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A Tertiary Care Hospital in Northern India: A Study of Psychiatric Morbidity in Patients Presented with Attempted Suicide

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ABSTRACT
Suicide is a serious global public health concern that impacts people everywhere. Every year, it causes close to a million fatalities. Knowing the events that result in a suicidal attempt may help in the development of suicide prevention techniques because a past suicidal attempt is the best indicator of a future suicide. One of the most significant predictors of attempted suicide is psychiatric disease. The study's objectives were to examine the psychological conditions that contribute to suicide attempts. Methods: The present study was carried out at the Aligarh, Uttar Pradesh-based Jawahar Lal Nehru Medical College and Hospital's department of psychiatry. Between December 2018 and November 2019, suicide attempters who were sent for mental evaluation from various hospital departments were assessed. A total of 45 patients were examined, and it was discovered that 56.25 percent of them also had psychological disease, leaving the remaining 43.75 percent healthy. The majority of the participants in our study had a diagnosable mental condition. In our study, major depressive disorder was the most frequent contributing factor.

Keywords: Attempted suicide, Psychiatric morbidity, Major depressive disorder.

1. INTRODUCTION

Both industrialised and developing countries struggle with the serious public health issue of suicide. [1] A number of psychological and physiological factors have been related to attempted suicide, which is a severe public health concern.An attempt at suicide is defined as a potentially harmful behaviour with a non-fatal outcome that confirms, either directly or indirectly, that the person has decided to take their own life. The predicted activity may or may not lead to an injury's resolution. [2] According to estimates from the World Health Organization (WHO), there are around one million suicide deaths and 10–20 times as many suicide attempts each year. [3]
In the ten years between 1997 and 2007, the number of suicides in the nation climbed by 28 percent (from 95,829 in 1997 to 122,637 in 2007), according to NCRB statistics. Additionally, it shows an increase of 3.8% from 2006 to 2007 (113,914 to 11,812). [4] In India, reports of psychiatric illness in those who attempt suicide range from 10% to 93%. [5] Nevertheless, according to data from other research, the psychiatric morbidity rate among

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people who attempted suicide ranged from 46% to 62%. Numerous studies have been conducted in India to rule out mental comorbidity in suicide attempters, with varying degrees of success. [6]

Even though it was very helpful to prevent suicide by having a better understanding of suicidal behaviour, developing nations like India lack statistics. It is important to understand the psychiatric morbidity that can result in suicidal attempt since psychiatric illnesses are one of the main factors in attempted suicide. In order to determine the psychiatric morbidity of people who had attempted suicide and were admitted to different departments of a hospital with a tertiary care centre, this study was carried out.

2. MATERIALS AND METHODS

The Jawaharlal Nehru Medical College and Hospital in Aligarh, Uttar Pradesh, conducted this cross-sectional hospital-based study from December 2018 to November 2019. The evaluation of 80 patients included a thorough psychiatric interview, a thorough psychiatric history, and a mental state examination on a specially created proforma. The DSM-5 criteria were used to make the mental diagnosis.

Inclusion Criteria:
1. Patients between the ages of 18 and 60.
2. Study participants who provided informed consent.
3. Suicide attempters who have been referred for psychiatric assessment by different hospital departments.

Exclusion Criteria:
1. Patients who are over 60 or under 18 years old.
2. Patients did not give the study their informed consent.

3. RESULTS

Table-1: Psychiatric problems among those who attempt suicide: presence or absence

Distribution of Psychiatric problems	Number (Percentage)		Total
	Male (n = 39)	Female (n = 41)	(n = 80)
Without psychiatric illness	18 (46.15%)	17 (41.45%)	35
With psychiatric illness	21 (53.85%)	24 (58.55%)	45

Table 1 shows that out of 80 patients, there were 35 who did not have a psychiatric condition and 45 who did. Males made up 21 (53.85%) of those with psychiatric problems, while females made up 24 (58.55%) of those.

Table-2: Co-morbid psychiatric disorder among suicide attempters

Psychiatric morbidity	Total number of patients (n=45) – Number (%)
Major depressive disorder	14 (31.1%)
Bipolar disorder	2 (4.5%)
Schizophrenia	2 (4.5%)
Personality disorder	8 (17.7%)
Multiple substance use disorder	8 (17.7%)

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Alcohol use disorder	5 (11.1%)
Impulse control disorder	2 (4.5%)
Panic disorder	1 (2.2%)
Obsessive compulsive disorder	1 (2.2%)
Adjustment disorder	2 (4.5%)

In table 2, Major depressive disorder was present in 14 (31.10%) of the mental disorders linked to suicidal attempts, of which 5 (23.80%) were male and 9 (37.50%) were female.
Two (4.50%) of the attempters had bipolar disorder, with one each in the male (4.76%) and female (4.16%), respectively. Two (4.5%) of the patients had schizophrenia, both of whom were women (8.33%); eight (17.70%) of the patients had personality disorders, of which two (9.52%) were men and six (25.0%) were women. Eight patients (17.70%) had multiple drug abuse problems, seven (33.33%) of whom were male and one (4.16%) was female. Five patients (11.10%) had alcohol use disorders, four (19.04%) of whom were male and one (4.16%) was female. Impulse control disorder affected 2 (4.5%) patients, 1 (4.76%) of them were male and the other (4.16%) were female. One patient, who had a panic disorder (2.2%) and was a woman (4.16%), had the condition. Only 1 guy had an obsessional compulsive condition, whereas 2 females had an adjustment disorder.

4. DISCUSSION

According to the DSM-5, 45 patients in the current study (n = 55) were deemed to have concurrent psychiatric disease, while 35 patients (n = 44) were found to be healthy. Studies by Shrivastava et al., Chandrasekaran et al., Jain et al., Sethi et al., and Latha et al.11 have documented significantly lower prevalence, although Latha et al.7 observed a similar higher prevalence.
Major depressive disorder was the most prevalent disorder in our study, accounting for 31.10% of cases (n = 14), followed by personality disorder and multiple drug use disorder, each accounting for 17.7% of cases (n = 8). 11.1% of suicide attempts were determined to be caused by alcohol use disorder (n = 5). Each accounted for 4.5% of cases (n = 2), bipolar disorder, schizophrenia, adjustment disorder, and impulse control disorder. 2.2% (n = 1) of those with panic disorder and obsessive compulsive disorder had the lowest rates. In a study conducted by Bhatia et al., same dominance of depressive disorder was discovered. [12]
Our findings are consistent with a study conducted in 2016 by Singh and colleagues in which major depressive illness was identified as the primary contributing factor to suicide attempts. In their study, Kanchan et al. 13 found that depression was a factor in 28% of female suicides and 11% of male suicides. 14 Manoranjitham et al. (2010) also showed a link between co-morbid psychiatric disorders and suicide attempts. [15]
Our findings are consistent with a case-control study carried out by Gururaj G and colleagues in 2004. They collected cases from police reports over a period of three months and discovered that alcohol consumption, a history of chronic abuse, a history of chronic alcohol abuse in a partner, and alcohol dependency increased the risk of suicide. [16] According to Vijayakumar et al. (1999), patients with personality disorder or the presence of axis 1 disorder according to the DSM-3 enhanced the risk of suicide. According to a 2008 study by Chavan and colleagues, co-morbid psychiatric disorder (34%) and alcohol or other substance usage (24%) increase the likelihood of suicide attempts. [17]

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5. CONCLUSION

Most of the participants in our study had diagnosable psychiatric disorders, although few of them sought treatment. This leads us to the conclusion that in order to prevent suicide attempts, there is an urgent need to encourage knowledge on the nature of psychiatric disorders and their treatability throughout the community. Therefore, it is important to promote greater access to mental health treatment, which can be achieved via stigma reduction initiatives, effective primary care providers, and family physicians who can recognise and treat patients who are at risk of suicide attempts.

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