Sociodemographic Profile of Patients Presenting with Suicide to a Private General Hospital in a Rural Setting.

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ABSTRACT

Background: Esquirol wrote “All those who committed suicide are insane.” According to WHO estimates for the year 2020, approximately 1.53 million people will die from suicide, and ten to 20 times more people will attempt suicide worldwide. Aims and objectives: The specific objectives and aim of this study were to evaluate socio-demographic variables, clinical and situational factors, as well as the methods and severity of attempts of patients presenting to a multispeciality Hospital. Methods: A retrospective analysis was carried out on data available at the casualty and Dept of psychiatry of the Melmaruvathur Adhi Parasakthi Institute of Medical Sciences. Results: Suicidal rate is found to be higher among people between age of 18-25 years. Suicide is more common in people with lower per capita income. Most common mode of suicide is Poisoning, in which OPC tops the list. Of the 256 cases, only 48 were referred to the psychiatry OP and majority of the cases had depression. Financial crisis and passion related issues were the main reasons for the suicide. Conclusion: This study highlights the importance of a better consultation-liason in the general hospitals. The time is ripe for mental health professionals to adopt proactive and leadership roles in suicide prevention and save the lives of thousands of young Indians.

Keywords: suicide, sociodemographic variables, self harm.

INTRODUCTION

Esquirol wrote “All those who committed suicide are insane.” According to WHO estimates for the year 2020, approximately 1.53 million people will die from suicide, and ten to 20 times more people will attempt suicide worldwide. These estimates represent on average one death every 20 seconds and one attempt every one to two seconds. In the last two decades, official figures of suicide rate in India have increased from 7.9 to 10.3 per 100,000. Study of suicide is hampered because of lack of clinical reporting. Only a small portion of patients are referred to psychiatry. The specific objectives and aim of this study were to evaluate socio-demographic variables, clinical and situational factors, as well as the methods and severity of attempts of patients presenting to a multispeciality Hospital. The influence of media has lead to a spurt in suicide cases in India, especially among youngsters. Lack of understanding between family members plays a key role.

MATERIALS AND METHODS

Under the guidance of Dr K. Monicka, Assistant Professor, Department of Psychiatry, a retrospective analysis was carried out on data available at the casualty and Dept of psychiatry of the Melmaruvathur Adhi Parasakthi Institute of Medical Sciences. Patients whose injuries were considered to be accidental in origin with no suggestion of self harm intention were excluded from the study.

RESULTS

Table 1: AGE

| FIG PERCENTAGE DISTRIBUTION OFG DEMOGRAPHIC VARIABLE AGE FOR SUICIDE |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| 1.00            | 10.0            | 30.0            | 51.4            | 2.7             |
| 10.0            | 20.0            | 3.00            | 3.00            | 4.00            |

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Suicidal rate is found to be higher among people between age of 18-25 years. Suicide is more common in people with lower per capita income.

Most common mode of suicide is Poisoning, in which OPC tops the list.

Table 2: Percapita Income

Table 3: Mode of suicide.

Table 4: Psychiatric disorders

Table 5: Causes

DISCUSSION

Suicidal rate is found to be higher among people between age of 18-25 years. This is similar to a study conducted by Upadhyaya SK et al as well as a study conducted in rural hospital at south India and Madhavi Kodali et al. Suicide is more common in unemployed people as in a study conducted in hilly areas of Uttarkhandh. Most common mode of suicide is Poisoning, in which OPC tops the list which goes along with the studies done by Madhavi Kodali in south India and another study done by Maniam et al in Malaysia as well as in Uttarkand study. Of the 256 cases, only 48 were referred to the psychiatry OP. Every eighth person who attempted suicide done it under the influence of alcohol. They were psychiatrically analysed and majority of cases had depression followed by coping disorder. Only a few had psychosis. Financial crisis and passion related issues were the main reasons for the suicide followed by family problems. This is a slight modification to the south Indian study by Madhavi et al in which domestic quarrels tops the list followed by relationship issues.
CONCLUSION

Suicide-It is not a permanent solution to a temporary problem. NCRB 2012 report states that Tamilnadu tops the list of suicide report due to failure in examination, love affairs, illicit relationship. It also mentions that the rate of family problem is inclined to 25.6%.

<table>
<thead>
<tr>
<th>Population</th>
<th>Suicide</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tamilnadu</td>
<td>7 crores 20 lakhs</td>
<td>16,927</td>
</tr>
<tr>
<td>Chennai</td>
<td>45 lakhs</td>
<td>2183</td>
</tr>
<tr>
<td>Melmanuvathur</td>
<td>3 lakhs</td>
<td>266</td>
</tr>
<tr>
<td>Psychiatric department</td>
<td>256</td>
<td>48</td>
</tr>
</tbody>
</table>

This study highlights the importance of a better consultation-liason in the general hospitals. The time is ripe for mental health professionals to adopt proactive and leadership roles in suicide prevention and save the lives of thousands of young Indians.

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