

A STUDY ON PREVALENCE OF DEPRESSION IN ATTEMPTED SUICIDE PATIENTS ATTENDING R.I.M.S. HOSPITAL, IMPHALT. Hemchand Singh¹, H. Nirendrakumar Singh², Y. Rameshwore Singh³**HOW TO CITE THIS ARTICLE:**

T. Hemchand Singh, H. Nirendrakumar Singh, Y. Rameshwore Singh. "A Study on Prevalence of Depression in Attempted Suicide Patients attending R.I.M.S. Hospital, Imphal". Journal of Evolution of Medical and Dental Sciences 2014; Vol. 3, Issue 06, February 10; Page: 1503-1506, DOI: 10.14260/jemds/2014/2015

ABSTRACT: OBJECTIVE: To evaluate prevalence of depression in individuals who attempted suicide and attended Regional Institute of Medical Sciences Hospital, Imphal. Method: The study was cross-sectional in which 50 patients who attempted suicide and attended RIMS Hospital and fulfilled the inclusion criteria were included in the study which was conducted from November 2005 to October 2006. A semi-structured interview schedule was used to find out the socio-demographic profile. Present State Examination was used for symptom elicitation and ICCD-10 was used for confirming the diagnosis. **RESULTS:** Males (64%) outnumbered females. Sixty-four present had psychiatric illness, depressive episode (28%) being the most common diagnosis. **CONCLUSION:** Depressive episode was found to be commonest psychiatric illness in patients who attempted suicide.

KEYWORDS: Attempted suicide, depressive episode.

INTRODUCTION: Suicidal behavior or suicidality can be conceptualized as a continuum ranging from ideation to completed suicide.¹ Suicide is a complex phenomenon with numerous influences including the individual's personality, biology, culture and social environment as well as the macro-economic and political context.² Suicide is among the leading causes of death for young adults. It is among the top three causes of death in the population aged 15-34 years. This represents a massive loss to societies of young persons in their productive years of life.³ As anywhere else, in India, suicide is among the top ten causes of death. Suicide also among the three causes of death in India between 16 to 35 years range.⁴ Data on suicide attempts indicate suicide attempts may be upto 20 times higher than the number of completed suicide. ³This study was an attempt to find out the psychosocial characteristics and psychiatric morbidity among the patient who attempted suicide in Manipur.

MATERIAL AND METHODS: The study was conducted in the Department of Psychiatric, RIMS Hospital, Imphal, for a period of one year from November 2005 to October 2006. After obtaining informed consent, first 50 patients who attended RIMS Hospital following attempted suicide, irrespective of age and sex, were selected for the study. Patients who had no reliable informant or those who were discharged, left against medical advice or expired before completion of interview were excluded from the study.

Assessment tools used were a semi-structured interview schedule for collection of information on socio-demographic variables, Present State Examination (PSE)⁵ and Suicidal Intent Questionnaire⁶ for symptom elicitation and confirmation to the diagnosis was done using ICD-10 Diagnostic Criteria. Descriptive Statistics was performed in the form of percentage.

RESULTS: Out of the total 50 patients who attempted suicide 32 were males and 18 were females. Majority of suicide attempters belonged to 21-30 years age group (65%) followed by ≤ 20 years age

ORIGINAL ARTICLE

group (22%) ≥ 41 years age group (14%) and 31-40 years age group (8%). Twenty-nine were unemployed, 17 were employed and 4 were either divorced or widowed. Thirty-two present had no education and primary school level, middle school level, high school level and above constituted 28%, 14%, 18% and 8% respectively. There were no non-responders during the study.

Sixty-four percent of the study population had psychiatric illness. The psychiatric disorders found in order of frequency were Depressive episode (28%), alcohol dependence syndrome (18%) adjustment disorder (14%) and schizophrenia (4%).

Family history of psychiatric illness was found in 32% of patients. The family history of psychiatric illness was more common in females (55.55%).

Physical ailments were present in 72.22% of females as compared to 28.12% of males. Difference of physical illness in male and female was statistically significant ($P < 0.01$). Physical ailments present were pain abdomen 26% hypertension 4% epilepsy 2%, HIV seropositive 2%, Dysmenorrhea 12%.

DISCUSSION: This study showed males form the majority who attempts suicide; various studies done in India^{7, 8, 9} are consistent with the finding in this study which showed rates ranging from 53.4% to 65% although studies done outside India showed a female preponderance.^{10, 11} This discrepancy may be explained by psychological, occupational and socio-cultural factors; as in Indian society man continue to dominate all spheres of life especially as the head of the family and is naturally exposed to more stressful events.¹² Psychiatric illness was found in 64% of the study population; diagnosis in majority of attempted suicide cases. Similar finding was reported by Studies in India.^{13, 14} Depressed patients with intense hopelessness, anhedonia, social withdrawal, alcohol abuse and loss of work show suicidal behavior.¹⁵ In the distribution of cases with family history of psychiatric illness, females were found to have more positive family history than males. Predominance of family history of psychiatric illness in females was also found in Indian Studies. This may be due to the fact that females from a dysfunctional family with parents having psychiatric disorder or alcohol dependence, in a conservative society are more prone to give into hopelessness, or self-destructive behavior. The present study being done in hospital setup and lack of control group makes any conclusion difficult; also the study was a passive one, studies from India and abroad. A possible link between suicide, pain and chronic illness may be that it can either lead to secondary depression or suicide attempters are using medical contact as a covert cry for help; the risk of suicide has found to be high in individuals who are physically ill.

CONCLUSION: The present study showed that majority of those attempt suicide suffer from psychiatric illness which Depressive disorder happened to be commonest. Family history of psychiatric illness and presence of co morbid physical illness may be important risk factor.

REFERENCE:

1. Lonqvist JK: Suicide, New Oxford Text Book of Psychiatry; Gelder MG, Ibor JLLJ and Nancy CA: Oxford University Press, New York, 1st Edition, 1, 1033-1039, 2000.
2. Kwame M, Mark S, and Crawford M: Suicide in ethnic minority groups, British Journal of Psychiatry; 183: 100-101, 2003.
3. World Health Organisation (2001a), World Health Report 2001; Mental health: New understanding, New hope, Geneva: World Health Organisation, 37- 39, 2001.

ORIGINAL ARTICLE

4. Unni KES: Human self-destructive behavior, Text Book of Postgraduate Psychiatric; Vyas JN and Ahuja N: Jaypee Brothers Medical Publishers (P) Ltd., New Delhi, 2nd edition, 2, 526-556, 1999.
5. Wing JK, Copper JE and Satorious N: Measurement and classification of psychiatric symptoms – An instruct manual for the PSE and Catego program; Cambridge University Press, London, 1974.
6. Gupta SC, Anand R and Trivedi J.K: Development of a suicidal intent Questionnaire, Indian Journal of psychiatry; 25(1):57-62, 1983.
7. Rao AV: Attempted suicide in psychiatric patients, Indian Journal of Psychiatric; 7:253-264, 1965.
8. Kumar PNS: Age and gender related analysis of psychological factors in attempted suicide: study from a medical intensive care unit, Indian Journal of Psychiatry; 40(4): 338-345, 1998.
9. Sharma RC: Attempted suicide in Himachal Pradesh, Indian Journal of Psychiatry; 40(1): 50-54, 1998.
10. Bland RC, Neuman SC and Dysk RJ: The epidemiology of parasuicide in Edmonton, Canadian Journal of Psychiatry; 39:391-396, 1994.
11. Colman I, Newman SC, Schopflocher D, Bland RC and Dyck RJ: A multivariate study of predictors of repeat parasuicide, Acta Psychiatrica Scandinavica; 109; 306-312, 2004.
12. Latha KS, Bhat SM and D Sourza P: Suicide attempters in a general hospital unit in India: their socio-demographic and clinical profile, emphasis on cross-cultural aspects. Acta Psychiatrica Scandinavica; 94:26-30, 1996.
13. Kumar CTS and Chandrasekaran R: A study of psychological and clinical factors associated with adolescent suicide attempts, Indian Journal of Psychiatry and personality disorders in survivors following their first suicide attempt, Indian Journal of Psychiatry; 42(3):237-242, 2000.
14. Chandrasekaran R, Gynanaseelan J, Sahai A, Swaminathan RP and Perme B: Psychiatric and personality disorders in survivors following their first suicide attempt, Indian Journal of Psychiatry; 45(11):45-48, 2003.
15. Fawcett J, Schefner W, Clark D, Hedeker D, Gibbons R and Coryell W: Clinical predictors of suicide in patients with major affective disorders: A controlled prospective study. American Journal of Psychiatry; 144:35-40, 1987.

Present Psychiatric illness	No. of patients		
	M	F	Total (%)
Depressive episode	9	5	14 (28)
Alcohol dependence	9	0	9 (18)
Adjustment disorder with depressive reaction	4	3	7 (14)
Schizophrenia	1	1	2 (4)
No psychiatric diagnosis	9	9	18 (36)
Total	32	18	50 (100)

Table 1: Frequency distribution of present psychiatric illness in relation to age

Variables	No. of patients			
	Present (%)		Absent (%)	
	Male	Female	Male	Female
Present Psychiatric diagnosis	23 (71.88)	9 (50)	9 (28.12)	9 (50)
Past psychiatric diagnosis	15 (46.87)	6(33.33)	17 (53.13)	12 (66.6)
Family history of psychiatric illness	6 (18.75)	10 (55.5)	26 (81.25)	8 (44.45)
Physical ailments	9 (28.12)	13(72.2)	23 (71.8)	5 (27.7)

Table 2: Frequency distribution, presence psychiatric illness physical ailments and past psychiatric illness in relation to sex

AUTHORS:

1. T. Hemchand Singh
2. H. Nirendrakumar Singh
3. Y. Rameshwore Singh

PARTICULARS OF CONTRIBUTORS:

1. Assistant Professor, Department of Psychiatry, JNIMS Porompat, Imphal.
2. Assistant Professor, Department of Community Medicine, JNIMS Porompat, Imphal.
3. Assistant Professor, Department of Paediatrics, JNIMS Porompat, Imphal.

NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:

Dr. T. Hemchand Singh,
Psychiatrist,
Keishampat Kangajam Leikai,
Imphal, Manipur – 795001.
E-mail: hnirendra10@gmail.com

Date of Submission: 21/01/2014.
Date of Peer Review: 22/01/2014.
Date of Acceptance: 28/01/2014.
Date of Publishing: 08/02/2014.