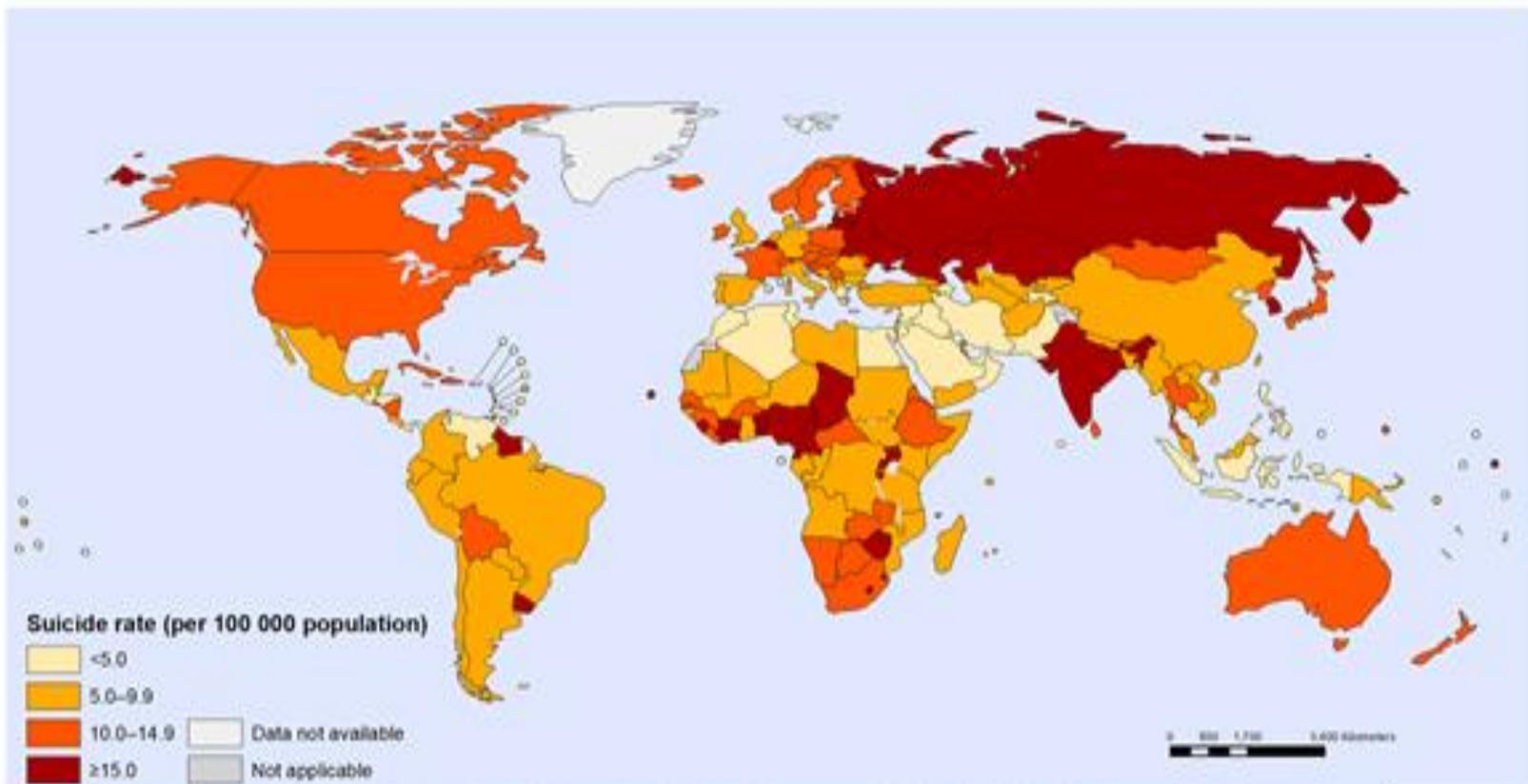
- Suicide attempts 20%
panic dis and social
phobia

Previous Suicidal Behavior

- Past suicidal attempt best indicator
- 40% Committed suicide- suicidal attempt
- Risk of second suicidal attempt 3 months after first attempts
- 15% mood disorder subsequently suicide
- 70% suicidal have mood dis
- 10% suicide attempters subsequently suicide within 10 yrs.

- Depression committed and serious attempters
- Male
- Older
- Single or separated
- Living alone

Age-standardized suicide rates (per 100 000 population), both sexes, 2016



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