

Case Report

Suicide in emergency rooms: a focus on Iran

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ABSTRACT

Suicide is one of the psychological problems and psychiatry emergency and one of the most important problems in the world which is on the rise because the communication in most communities are get more complicated. Although many factors contribute to the incidence of suicide, but the information in this field is limited. The aim of this study was to investigate the epidemiology of suicide and its risk factors in individuals in Iran. Our results showed that suicide rate is significant among young and single people, in cases of family disputes and different physical and mental disorders. Protective measures can be allocated in first priority, to investigate the problems of these groups of people. Among the risk factors for suicide, family and interpersonal conflicts in the family had a high percentage. This signifies the urge of investment to promote mental health among families , exercise new ways to educate life skills and improve the mechanisms of interfere in crisis in the studied population. One of the most important clinical issues is to recognize the risk factors for suicide and intentional self-harm treatment ways is in order to prevent its recurrence.

Keywords:Suicide,psychological,emergency

INTRODUCTION

Suicide and attempt to commit it was announced as a major public health problem and anti-social behavior in the summit of the World Health Organization (WHO) in 1996. In addition to its personal and family disadvantages, it is considered also as a social loss. Suicides are mostly done consciously with the aim of self-damaging among anxious, aggressive persons and those who are unable to establish a social communication. As defined by the World Health Organization, suicide is an act in which a person intentionally and without intervention of others attempts to show an abnormal behavior, such as harming him/herself or consumption of more than the therapeutic dose of a drug and his goal is the establishment of his/her desired changes. According to this organization, suicide is the thirteenth leading cause of death in the world and the third leading cause of death in the age group

15 - 34 years. The rate of attempting for suicide is 10 to 40 times greater than the suicides which lead to death. And due to the complexity of interactions and communications in all human societies suicide rate is on rise.(1-4). Suicide occurs among all social classes, but altogether women attempt to suicide more than men, while suicides resulting in death is more common in men than in women.(5) Suicide frequency varies depending on the different geographic regions and countries. The Scandinavian countries, Germany, Eastern Europe, Australia and Japan (known as Suicide Belt with 25 deaths per one hundred thousand each year) have the highest and Spain, Italy, Ireland, the Netherlands and Egypt with 10 deaths per one hundred thousand each year have the lowest suicide rate(4) In the United States, suicide is the eighth cause of death and the third cause of death in the age range 14 to 25 years.(6)

Mental disorders, family conflicts, history of being abused, access to firearms and a history of suicide attempts in the past are the most important risk factors for suicide among American society.(7)Suicide in Iran has a lower frequency than most countries, especially western societies, but this rate is higher than other countries in the Middle East (8). Globally ,Iran is ranked 58th in terms of suicide numbers and most of the suicides are among three provinces of Ilam, Kermanshah and Hamadan (9). Although suicide is 10th major cause of death and about 11 persons daily and more than 4,000 persons annually die due to suicide, the rate of suicides is 6 per 100,000 people, according to official statistics (10) 126782 year-life is wasted each year because of the suicides (11)According to the World Health Organization, every 40 seconds a person loses his or her life by suicide. In 2000 the number of victims of suicide was about one million persons. In other words, the suicide rate in the world is 16 per one hundred thousand. (12)

The rate of suicides resulting in death in the early years of the third millennium is so worrying that according to the proposal of the World Health Organization and the International Association for Suicide Prevention , 10th day of September is named International Suicide Prevention Day since 2003(13)

ETIOLOGY AND EPIDEMIOLOGY

Heidarian in his study of psychosocial variables associated with suicide attempters reported that 82.7% of suicide attempters have degrees of mild to severe depression.The most important causes of suicide issues and family conflict, mental distress, unemployment and economic problems (14).Molavi et al in their study study showed that the disputes with the wife and the parents is one the most common causes of suicide (15) The results of the study conducted by Qaleiha et al in their epidemiological study of suicide attempters showed that most cases of attempted suicides were at the age of 15 to 25 years which 52 % of them in occurred men (16). In another study which was conducted to determine mortality rate of toxications, showed that 68.1% of the patients

had intentionally attempted suicide (17)According to the World Health Organization, attempt to suicide is higher among women than men and in the United States men die 4 times more than women die by suicide, while the number of women who attempt suicide is more than men (4, 18) In studies in Karaj (5), Ardebil (15), Semnan (19) and West Azerbaijan 20), sex ratio of attempted suicide in women was 61 to 63 % and while this rate was from 37 to 39 % in men.

In the studies of Molavi et al in Ardabil (15), SabriZafarghandi in Semnan (19) and Sheikholeslami et al in Qazvin (21) the most common cause of suicides was familial disputes with parents or with wife/husband.In a study conducted by Heidari et al in Hamadan the most important causes for attempt to suicide were family problems, emotional problems and conflicts with wife/husband (14)

What the results of this study and similar studies show, is that ,marital and family disputes are considered as major stressors with the highest frequency and the more familial problems are, the risk of suicide is higher. thus instruction of life skills with emphasis on problem solving, identification and intervention to solve the marital and familial problems can be very efficient.

Studies show that the sex ratio of suicide varies in different cities. In provinces of Ilam and Hamedan and cities of Andimeshk and Ardebil ,the majority of cases of suicide were of men. in 2000 a study was conducted in ten provinces of Iran in order to define the Ssex ratio of suicide. This study showed that the suicide rate is higher in women than men)22).Although these studies have indicated that most cases of suicides occur in men; However, similar studies such those in cities of Kermanshah, Savojbolagh and Karaj have been suggested that the highest rates were in women.Differences in sex ratio in various studies may be due to cultural and ethnic differences , as some studies mention that the incidence of suicide may vary among different ethnic groups) 22.According to published statistics in Iran, the average age of this group of individuals is 29 years. This finding may indicate that the population age 29 years are fronting a high risk.

These factors can lead a person to commit suicide. Some of these risk factors are medical, social, economic and cultural. Comparison of sex ratio and age distribution of suicide cases in our country shows that although sex ratio varies in different cities, but all studies report the same age distribution range. Similarity in age distribution can represent the complexity of the issue. The importance of these findings is that the individuals in age group of 29 years are productive and active part of the society. 22 According to other studies, the most important risk factors for suicide include psychological disorders such as mood disorders, depression and a history of sexual abuse and physical stress as well as family history (23,24) Stresses the migration are also considered as factors which increased incidence of suicide (25,26).

Studies have shown that in the last two decades the rate of attempted suicide, especially among teenagers and young adults are has been increasing in most provinces of the country. For example, in Ilam, the suicide rate is increasing rapidly so that from 2 cases per one hundred thousand in 1989 it reached to a rate of 63 cases per one hundred thousand in 1994(27) In a study conducted in the city of Jiroft, 43 % of suicide attempters had between 19 to 20 years old and 52% o were in the age group of 39 to 20 years .(28) In another study conducted in the province of Ilam, the highest suicide rate in 1989 to 1993 was firstly among housewives and then unemployed individuals while from 1994 to 1996 this rate was highest among unemployed and then housewives. Students and employees were after them respectively. Suicide attempts among unemployed and housewives had the highest, the rate of suicide among the women above 15 years old was 34.8 per one hundred thousand and this rate among the men with the same age group was 19.9 per one hundred thousand. (30) The most important study about suicide prevention in Iran was a multi-site study(SUPREMISS), which was conducted by the World Health Organization in eight countries.

According to this study, some of the risk factors include financial, educational, and occupational problems as well as chronic physical illnesses.

conflicts with the family in 25% of cases and martial disputes in 35% of cases were considered the main problems of suicide attempters. (31). Attempt to suicide in Karaj and Savejbolagh has been reported as 16.44 per one hundred (32). Studies in Tabriz (33), Qazvin (34), Kerman (3), Karaj (35) Shiraz 36), kordkoy (37), Hamedan (14), Gilan (38), MasjedSoleiman and () Dezful (39), Shiraz (40), West Islamabad (41) and Mazandaran (42) shows that the rate of suicide in the past two decades has been on the rise.

Prevention and control measures

Global investigations and studies in the field of suicide prevention suggests that the World Health Organization and a number of countries have taken actions and messures in order to prevent suicide. Even some countries have national suicide prevention programs and strategies based to their specific demands . Scandinavian countries such as Sweden have a long history in this area, and other countries have taken significant steps in this regard, including the US, New Zealand and Finland. World Health Organization issued a clear strategy and has tried to encourage other countries to take action in this field.

The World Health Organization in collaboration with the International Association for Suicide Prevention declared September the 10th as the International Day of suicide prevention in order to encourage countries, organizations and the public to prevent this self-harming behavior, (43-52) A model of suicide prevention is using the health care system which consists of 5 stages (53) as follows

Define the problem: Surveillance

Identify Cause: Risk & Protective Factor research
(Develop and test intervention

Implement intervention

Evaluate Effectiveness

By looking at the studies conducted in Iran in it can be generally concluded that based on the study of Gilan-e-gharb (54) fortunately, we got behind the third stage of the model, successfully. Now with the cooperation of all authorities and persons involved in the medical community, including psychologists, psychiatrists, sociologists,

governmental and non-governmental organizations we should try to begin the 4th step.

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