

Study On Sociodemographic Profile And Clinical Correlates Of Suicide Attempters In A Tertiary Care Centre With Consultation Liaison Psychiatry Services

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ABSTRACT

Introduction: Suicide is a major health problem, and the global suicide mortality rate amounts to 1.4% of all deaths worldwide. Suicidal behaviour and suicidality can be conceptualized as a continuum ranging from suicidal ideation to suicide attempts and completed suicide.

Aim and Objective of the study: The aim and objective was to study the sociodemographic data, psychiatric disorder, precipitating events, and mode of attempt in suicide attempted patients referred to consultation liaison psychiatric services.

Materials and Methods: All referrals to the psychiatry department, seen over a 6-month period were screened for the presence of suicide attempters. Those who fulfilled the criteria were evaluated by using semi-structured pro-forma containing sociodemographic data, precipitating events, mode of attempt, and psychiatric diagnosis by ICD-10.

Results: In 6 months study period, 42 subjects were referred for attempted suicide, out of the total 360 psychiatry referrals. The prevalence of suicide attempters was 11.6% at our tertiary care hospital. Males were more than females. Among the suicide attempters, young adults (25 to 35 age group), educated, employed, married, and coming from an urban background were more represented compared to their counterparts. Around 28 % of subjects were found to have a past history of suicidal attempts and 16.7 % were having a significant family history of committed suicide/attempt.

Discussion and Conclusion: The prevalence of suicide attempters was 11.6% at our tertiary care hospital. The majority of suicide attempter patients had a mental illness. So, Early identification and treatment of these disorders could have prevented associated morbidity and mortality. The most common mode of attempt was found to be poisoning and drug overdose. So, having a clear policy on the sale and possession of lethal agents is necessary to prevent or reduce suicidal attempts. Some of the study participants reported various stressful life events as immediate reasons for the suicidal attempt. These findings may suggest the need for training programs on problem-solving skills for this group of the population. In addition, public education on healthy coping mechanisms under stress and improving communication skills of youths are also crucial to prevent the suicidal attempt.

Keywords: suicide attempt, socio-demographic factors, prevalence, referrals, consultation-liaison services.

INTRODUCTION:

Suicide is a complex, multidimensional phenomenon that has been studied from philosophical, sociological, and clinical perspective. Suicidal behaviour and suicidality can be conceptualized as a continuum ranging from suicidal ideation to suicide attempts and completed suicide. Attempted suicide is defined as a potentially self-injurious action with a nonfatal outcome for which there is

evidence, either explicit or implicit that the individual intended to kill himself or herself. The action may or may not result in injuries.[1] The majority of suicides (77%) in the world occur in low- and middle-income countries.[2] About 8,00,000 people die due to suicide worldwide every year. Over 100,000 people die by suicide in India every year.[3] As per NCRB data, a total of 1,64,033 suicides were reported in the country during 2021 with an increase of 7.2% in comparison to 2020 and the rate of suicides has increased by 6.2% during 2021 over 2020. The national suicide rate of India was 12 (calculated per hundred thousand or per lakh) in 2021, which is the highest rate of deaths from suicides since 1967. [4] Suicide attempts ranging from 10 to 40 times more frequent than completed suicide.[5] It is estimated that there will be at least 5 million suicide attempts each year and hence suicide attempts will be a major public and mental health concern in India. Suicide attempts are related to many psychological and medical conditions such as young age, female gender, and psychological disorder. [6] Suicide is strongly associated with a history of suicidal behaviour in the past, as 50% of people who commit suicide have a history of suicide attempts. Persons who survive a suicide attempt are at high risk of suicide in later life. The literature is very scant from the Indian subcontinent and also the risk factors associated and methods employed for suicide attempt/self-harm are strikingly different from those reported in Western data.[8]. Research suggests that risk factors for suicide include biological, psychological, and socio-environmental factors. Recent work points toward interactions between the above-mentioned risk factors in the causation of suicide. However, not much data is available regarding how these factors are correlated and influence each other.

Temporal variation in suicide risk has been explored in multiple studies over many years (Ajdacic-Gross et al., 2003). [7] It is likely that the timing of suicide varies according to the geographical and sociocultural context. In many countries including India, subjects who harm themselves frequently present to the hospital emergency for medical complications arising because of self-harm. [8-10] Hence, they form an important group to understand the psychosocial profile of patients who harm themselves. With this background, the aim of our study was to study the sociodemographic and clinical profile of subjects who attempted suicide referred to consultation liaison psychiatric services for evaluation in a tertiary care hospital.

AIM AND OBJECTIVES OF THE STUDY:

The aim and objective was to study the sociodemographic data, any associated psychiatric disorder, any precipitating events, and mode of attempt in suicide attempted patients referred to consultation liaison psychiatric services.

MATERIALS AND METHODS

Source of data: This is a prospective study conducted at our tertiary care centre in the Dept. of Psychiatry over 6 months period from July 2022 to December 2022.

Study population: We included the subjects cross-referred from various departments to psychiatry.

Inclusion criteria: We included the subjects in the age group between 15 to 45 years old.

Exclusion Criteria: We excluded the subjects who did not have the mental capacity to consent. Patients presenting with accidental harm arising from recreational use of drugs or alcohol were also not included.

Data Collection: All the referred cases were initially evaluated by a trained junior resident or senior resident and subsequently reviewed by the consultant psychiatrist. The cases are evaluated for psychiatric illness and diagnoses are made as per the ICD-10 and appropriate treatment plans are

formulated and carried out (WHO 1992). The semi-structured pro-forma was made to document the information regarding sociodemographic data, source of referral, diagnosis of the physical condition, the reason for psychiatry referral, psychiatric diagnosis, and management done. After the initial evaluation, these patients were subsequently followed up in the in-patient setting till they are physically stable. After this, depending on the mental status examination and risk of future attempts, these patients are either transferred to the psychiatry ward or are followed up in psychiatry OPD. Psychiatry management usually involves treatment by pharmacotherapy or psychotherapy or both.

RESULTS:

In the present study of 6 months duration, a total of 360 subjects were referred, out of which 42 subjects attempted suicide, accounting to about 11.6% of the total referrals.

Table 1: Shows the demographic profile and clinical correlates of subjects

Socio Demographic Factors		Number	Percentage
Age	15-24	12	28.6
	25-34	21	50.0
	35-45 years	9	21.4
Gender	Males	22	52.3
	Females	20	47.6
Marital status	Married	22	52.4
	Single	8	19.0
	Divorced/Widowed	12	28.6
Employment	Employed	26	61.9
	Unemployed	16	38.1
Education	Below matriculation	15	35.7
	Above matriculation	27	64.3
Residence	Urban	28	66.7
	Rural	14	33.3
Clinical Correlates			
Past h/o suicidal attempt		11	26.2
Family History of suicide attempt or completed suicide		7	16.7

Table 2: Shows the distribution of subjects referred from various departments.

Department	Number	Percentage
General Medicine	21	50.0
General Surgery	10	23.8
OBG	3	7.1
Neurology and Neurosurgery	5	11.9
Others(ENT, Dermatology, Pulmonology)	3	7.1

Table 3: Shows the distribution of psychiatric illness among the subjects

Psychiatric illness	Number	Percentage
Emotionally unstable/Impulsive personality traits/ Disorder	7	16.7
Adjustment disorder	12	28.6
Schizophrenia and other Psychotic disorder	4	9.5
Depression	6	14.3
Substance dependence	2	4.8
Bipolar disorder	2	4.8
Intentional self harm	7	16.7
Other psychiatric diagnosis	2	4.8

Table 4: Shows the reason prior to attempt

Reasons for suicide attempt	Number	Percentage
Family problems	14	33.3
Marital problems	8	19.0
Financial problems	2	4.8
Illness-related	3	7.1
Love affair	5	11.9
Professional/career problems	5	11.9
Examination related problems	3	7.1
Property dispute	2	4.8

Table 5: Shows the mode of suicide attempt

Reasons for suicide attempt	Number	Percentage
Medication and Psychotropic over dosage	14	33.3
Poisoning	13	31.0
Ingestion of Corrosives and Chemicals	4	9.5
Hanging	5	11.9
Self-Immolation	1	2.4
Others (self-injurious behaviour)	5	11.9

DISCUSSION

In the present study of 6 months duration, a total of 360 subjects were referred, out of which 42 subjects attempted suicide. The prevalence of suicide attempters was 11.6% at our tertiary care hospital. Out of 42 suicide attempters 52.3% were males and 47.6% were females. This finding is consistent with Sethi et al. (1978) and Bansal et al. (2011) where the number of males outnumbered females [11]. The culturally glorifying position puts them under more stress and expectations. However, worth noting is the narrowing of the gap between males and females in recent studies which may be due to the gradual upliftment of the socioeconomic position of women.

Most the subjects belong to the age group 25-34 years (50%). This is followed by increased attempts among 15-24 years group (28.6%). Reflecting the younger subjects as the vulnerable group in the recent trend possibly due to increased access to social media where they get access to a wide range of information and also may be due to their low-stress tolerance levels and impulsivity traits.

52.4% were married, and 28.6% were divorced or widowed. This finding was in accordance with Das et al., 2008, Kumar. Marriage is a universal phenomenon in Indian culture, and the predominance of married subjects could be explained by the same. Unlike western countries Divorces are less in India. Marriage is less protective against suicide for females than males, and the greater female vulnerability could be related to psychopathology and psychosocial stressors, including arranged and early marriages, youth maternity, lower social status, domestic violence, abuse, and economic dependence [12,13]. 61.9% of them were employed and 38.1% were unemployed which included students perceiving their diploma and higher education (Table 1).

Out of the 42 subjects, 50% were referred by Internal Medicine, 23.8% by General Surgery, 7.1% by OBG, 11.9% by Neurology and 7.1% by other departments. (Table 2). We evaluated the type of psychiatric disorder in these subjects which included 16.7% were emotionally unstable, 28.6% suffering from adjustment disorder, 9.5% had schizophrenia and other psychotic disorder, 14.3% had depression, 4.8% had substance dependence, 4.8% had bipolar disorder, 16.7% had intentional self-harm and 4.8% had other psychiatric diagnosis (Table 3). Adjustment disorder (28.6%) is the

most common diagnosis followed by Emotionally unstable personality traits or disorders, which could be seen to have increased in recent days. Almost four- a fifth of the patients had some associated Psychiatric Diagnosis.

We evaluated the reasons prior to the attempt, it was found that 33.3% had family problems, 19% had marital problems, 4.8% had financial problems, 7.1% had illness related, 11.9% had love affairs, 11.9% had professional problems, 7.1% examination related problems, and 4.8% had property dispute (Table 4).

In this study group, 26.2% were found to have Past history of suicide and 16.7% had a significant Family history of completed suicide/suicide attempt. Thereby being important predictors and risk factors for suicide attempts as reflected in our literature.

In the present study, modes of suicide attempt were evaluated, we found that unlike previous studies medication especially psychotropic overdose (33.3%) has been found as the most common mode of suicide attempt possibly due to the availability and misuse of over-the-counter medications. This was followed by 33.3% had medication ad psychotropic over dosage, 31% had poisoning, 9.5% had ingestion of corrosives and chemicals, 11.9% had hanging, 2.4% had self-immolation, and 11.9% others. Chemical poisoning mostly includes pesticides. Most of the people were farmers in this region, and the easy availability of pesticides may be the reason for its common use for a suicide attempts. Only 1 case of self-immolation, was noted. A study by Jain et al. has shown that violent suicide attempts are associated with higher suicide intent [14,15].

The absence of skills to solve psychosocial crises and the presence of unsafe sexual practices among youths warn us to design strategies to prevent suicide. An urgent need to prompt education regarding a variety of family planning methods and training on problems solving skills for the younger generation to allow them to detect problems early and get treatment in a time might be necessary. The study results may not be generalized since our sample size was small. On the other hand, because of the stigma associated with suicide, families may not report the case to health professionals. Moreover, those patients who did not appear at the hospital because of non-serious suicidal attempts or died at home and after arriving at the emergency department were automatically excluded from our study. Finally, using a validating instrument for diagnosis could have further justified our study findings.

CONCLUSION

The prevalence of suicide attempters was 11.6% in our tertiary care hospital. Among psychiatric illnesses, adjustment disorder was the largest entity followed by Emotionally unstable personality traits/disorders and depression. Medication and Psychotropic overdose were found to be the most common method adopted for suicide attempts suggesting the need for strict regulations for the availability of medications in the drug counters. Family conflicts and marital problems remain the most common precipitating factors reported as an antecedent events by the subject or informants.

The presence of impulsivity among youngsters suggests that there is a need to develop suicide prevention strategies. Restricting lethal methods, like pesticides and corrosive agents, may either prevent or decrease suicidal attempts. Having a clear policy on sales and possessing these lethal agents is necessary. Some of the study participants reported various stressful life events as immediate reasons for the suicidal attempt. These findings may suggest the need for the preparation of training programs on problem-solving skills for this group of the population. In addition, public education on healthy coping mechanisms under stress and improving communication skills of youths are also crucial to prevent the suicidal attempt.

Limitations of the study: This was a time-bound, hospital-based study with a limited sample size; hence, it may not be representative of persons who attempted suicide in the general population. Responding to an authority like physicians may be intimidating to the patients, thus anonymous population surveys may provide different data.

Conflict of interest: All the authors declare there is no conflict of interest.

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