



Research paper

Depression and impulsiveness among soldiers who died by suicide: A psychological autopsy study

Leah Shelef^{a,b}, Neta Korem^b, Nirit Yavnai^c, Rinat Yedidya^b, Keren Ginat^b, Golan Shahar^d, Assaf Yacobi^{e,f,*}

^a Psychology Branch, Israeli Air Force, Ramat Gan, Israel

^b Mental Health Unit, Medical Corps, Israel Defense Force, Ramat Gan, Israel

^c Medical Corps, Israel Defense Force, Ramat Gan, Israel

^d Department of Psychology, Ben-Gurion University of the Negev, Beer-Sheva, Israel

^e Department of Psychiatry, Tel Aviv Sourasky Medical Center, Israel

^f Tel Aviv University Sackler Faculty of Medicine, Tel Aviv, Israel



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ABSTRACT

Introduction: Despite the accumulated knowledge about suicide, suicidal acts remain difficult to predict, and many suicides are acted out impulsively.

Methods: We performed a psychological autopsy study based on inquiries about the deaths of all male soldiers aged 18–21 years who served in the Israeli army and died by suicide between 2009 and 2013 ($n = 69$). The study population was first divided into two groups: those who had depressive disorder ($n = 31$); and those who did not ($n = 38$). Socio-demographic characteristics of the subjects and the characteristics of the suicidal act were compared. Afterwards, the study population was re-divided by the presence or absence of impulsive personality traits ($n = 22$, and $n = 47$, respectively), and investigated for distinct suicidal behavior features.

Results: No significant socio-demographic differences were found between the depressed and non-depressed suicide victims. The depressed group had showed more signs of planning the act (47% vs. 23%), and had expressed suicidal ideation in the days preceding the suicide (51.6% vs. 21%). One third of the subjects were found to have an impulsive personality trait, with significantly more histories of disciplinary issues, violence and cluster B personality disorders. Alcohol use during the act was significantly more prevalent among impulsive than non-impulsive subjects (45.4% vs. 14.9%).

Conclusion: Identification of distinct clinical groups of suicide victims among young males might help clinicians evaluate high risk cases, and may provide valuable opportunities to alleviate and prevent these events in the future.

1. Introduction

Suicide is the second leading cause of death worldwide among adolescents and young adults aged 15–24 (Sullivan et al., 2015). In contrast to the stable trend in the rate of suicide among civilians in the US, the suicide rate in the US army has dramatically increased (Archuleta et al., 2014; Nock et al., 2014). This evidence suggests that soldiers might be a particularly relevant population for suicide research, and Israeli soldiers might be particularly relevant for such research because of compulsory military service for all citizens who reach the age of 18. Hence, most of the country's healthy adolescent population serves in the military and is under army medical surveillance (Shelef et al., 2016). Research on suicide in this population is vital

owing to the high levels of stress and availability of weapons in the military, and because the risk of suicide is at its peak at these ages (Nock et al., 2008; Shelef et al., 2016).

The vulnerability-stress model proposes that an individual has unique biological, psychological, and social elements, including strengths and vulnerabilities for dealing with stress (Zubin and Spring, 1977). This model may be helpful in understanding the phenomenon of suicide, because it distinguishes vulnerability factors that predispose people to be at high risk for suicide (e.g., presence of mental illness, and prior suicidal behavior), as well as stress factors that trigger suicidal behaviors among those who are vulnerable (e.g., hopelessness, adverse life events; (Brown et al., 2000; Buchman-Schmitt et al., 2017; Mann et al., 1999). Unipolar depression features prominently among

* Corresponding author at: Department of Psychiatry, Tel Aviv Sourasky Medical Center, 10 Dafna St., Tel-Aviv, Israel.
E-mail address: assafy@tlvmc.gov.il (A. Yacobi).

these vulnerability factors, as it has been found to constitute the most common diagnosis of individuals who have taken their lives by suicide (Zalsman et al., 2016). Mood disorders, alcohol or substance abuse, psychotic, and personality disorders have also been associated with high risk for suicide in military as well as civilian settings (Mann et al., 1999; Shelef et al., 2017).

In addition, there is growing evidence that specific psychological factors which are not related to any particular mental disorder are highly relevant to understanding the association between psychopathology and suicidality (Nock et al., 2014). For example, in our group, cognitive and emotional difficulties were found to be associated with suicidal ideation in mentally healthy soldiers (Shelef et al., 2014). Stressful life events have also been found to have a significant dose-response effect on the occurrence of suicidal behavior (Stein et al., 2010), and soldiers may experience military-related stressors (e.g., combat exposure and adjustment difficulties) or personal difficulties (Hyman et al., 2012; Kuehn, 2009). In addition to the above-mentioned factors, major risk factors such as male gender, prior suicidal or self-harm behavior, and past family history of suicidal behavior (Borges et al., 2010), as well as protective factors such as social support and mental health treatment are also noteworthy (Beautrais, 2003; Yacobi et al., 2013).

The interaction between prior vulnerability and stressful events is still being explored, in an attempt to understand how these factors interact to lead a certain individual to engage in a suicidal act at a given time (Nock et al., 2013; Schapir et al., 2016). Research findings indicate that in the past, it was believed that over 90% of suicides were associated with diagnosable mental illness (Nock et al., 2008) or, at the very least, with subclinical psychiatric symptoms, and that the vast majority of suicidal individuals showed prominent clinical symptoms (Joiner et al., 2017). However, recent psychological-autopsy studies have challenged these findings, and suggest that up to 50% of all suicides are not associated with mental disorders (Milner et al., 2013; Pridmore, 2015). These studies emphasize the role of social and psychological factors in the pathogenesis of suicidal behavior, and argue against using mental disorders as the main target of treatment and preventive interventions.

Despite the accumulated knowledge about suicide prevention strategies, it is still difficult to predict suicidal acts (Mann et al., 2005; Zalsman et al., 2016). Research indicates that more than half of all suicide attempters may be characterized as impulsive, and that a significant portion of suicidal acts are carried out impulsively (Rimkeviciene et al., 2015; Simon et al., 2001). Therefore, identification of the factors that are associated with impulsive suicide acts may shed light on different preventive strategies that can be used among this subgroup of suicidal individuals (Baca-Garcia et al., 2005). Studies on the relationship between impulsivity and the medical seriousness of

suicide attempts have yielded conflicting findings. Recent reviews have cast doubt on the role of impulsivity in suicidal behavior (Anestis et al., 2014), although impulsive suicide ideators/attempters might simply constitute a minority group among suicidal individuals. Thus, studies have found that individuals who make impulsive suicide attempts reported lower expectations of death as a result of their attempt, had less suicide ideation, and were less depressed than non-impulsive suicide attempters (Baca-Garcia et al., 2005; Simon et al., 2001; Wyder and De Leo, 2007). Spokas et al. (2012) used the Suicide Intention Scale (SIS) to compare individuals who make impulsive suicide attempts with those who make premeditated attempts, and found that impulsive suicide attempters were less depressed and expected that their attempts to be less lethal. However, the lethality of suicide attempts was similar for both groups. The authors therefore concluded that the presence of impulsive behavior might increase the risk of suicide completion even in the absence of depression and hopelessness (Spokas et al., 2012). However, there is a lack of knowledge about the relationship between impulsive behavior and the characteristics of suicide completers, because only a few studies have been carried out among this population (Brent et al., 1994; Dumais et al., 2005; Maser et al., 2002; Zouk et al., 2006). Existing studies have shown that compared with premeditated suicides, impulsive suicides are characterized by a higher prevalence of aggressive behavior, substance abuse, and psychiatric comorbidity, particularly personality disorders (clusters B and C).

The current study aimed to examine mental illness and impulsivity in suicide victims. We examined all cases of male soldiers in the Israeli Defense Force (IDF) who took their lives by suicide during the period 2009–2013 (69 cases). The study hypothesis was that there are two different types of suicides: the first, planned suicides, which are the result from depression; the second, impulsive suicide in cases that had past histories of impulsive pattern of behavior. We began by dividing the study population into two groups: those who had depressive disorder at the time of the suicide, and those who did not. Subjects were characterized in terms of socio-demographic parameters. In the second phase of the study we concentrated on the suicidal act itself, and the two groups were compared in light of their affective state before the act of suicide. Finally, we focused on impulsive personality traits: Specifically, we examined whether the soldiers had prior clinically identifiable features and whether their suicidal act had distinctive features.

2. Methods

2.1. Study population & data source

The study population included all cases of death by suicide of male soldiers in compulsory military service, during the period 2009–2013 (a

Table 1
Subjects Demographic Divided to Depressive and Non-Depressive Disorders^a.

	Depressive disorders (n = 31)		Non-depressive disorders (n = 38)		P	χ ²	
	N	%	N	%			
Time in Service (months)	17.5	(± 11.59)	16	(± 11.90)		–	
Country of Birth	Native	24	77.4	22	57.9		
	Immigrant	7	22.6	16	42.1	0.12	8.7
Education (years)	12		11.6		0.06	–	
Religion	Secular Jewish	26	83.9	30	78.9		
	Religious	3	9.7	3	7.9		
	Non-Jewish	2	6.5	5	13.2	0.65	–
Service in combat unit	18	58.0	19	54.0	0.63	0.32	
Method of suicide	shooting	30	96.8	33	86.8		
	hanging	1	3.2	5	13.2	0.21	6.6
Place of suicide - at the base	12	38.7	19	50	0.11	2.6	

^a Based on diagnosis made either before the suicidal event or by post-mortem psychiatric evaluation. Note: Chi-square was used for dichotomous variables. Fisher's Exact Test was used for variables that are not dichotomous.

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