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ORIGINAL ARTICLE

PROFILE OF THE PATIENT WITH SUICIDAL BEHAVIOR ATTENDED IN UNIVERSITY HOSPITAL

PERFIL DO PORTADOR DE COMPORTAMENTO SUICIDA ATENDIDO EM HOSPITAL UNIVERSITÁRIO

PERFIL DEL PACIENTE CON CONDUCTA SUICIDA ATENDIDO EN HOSPITAL UNIVERSITARIO

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ABSTRACT

Objective: checking the profile of people assisted between 2007 and 2008 in the emergency room and inpatient unit of university hospitals with a diagnosis of suicide attempt. ***Method:*** a quantitative, cross-sectional study with documentary analysis, exploratory-descriptive and retrospective using medical records. ***Results:*** analyzed 122 attendances showed 62 women and 60 men; preferred nighttime to attempts; 16,4% women/men 13,9% had previous attempt; 7,4% women/men 18,9% with drug abuse; 23,0% women/men 27,9% had mental disorder; 13,1% women/men 14,8% with prior pharmacological treatment. Methods most used by women and men, respectively, medication intake (28,7% and 14,8%), pulses cutting/self-injury (6,6% and 7,4%), throwing from a high place (4,1 % and 7,4%), poisoning (4,9% and 4,1%). There were prevailed suicide attempts among young people (83,6%), women with problems in love relationships (12,3%)/family relations (13,1%), men because of family relations (4,1%) and unemployment/financial problems (4,9%). ***Conclusion:*** the mentally ill, young people, users' of substance abuse, problems with relationships and economic attempted suicide. It is necessary deployment of surveillance and suicide prevention programs. ***Descriptors:*** Suicide; Psychiatric Nursing; Mental Health; Public Health.

RESUMO

***Objetivo*:** verificar o perfil de pessoas atendidas entre 2007 e 2008 no pronto socorro e unidade de internação de hospital universitário com o diagnóstico de tentativa de suicídio. ***Método*:** estudo quantitativo, transversal, com análise documental, explorarório-descritivo e retrospectivo, utilizando prontuários. ***Resultados*:** analisados 122 atendimentos mostrou 62 mulheres e 60 homens; período noturno preferido para tentativas; 16,4% mulheres/13,9% homens tinham tentativa prévia; 7,4% mulheres/18,9% homens abusavam de drogas; 23,0% mulheres/27,9% homens tinham transtorno mental; 13,1% mulheres/14,8% homens com tratamento farmacológico prévio. Métodos mais usados por mulheres e homens, respectivamente: ingestão medicamentos (28,7% e 14,8%), corte dos pulsos/ automutilação (6,6% e 7,4%), atirar-se de lugar alto (4,1% e 7,4%), envenenamento (4,9% e 4,1%). Prevaleceram tentativas de suicídio entre jovens (83,6%), mulheres com problemas no relacionamento amoroso (12,3%)/relações familiares (13,1%), homens por relações familiares (4,1%) e desemprego/problemas financeiros (4,9%). ***Conclusão*:** portadores de transtorno mental, jovens, usuários de substâncias de abuso, com problemas de relacionamentos e econômicos tentaram suicídio. Necessária implantação de programas de vigilância e prevenção ao suicídio. ***Descritores*:** Suicídio; Enfermagem Psiquiátrica; Saúde Mental; Saúde Pública.

RESUMEN

Objetivo: verificar el perfil de las personas atendidas entre 2007 y 2008 en el servicio de urgencias y la unidad de hospitalización de hospital universitario con un diagnóstico de intento de suicidio. ***Método:*** estudio cuantitativo, transversal, con el análisis documental, exploratorio-descriptivo y retrospectivo, utilizando los registros médicos. ***Resultados:*** analizadas 122 atenciones, mostró 62 mujeres y 60 hombres; periodo nocturno preferido para intentos; 16,4% mujeres/13,9% hombres tenían intento anterior; 7,4% de las mujeres/18,9% de los hombres abusaban de drogas; 23,0% mujeres/27,9% hombres tenían trastorno mental; 13,1% mujeres/14,8% hombres con tratamiento farmacológico previo. Métodos más utilizados por mujeres y hombres, respectivamente, la ingesta de medicamentos (28,7% y 14,8%), corte de los pulsos/autolesión (6,6% y 7,4%), se tirarse de lugar alto (4,1 % y 7,4%), la intoxicación (4,9% y 4,1%). Prevalecido intentos de suicidio entre los jóvenes (83,6%), las mujeres con problemas en las relaciones amorosas (12,3%)/relaciones familiares (13,1%), los hombres en las relaciones familiares (4,1%) y desempleo/problemas financieros (4,9%). ***Conclusión:*** los enfermos mentales, los jóvenes, los usuarios de sustancias de abuso, problemas con las relaciones y el intento de suicidio económico. El despliegue necesario de los programas de prevención y vigilancia de suicidio. ***Descriptores:*** El Suicidio; Enfermería Psiquiátrica; Salud Mental; La Salud Pública.

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INTRODUCTION

Suicide is a complex phenomenon, which today is still seen as taboo, though it has become a serious public health problem worldwide.[1,2] It is multidimensional and multi-causal disorder resulting from a complex interaction between environmental, social, physiological, genetic, biological, psychological and cultural factors.[1,3]

Statistics from the World Health Organization (WHO)[(1)], show that in 2000, 815.000 people committed suicide around the world, meaning one death every 40 seconds. Suicidal behavior is included among the top 10 causes of death in every country and one of the top three causes of death in the age group from 15 to 35 years old.[1]

Although these rates vary, according to demographics, they increased by about 60% over the last 50 years. However, Brazil has one of the lowest averages worldwide, with an estimate of 4,9 deaths per 100.000 people. In São Paulo, in the years 1996 to 2002 on average were recorded 450 suicides a year, mostly committed by individuals up to 54 years old, estimated that up to 10 million people try to kill themselves each year in the most developed municipality of the Country.[3]

It is estimated that men have death rates from suicide three times higher than women and they try 3-4 times more than men. Such data can be explained in part because of attempts in men are often more severe, brutal and most successful.[1]

WHO reported increase in suicide rates for young individuals, with prevalence in the age group between 35 and 45 years old, and in some countries be aged between 15 and 25 old.[1, 4-5]

Statistics estimate that attempted suicides are 10-20 times higher than suicide rates effected and most also occurs among young people aged under 35.[1]

Risk factors for suicidal behavior suffer variations from one region to another or from one country to another, verifying that between 80 and 100% of deaths from suicide in developed and developing countries, there is prevalence of individuals with mental disorders, which could be diagnosed early.[1]

The presence of physical illnesses, especially chronic, promoting important limitations and poor prognosis are also risk factors.[1]

There is greater risk for single, widowed and divorced individuals, most vulnerable people living alone. Unemployment or job loss can influence the decision by suicide.[1,3]

The stressors of everyday life (emotional and economic loss, relationship problems etc.) mainly occurred in the last three months prior to the suicidal act; they are associated with the risk for the same.[1]

Regarding Brazil, the data can not demonstrate reliably reality because there is no monitoring system to suicide with notification and monitoring of cases. This fact associated with the ills of care, when often suicidal behavior is not described as such in the diagnosis, confirms the mistaken analysis of data.[1]

Such obstacles cast doubts on the official data by compromising the accuracy of the analysis of suicide in the country.

In Brazil there is little investment in this area for research and intervention, unlike what happens in many countries investing significant sums for health professionals training and the development of national programs for prevention.[1,4]

This study contributes to the planning of actions in the area of suicide to raise the profile of individuals who attempted suicide and were treated at a university hospital of reference to these services in the metropolitan region of São Paulo.

OBJECTIVE

- Checking the profile of the people assisted between 2007 and 2008 in the emergency department and university hospital inpatient unit with a diagnosis of attempted suicide.

METHOD

It is an exploratory and descriptive and retrospective study, through document analysis, using the quantitative method.

The study was conducted at a university hospital attached to federal university, located in the southeastern city of São Paulo. The hospital board authorized the research and the local ethical principles were respected.

They analyzed all records of individuals hospitalized for attempted suicide in that hospital in 2007 and 2008.

The data collection instrument was to identify the profile of individuals with suicidal behavior and the defining characteristics according to data from the literature. The data were statistically analyzed treatment and according to their frequency of appearance.

Because it is study without the participation of human subjects there was no need for approval by the Research Ethics

Committee. There is no conflict of interest to declare by the authors that sponsored the study.

RESULTS

There were analyzed the data of 55 chips of attendance in 2007 and 67 chips in 2008, making total of 122 chips.

Table 1 shows data concerning the age, marital status and employment status of the participants distributed according to the gender.

Table 1. Profile characteristics relating to individuals with suicidal behavior. São Paulo (SP), 2009.

		Female	Male	Total
Age	10-19 years	14 (11,5%)	8 (6,6%)	22 (18,1%)
	20-29 years	22 (18,0%)	22 (18,0%)	44 (36,0%)
	30-39 years	11 (9,0%)	25 (20,5%)	36 (29,5%)
	40-49 years	9 (7,4%)	1 (0,8%)	10 (8,2%)
	50-59 years	3 (2,5%)	2 (1,6%)	5 (4,1%)
	60-69 years	3 (2,5%)	2 (1,6%)	5 (4,1%)
	Total	62 (50,8%)	60 (49,2%)	122 (100%)
Marital status	Single	11 (9,0%)	14 (11,5%)	25 (20,5%)
	Married	11 (9,0%)	10 (8,2%)	21 (17,2%)
	Single with partner	5 (4,1%)	4 (3,3%)	9 (7,4%)
	Divorced	4 (3,3%)	3 (2,4%)	7 (5,7%)
	A widower	2 (1,6%)	----	2 (1,6%)
	Without information	29 (23,8%)	29 (23,8%)	58 (47,6%)
	Total	62 (50,8%)	60 (49,2%)	122 (100%)
Employment situation	Employee	12 (9,8%)	12 (9,8%)	24 (19,6%)
	Unemployed	10 (8,2%)	13 (10,7%)	23 (18,9%)
	Without information	40 (32,8%)	35 (28,7%)	75 (61,5%)
	Total	62 (50,8%)	60 (49,2%)	122(100%)

In Table 2 we find the data for the period of attempted suicide and previous suicide attempts, alcohol or drug prior to trial and if such an attempt was planned or not.

Table 2. Features related to attempted suicide according to gender. São Paulo (SP), 2009

		Feminino	Masculino	Total
Period of attempt	Morning	11 (9,0%)	8 (6,6%)	19 (15,6%)
	Afternoon	17 (13,9%)	18 (14,8%)	35 (28,7%)
	Night	25 (20,5%)	23 (18,8%)	48 (39,3%)
	Early morning	9 (7,4%)	11 (9,0%)	20 (16,4%)
	Total	62 (50,8%)	60 (49,2%)	122 (100%)
Previous attempt	Yes	20 (16,4%)	17 (13,9%)	37 (30,3%)
	No	11 (9,0%)	11 (9,0%)	22 (18,0%)
	Without information	31 (25,4%)	32 (26,3%)	63 (51,7%)
	Total	62 (50,8%)	60 (49,2%)	122 (100%)
Alcohol/drug use before attempting	Alcohol	8 (6,6%)	15 (12,3%)	23 (18,9%)
	Drug	----	2 (1,6%)	2 (1,6%)
	Both	1 (0,8%)	6 (4,9%)	7 (5,7%)
	None	15 (12,3%)	6 (4,9%)	21 (17,2%)
	Without information	38 (31,1%)	31 (25,5%)	69 (56,6%)
	Total	62 (50,8%)	60 (49,2%)	122 (100%)
Attempt planning	Yes	2 (1,6%)	2 (1,6%)	4 (3,2%)
	No	21 (17,2%)	16 (13,2%)	37 (30,4%)
	Without information	39 (32,0%)	42 (34,4%)	81 (66,4%)
	Total	62 (50,8%)	60 (49,2%)	122 (100%)

The sample was of 50,9% of subjects with a previous diagnosis of mental disorder, 4,9% who had no diagnosis of mental disorder and 44,2% of the chips did not bring information about it. Of those who had been previously diagnosed 23,0% were women and 27,9% were men.

Table 3 shows data on the feeling of regret after the attempt, undertaking treatment and previous use of medication to try.

Table 3. Suicidal behavior data distributed by gender. São Paulo (SP), 2009.

		Female	Male	Total
Presented sense of repentance	Sim	13 (10,7%)	7 (5,7%)	20 (16,4%)
	Não	4 (3,3%)	4 (3,3%)	8 (6,6%)
	Sem informação	45 (36,8%)	49 (40,2%)	94 (77,0%)
	Total	62 (50,8%)	60 (49,2%)	122 (100%)
Did previous treatment	Sim	16 (13,1%)	18 (14,8%)	34 (27,9%)
	Não	15 (12,3%)	15 (12,3%)	30 (24,6%)
	Sem informação	31 (25,4%)	27 (22,1%)	58 (47,5%)
	Total	62 (50,8%)	60 (49,2%)	122 (100%)
Made previous use of medication	Sim	21 (17,2%)	15 (12,3%)	36 (29,5%)
	Não	9 (7,4%)	15 (12,3%)	24 (19,7%)
	Sem informação	32 (26,2%)	30 (24,6%)	62 (50,8%)
	Total	62 (50,8%)	60 (49,2%)	122 (100%)

In table 4 we present data concerning the methods most used to attempt suicide.

Table 4. Data relating to the methods used for the suicide attempt according to gender. São Paulo (SP), 2009.

		Feminino	Masculino	TOTAL
Attempt Method	Drug intake	35 (28,7%)	18 (14,8%)	53 (43,5%)
	Cut the wrists/self-mutilation	8 (6,6%)	9 (7,5%)	17 (14,1%)
	Throw itself from a high place	5 (4,1%)	9 (7,5%%)	14 (11,6%)
	Poisoning	6 (4,9%)	5 (4,1%)	11 (9,0%)
	Playing in front of car	1 (0,8%)	6 (4,9%)	7 (5,7%)
	Ingestion of chemicals home cleaning products	3 (2,5%)	1 (0,8%)	4 (3,3%)
	Without information	2 (1,6%)	2 (1,6%)	4 (3,2%)
	Injury by firearm	1 (0,8%)	2 (1,6%)	3 (2,4%)
	Hanging	-----	2 (1,6%)	2 (1,6%)
	Inhalation of gases	1 (0,8%)	1 (0,8%)	2 (1,6%)
	Drowning	-----	2 (1,6%)	2 (1,6%)
	Alcohol/drug abuse	-----	1 (0,8%)	1 (0,8%)
	Inject water and salt in the veins	-----	1 (0,8%)	1 (0,8%)
	Burn	-----	1 (0,8%)	1 (0,8%)
	Total	62 (50,8%)	60 (49,2%)	122 (100%)

Most individuals was answered in the emergency department and discharged after some time, with few being sent to specialized service for further care.

For the months of the year in which individuals attempted suicide found that men did so in greater numbers in the months from February to June and September while women did so in March, June, November and December.

Figure 1 illustrates what were the reasons for the suicide attempt.

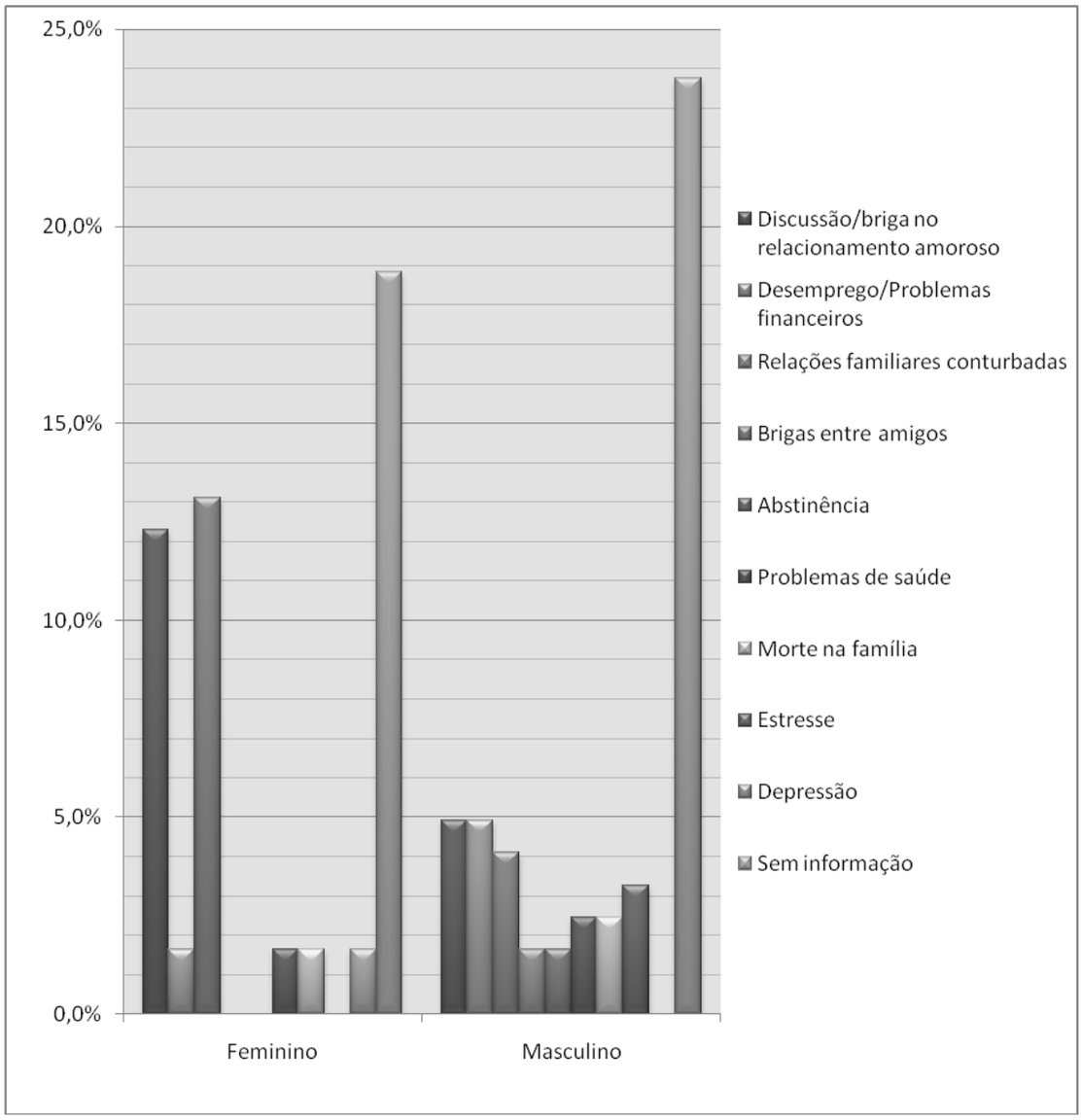

Figure 1. Reasons associated with suicide attempt and breakdown by gender. São Paulo (SP), 2009

DISCUSSION

Regarding gender this study showed little difference between the number of men and women who attempted suicide (50,8% and 49,2% respectively), these data that are contrary to literature pointing at the female predominance among attempts.[1,6-9]

This can be explained by this university hospital is a reference to serious cases to the entire metropolitan area of São Paulo and have received part of these serious cases when the suicide attempt. According to literature, the suicide rate achieved for males is three times higher than in females, among other things because the most effective method to try to kill himself and that suicide attempts are 3-4 times higher in women, related unless effective methods.[1]

In terms of age, this study found prevalence of suicide attempts in the younger age groups (10-39 years old), showing agreement with other studies.[6,8,10-2]

Suicide rates are increasing, especially in young people, especially among the age group 5-44 years old, which allows comparison with this study.[1]

It can relate to the fact that this stage of life your teen is defining its identity, be a period of career choices that will lead to financial independence and achieving its autonomy, being in conflict and frustration coping situation. Already in adulthood may be related to difficulties in getting jobs and relationships, generating feelings of inadequacy, which is a risk factor for suicide.[8,11]

Regarding marital status, there is a high number of uninsured data sheets, compromising the analysis. Among the data found a higher prevalence for suicidal behavior among single women, married and unmarried, confirming data from studies on increased risk for such people besides the separated/divorced and widowed.[1,3]

Another study reports that the marriage seems to reduce the suicide risk, demonstrating that the coefficient is 11 per 100.000 per year among married.[12]

Regarding the employment status once again the high number of filled out data

sheets committed to analysis; the data showed that the majority of women had jobs, while most men were unemployed, pointing that are the most influenced men with the financial situation in their behavior, but also signaled in other studies.[1,3]

For the period of the attempt, preferred by women and men was at night and dawn, but there are also significant result for the afternoon, data are in agreement with another study.[8]

The incorrect reporting of attendance records in the emergency department limited the analysis of the data, because 51,7% of the chips did not have the information about previous suicide attempt. Despite this limitation, we found that about a third (30,3%) had previous attempt, which is the case under investigation in hospital with similar profile in the city of Rio de Janeiro.[13]

In a study conducted in China was emphasized that the best predictor of suicide is the story of one or more unsuccessful attempts and a risk factor have a high level of depressive symptoms, including previous attempt.[9]

Healthcare services can use the information about previous history of suicide attempts to detect individuals with higher propensity.[9]

The records containing data related to alcohol or other drugs before the attempt showed that few women had made use of alcohol, most of the men made use of alcohol and small proportion of other illicit drugs, data similar to those found in other national studies.[7, 13]

The use of substance abuse is among the risk factors for suicidal behavior, to leave the most vulnerable individual, causing mental breakdown and encouraging him to commit such an act against life itself[1]. There are studies correlating alcoholism with approximately 37% of suicides in the United States and the increased incidence of suicidal thoughts (86%) among alcoholic patients.[14]

Most chips again did not provide data for analysis of planning suicide attempt; between the data we found few individuals who planned the suicide attempt. The literature points to be common place planning suicide.[1,5]

Individuals who did not plan and tried to kill possibly were under strong influence of impulsivity, which is one of the characteristics that mark such behavior.[1,5]

In the present study the sample losses resulting from incorrect reporting of attendance chips limit the results compared to the feeling of regret. With the available data found that a minority of people repented after the attempt, meeting with the study data held in Rio Grande do Norte and the WHO.[5,15]

Mental disorders are associated with more than 90% of suicide cases[1,15] and there is evidence that the mentally ill have four times more chances of suicidal ideation than controls.[17]

Our findings are the results of the literature[1,2,5,16] and national studies[7,9,13], as most were diagnosed after the suicide attempt as having a mental disorder.

Early detection of mental disorders and specific treatment are effective actions to prevent suicide.[1] It was checked throughout our professional experience and the lack of national literature that steps in this direction are poorly enforced.

The results found about a quarter of individuals held prior treatment, with emphasis on medication but significant portion with a previous diagnosis was not under treatment, which we often find in other studies[1,2,5,7,13], pointing for non-acceptance or the difficulty of access to treatment. Such facts not be done early diagnosis and lack of application of therapeutic measures are indicators for greater risk for suicide.[1,2,5]

Regarding the methods used for the attempt, it was observed that the data is according to most studies, in which the intake of drugs becomes predominant in females and forms of higher mortality among men.[1,7,13,18-20]

The prevalence of drug intake used in attempts notes the ease of access to medicines and the use of psychotropic drugs in an attempt own is common.[13] There are facilitators for the inappropriate use of medications by the population: the lack of control over the production, distribution and trade in drugs, unbridled encouragement to self-medication, inadequacy of pharmaceutical care, indiscriminate prescription of psychotropic drugs and easy access to the drug stored in home.[6] Associated this set lack of patient monitoring by trained and qualified professionals, corroborating for patients use of psychotropic drugs prescribed itself as a method of suicide.

Concerning seasonality, our study drew attention to the months of November and December as greater choice for women, coinciding with the climate of preparations for the end of year festivities, in which highlights the importance of family. Already the men had presented suicidal behavior

more during the first half, especially after Carnival, this fact may be associated with failure to get jobs because reported as a reason to kill the economic problems arising from unemployment.[1,3,7,9]

In literature we find conflicting data on the time of year they occur more suicides because of factors inherent in each studied site, we can see that in the northern hemisphere increases in the fall and spring and one in the state of São Paulo in spring.[20]

The reasons associated with suicide attempts were similar to those described in other studies, mainly to difficulties in love relationships, troubled family relationships and loss of social status (unemployment/financial problems).[1,3,6,7,9]

Suicidal behavior is often associated with mental disorders, the inability to synthesize solutions to problems and lack of management strategies to cope with stressors such as rejections, failures, losses, negligence and family discord.[1,6]

The limitations of our study were due to only hospital data, with limited number of served individuals and gap filling some defining characteristics of patients' charts, because they had large gaps for important data. This fact shows the unpreparedness to conduct the interview in the search for guiding data of assistance to be provided and the little importance to epidemiological data.

The largest city in the country, with its economic strength, as almost all Brazilian cities, has no preventive or of suicide surveillance program, against the direction of the large urban centers developed, concerned with taking care of the lives of its citizens.

CONCLUSION

The data showed that youth and young adults, the mentally ill, users of substance abuse, with economic problems and relationship sought suicide attempt; all needed expert help.

There are a lot of limitations for obtaining data due to lack of information by incorrect and faulty fulfillment of service forms.

Another problem identified was the conduct given to those who attempted suicide because instead of being referred for psychiatric evaluation with the possibility of hospitalization were discharged and only sometimes were told to look for Psychosocial Care Center (CAPS).

This scenario reveals the ignorance and lack of training of health professionals to meet with adequacy these patients, especially for being subject that involves a lot of prejudice.

Disinformation and taboos on the subject must be broken through education and broad dissemination of knowledge to the public and professionals.

In Brazil there is little study about this subject, making it difficult to obtain knowledge, and diversity of contradictory data highlights the urgent need for more research on the subject and in particular the influence of factors intrinsic to the individual and locoregional specifics.

The results of this study show the need to develop programs aimed at suicide prevention and surveillance, as well as the early identification of risk factors, as the profile of individuals who attempted suicide is favorable for the insertion and resoluteness in such programs.

One should seek to suicide surveillance system deployment in the country and the development of new studies, in order to establish strategies to decrease the dimensions of this problem.

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