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THE ADOLESCENT WHO ATTEMPTS SUICIDE: EPIDEMIOLOGICAL STUDY IN REFERENCE UNITS

O ADOLESCENTE QUE TENTA SUICÍDIO: ESTUDO EPIDEMIOLÓGICO EM UNIDADES DE REFERÊNCIA

EL INTENTO DE SUICIDIO ADOLESCENTE: ESTUDIO EPIDEMIOLÓGICO EN UNIDADES DE REFERENCIA

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ABSTRACT

Objective: to analyze the epidemiological profile of adolescents with a diagnosis of suicide attempt and suicide. **Method:** a cross-sectional quantitative study of 72 medical records of adolescents aged 15 to 24 who were notified and diagnosed with a suicide/suicide attempt in the year 2014. The data was organized and stored in the Microsoft Excel® program and analyzed using the descriptive statistic. **Results:** the male adolescents were the ones that tried the most suicide, representing 51.4% of the cases. In relation to the method, the most used by females was poisoning (54.3%) and, by males, strangulation (46%). The place of preference for the attempts was their own residence (81.9%). **Conclusion:** men use more violent methods in suicide attempts. It is necessary to plan actions aimed at suicide prevention. **Descriptors:** Suicide Attempt; Epidemiology; Adolescent Health.

RESUMO

Objetivo: analisar o perfil epidemiológico dos adolescentes com diagnóstico de tentativa de suicídio e suicídio. **Método:** estudo quantitativo, transversal, realizado com 72 prontuários de adolescentes de 15 a 24 anos que foram notificados e diagnosticados com tentativa de suicídio/suicídio no ano de 2014. Os dados foram organizados e armazenados no programa Microsoft Excel® e analisados utilizando-se a estatística descritiva. **Resultados:** os adolescentes do sexo masculino foram os que mais tentaram suicídio, representando 51,4% dos casos. Em relação ao método, o mais utilizado pelo sexo feminino foi o envenenamento (54,3%) e, pelo sexo masculino, o enforcamento (46%). O local de preferência para as tentativas foi a própria residência (81,9%). **Conclusão:** os homens utilizam métodos mais violentos nas tentativas de suicídio. É necessário o planejamento de ações que visem à prevenção do suicídio. **Descritores:** Tentativa de Suicídio; Epidemiologia; Saúde do Adolescente.

RESUMEN

Objetivo: analizar el perfil epidemiológico de los adolescentes con diagnóstico de intento de suicidio y suicidio. **Método:** estudio cuantitativo, transversal, llevado a cabo con 72 registros médicos de adolescentes de 15 a 24 años que fueron registrados y diagnosticados con intento de suicidio/suicidio en el año 2014. Los datos fueron organizados y almacenados en programa Microsoft Excel® y analizados mediante estadística descriptiva. **Resultados:** los adolescentes masculinos fueron el suicidio más probado, que representan 51,4% de los casos. En relación con el método, el más utilizado por las mujeres fue envenenamiento (54.3%) y, para los hombres, el ahorcamiento (46%). El lugar de preferencia para las tentativas era su propia residencia (81,9%). **Conclusión:** los hombres utilizan métodos más violentos en los intentos de suicidio. Es necesaria la planificación de acciones dirigidas a la prevención del suicidio. **Descriptor:** Tentativa de Suicidio; Epidemiología; Salud del Adolescente.

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INTRODUCTION

Death is feared by most people, however, it can be considered as a relief for those who do not find alternatives to their problems, and seek, through self-destructive behaviors, to end their lives. Because it is a period of development marked by various biological, psychological and social changes that are usually accompanied by conflicts and anxieties, there has been an increase in suicidal behavior among young people in the last decades.¹

Suicide in adolescence becomes unique in that, at this stage of development, intense feelings of low self-esteem and even psychiatric conditions of great risk appear.² Youth is a period in which identity is structured and thus, it is a stage of development that demands changes in the social, family, physical and affective levels. These changes, although normal, lead the young people to experience increasing anxiety and distress, increasing the risk of emotional problems, among which, depressive symptoms and suicide risk appear to be among the most worrying.³

It is estimated that by 2020, approximately 1.53 million people will commit suicide, and ten to 20 times as many people will attempt suicide worldwide, averaging one death every 20 seconds and a suicide attempt every 1 -2 seconds.¹ Suicide is one of the leading causes of death in adolescence. In Portugal, data from the Directorate-General for Health point to an increase in the number of suicides in recent years, and, also reveal that, among adolescents, suicide is the second cause of death.⁴

In Brazil, the general mortality rate for suicide in 2012 was 5.3 / 100 thousand inhabitants. The total number of suicides in the country between 2002 and 2012 increased from 7,726 to 10,321, an increase of 33.6% and surpassing the growth of the country's population in the same period, which was 11.1%.⁵ In the young population (15 to 29 years), which includes the final age group of adolescence (15 to 18 years), the increase was 15.3%, going from 2,515 to 2,900 suicides between 2002 and 2012. In the same period, The suicide rate in this population rose from 5.1 / 100 thousand to 5.6 / 100 thousand young people, taking the country to the 60 th position in the world ranking.⁵

It is relevant to construct an epidemiological analysis for the strengthening of health indicators in the area of mental health, systematizing epidemiological and social variables and identifying, the most

affected age groups, the most relevant risks, as well as the means most used for the attempt Of suicide.⁶ Based on this assumption, this study aimed to analyze the epidemiological profile of adolescents with a diagnosis of attempted suicide and suicide.

METHOD

Descriptive, cross-sectional, quantitative study. The population consisted of adolescents aged 15 to 24 years old, who were notified and diagnosed with suicide attempt/suicide in 2014. The chronological definition of adolescence was adopted, according to the United Nations Organizations, which defines the adolescence phase for statistical purposes and politicians from 15 to 24 years of age.

In this study, the sample consisted of 72 records, meeting the following criteria: 1) records of adolescents within the determined age group, attended at the General Hospital of the State of Alagoas and admitted to the Official Expertise of the State of Alagoas, in the year of 2014; 2) Diagnosis of attempted suicide and suicide; 3) Readable records. For the data collection, the instrument used was a questionnaire, with objective questions, applied in 2015, considering the independent variable - suicide, and the dependent variables: sex, age, place of suicide attempt, suicide attempt method, Suicide.

Initially, contact was made with the Research Ethics Committee of the State University of Health Sciences of Alagoas / UNCISAL, the study center of the State General Hospital and the General Directorate of Official Expertise of Alagoas, whose purpose was to obtain authorization for The study. Then, after the authorization of the reference units and the release of the research project by the Ethics Committee, the following steps were performed: 1) Data collection, through the consultation of medical records in the Medical and Statistical Archive Service of the General State Hospital and In the Official Expertise of Alagoas; 2) Tabulation of data in the Microsoft Excel® program and analysis of results, through descriptive statistics; 3) Construction of graphs and tables.

It was sought to meet the ethical prerogatives of Resolution 466/2012, where the research only began after approval of the research ethics committee of the State University of Health Sciences of Alagoas / UNCISAL. Since it was not research with humans, there was a decline in the Free and Informed Consent Form, and the research is registered with Certificate of Presentation for

Ethical Appreciation (CAAE), No.
37979014.5.0000.5011.

RESULTS

Table 1 shows, a greater occurrence of suicide practice among male adolescents,

representing 37 cases (51.4%). Regarding the age group, 39 cases (54.2%) were between 15 and 20 years old. It was the male sex that presented the highest suicide rate, with 24 cases (69.9%), whereas in the female sex, there were ten cases (28.6%).

Table 1. Distribution of adolescents in relation to gender, age group, and consummate suicide. Maceió-Alagoas (AL), Brazil, 2014.

Gender	n	%		
Female	35	48.6		
Male	37	51.4		
Age group	n	%		
15-20 years	39	54.2		
21-24 years	33	45.8		
Consumated suicide				
	Yes		No	
Sex	n	%	n	%
Female	10	28.57	25	71.43
Male	24	64.86	13	35.14

Figure 1 shows the methods used by adolescents for suicide, where the least violent and preferred, by the female sex, was poisoning, with 30 cases (54.3%); medications, ten cases (28.7%); Followed by violent methods such as hanging, five cases (14.2%) and firearm, one case (2.8%) and for males,

the most used method was the violent one, with 22 cases (46.0%), followed by poisoning, eight cases (21.6%); medication, five cases (13.5%); firearm, two cases (5.4%); Fall of the height itself, one case (2.7%); drowning, one case (2.7%).

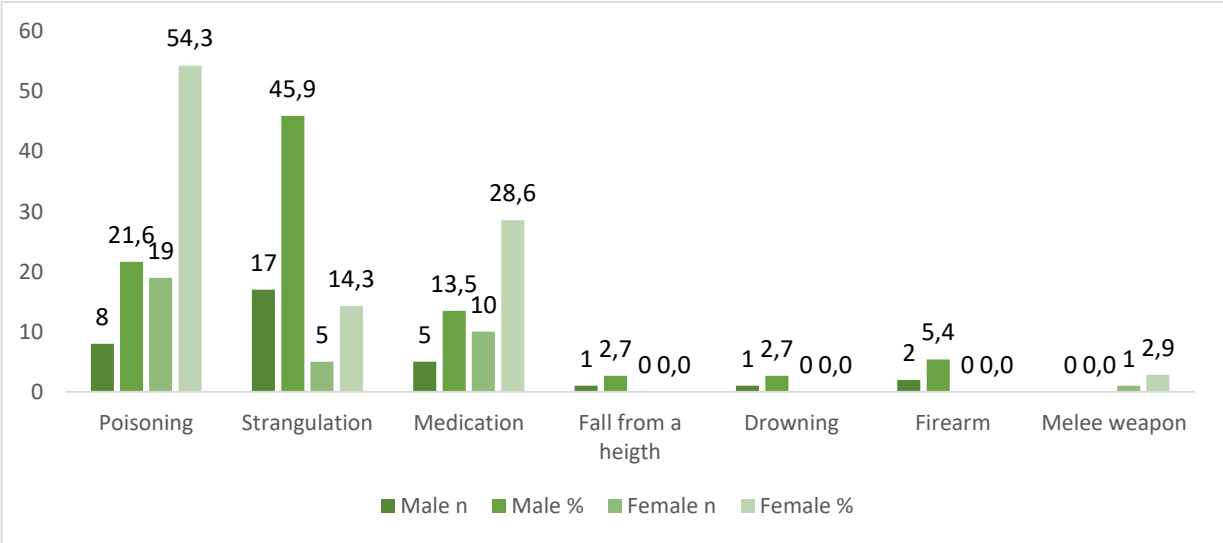


Figure 1. Advisories to adolescents between 15 and 24 years of age, according to gender and methods used, recorded in HGE-AL and PO-AL, for attempted suicide and suicide, in 2014. Maceió-Alagoas (AL), Brazil, 2014.
Note: M.W. = Melee Weapon; F.A = Firearm; M = Medication; Poi = Poisoning; Hang. = Hanging; FH= Fall from a Height; D = Drowning.

In figure 2, it shows the place where suicide was most tried among adolescents, where the home was the preferred place, 59

cases (81.9%), followed by the Hospital, four cases (5.6%) and public, with three cases (4.2%).

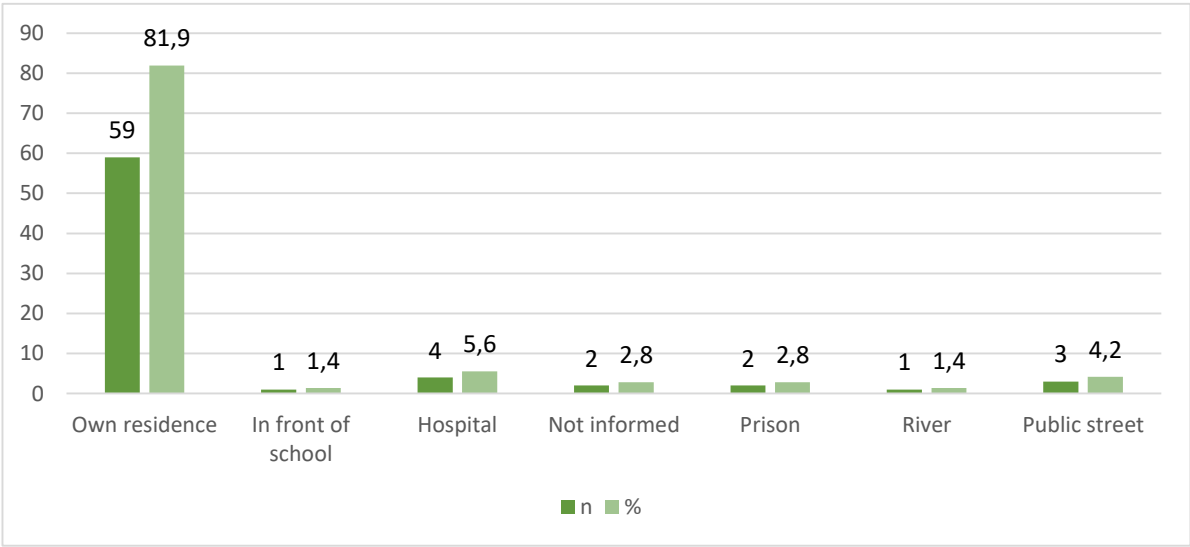


Figure 2. Advisories to adolescents between 15 and 24 admitted to HGE-AL and PO-AL for attempted suicide in 2014, according to the location of the attempt. Maceió-Alagoas (AL), Brazil, 2014.

DISCUSSION

In this study, males (51.4%) had the highest rate of suicide attempt in 2014, followed by females (48.6%). The literature presents divergences related to this variable. A previous study showed a suicide rate of 70% among women.⁷ There was a reaffirmation of this predominance of females in a study in Texas, with adolescents aged 12 to 17 years who had already attempted suicide, characterizing the phenomenon of suicidal ideation, where the female subjects present more ideation than the male subjects, since suicidal ideation is associated with psychopathology, where the women presented higher levels of depressive symptoms.⁴

In relation to the male gender, the occurrence of suicide attempt highlights issues with a lot of cultural influence. The man is more resistant than the woman to seeking help or accepting treatment, thus increasing the risk of suicide.⁷

Mood disorders, particularly depression and dysthymic disorder (hypothymia), are the most frequently identified disorders in suicide attempts in adolescence.⁴ Other factors, such as the difficulty in elaborating past losses, disruption and family maladjustment, social alienation, violence and mental illnesses, are also some of the factors that can lead to countless suicide attempts.⁹

Adolescents between the ages of 15 and 20 were the ones that tried suicide (54.2%). In the Americas, research has indicated that urban dwellers and young people between the ages of 15 and 24 are the most at risk of suicide.¹⁰ In Europe, suicide is the second most common cause of death among Adolescents and adults aged 15-35 years.¹¹ A survey conducted in the rural region of Alagoas identified that there were records of three cases of attempted suicide in patients

younger than ten years of age.¹² National data suggest that Suicide is practically non-existent until the age of ten years. However, starting at this age, the rate rises sharply and peaks between 20 and 27 years of age.¹²

As for the method chosen for suicide, female patients opted for poisoning (54.3%), followed by use of medications (28.6%) and hanging (14.3%). On the other hand, male adolescents used, as the main method, strangulation (46.0%), followed by poisoning (21.6%) and use of medications (13.5%).

These findings corroborate with the current literature, evidencing that, in general, men commit suicide using methods with a high degree of lethality such as strangulation, firearm use and precipitation from high places. On the other hand, women have a greater number of suicide attempts and the most commonly used methods are the ingestion of drugs and other toxic substances.¹³

Concerning the place chosen for attempting and consummating suicide, the residence (81.9%) was the place most chosen by the adolescents, followed by the hospital (5.6%), corroborating with the findings of the literature, which evidenced the residence (89.5%) as the site of greatest suicide attempt among adolescents, assuming that, the place of greatest access to toxic agents is the patient's own home.¹³

There is a need to address familiar aspects in studies of suicide attempts among adolescents. It is of paramount importance to include families in aspects related to the detection and reduction of risk factors associated with autocide in adolescents, where family members should be incorporated in the treatment of young people with this behavior.¹⁴

It is suggested to create research related to Nursing care before the psychiatric patient

with suicidal behavior, since there is difficulty and limitation in the care of patients at risk of suicide, especially, when the patient is in the process of hospitalization.¹⁵

CONCLUSION

In this study, males were the most affected to attempt suicide and consummate suicide, and suggest that men had their suicide consumed by using more violent methods, such as hanging and using firearms. Women, however, use less violent methods, such as overuse of drugs and toxic substances. The place most chosen by the adolescent for the practice of suicide was his own residence, probably, because they felt more comfortable and it was easier to obtain the materials to try suicide.

The limitation to analyze the profile of those who attempted suicide was identified by the omission of registration of this practice in medical records and death certificates. It is believed that there is an underreporting of suicide attempts and consummate suicide, which makes it difficult to obtain a closer approximation of the reality of this type of death. It is suggested to carry out other research that seeks to identify the epidemiological determinants that characterize the suicidal adolescent, contributing to the planning of suicide prevention actions.

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