



Original communication

Two decades of adolescent suicides assessed at Milan University's medicolegal unit: Epidemiology, forensic pathology and psychopathology



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ABSTRACT

Aim: to analyze the cases of suicide committed by adolescents in and around the city of Milan over a 20-year period (1993–2012).

Materials and methods: cases of suicide involving individuals between 10 and 19 years of age were drawn from 20,757 autopsies performed by the Medico-legal Unit at Milan University. Seventy-eight cases were considered (20 females and 58 males, with the ratio of 1:2.9), and their clinical and circumstantial histories, epidemiology, forensic pathology and psychopathological issues were analyzed.

Result: Adolescents were involved in 2.23% of all suicides committed in Milan during the period examined. The “mean” victim is a male without psychiatric disease, aged between 16 and 19, that commits suicide outdoors.

Conclusions: In the majority of cases, there were no premonitory signs, nor any particular contingent or remote reason that might explain these violent deaths, which therefore remain “impulsive”.

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1. Introduction

Adolescence is a complicated time of life characterized by major psychological and physical changes. It has recently been attracting more and more attention in various fields of medicine and among mental health specialists. One of the peculiar traits that distinguishes adolescence from childhood lies in a marked increase in self-destructive phenomena and suicidal behavior, and this is an area that has yet to be studied thoroughly. Suicide is a particularly disconcerting event. It is the third cause of death among adolescents in the industrialized world, after accidents and neoplastic diseases.^{1,2} The phenomenon is consequently an important public health issue that necessitates an adequate understanding so that appropriate prevention schemes can be developed to deal with it.

The aim of this study was to analyze the suicides involving adolescents that occurred from 1 January 1993 to 31 December 2012

in and around a large European city (Milan) with a view to contributing to a better understanding of the causes and dynamics of this phenomenon, exploring the demographic and psychological factors, the situations associated with adolescent suicide and the methods used by these young people to take their own lives.

2. Materials and methods

A retrospective analysis was conducted on 20,757 autopsies performed over a period of 20 years (1993–2012) at the Legal and Insurance Medicine Section of the University of Milan, which serves a territory comprising the city itself and a part of the surrounding province. For this type of study (based on records), in Italy an approval of the institutional ethics committee is not required, due to anonymity of the reported data. By a research on the computerized database, we selected (out of a total of 3494 suicides) the deaths involving adolescents, between 10 and 19 years of age, according to the definition of ‘adolescent’ adopted by the World Health Organization.³

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Our analysis was conducted in two stages:

- first we examined the necroscopy charts compiled by the Section's technicians at the time when a victim's relatives came to officially recognize the body; these charts contain the suicide's personal details and clinical history, and describe the circumstances of their death. The personal data analyzed in this study included: gender, age, year and month of death, nationality, prior suicide attempts or suicidal intentions, pathological medical history, use of medication, alcohol, tobacco smoking, substance abuse, level of formal education, and the place where the suicide was committed. Moreover, during the study, the Authors verified if the forensic pathologist had previously written on the necroscopy charts the reason explaining the suicide, according to what had emerged from the interview with parents. Basing on this interview and on the available circumstantial details about the personal clinical histories, an attempt to at least partially perform a psychological autopsy was made. Although the psychological autopsy conducted by a mental health specialist is not among the procedures set in Italy in cases of suicide, it is important to point out that the interview with family members at the time of compilation of necroscopy charts allows a partial reconstruction of data concerning the psychological and psychopathological anamnesis (deceased's socio-demographic characteristics, life events, psychiatric and suicidal history of the family, the deceased's somatic or psychiatric diseases, previous attempted suicides and psychological or psychiatric treatment before death).
- then we examined the reports prepared by the Section's technicians after completing the medicolegal autopsy, which provided details relating to the wounds identified on the bodies and the injury that proved fatal.

3. Results

Seventy-eight cases met our inclusion criteria (0.37% of all the autopsies performed in 20 years), corresponding to 2.23% of all the suicides occurring during the period considered.

3.1. Gender and age

The gender and age distribution of the adolescent suicide cases was as follows: 20 (25.5%) were female, and their age ranged between 13 and 19 years (mean 15.95 years), and 58 were male (74.5%) and were between 10 and 19 (mean 16.32) years old; the male to female ratio was 3:1.

When the correspondence between gender and adolescent age was tested (Table 1), the number of suicides was seen to increase

Table 1
Age and gender distribution of the adolescents.

Age	Gender	
	Females	Males
10	0	2
11	0	2
12	0	4
13	2	0
14	3	4
15	2	4
16	1	11
17	3	5
18	4	14
19	5	12

with age, particularly in males. Furthermore, male gender would thus showed a slightly “precocious tendency” to commit suicide, preceding the girls by approximately 3 years.

3.2. Distribution by year and month

The events were analyzed in terms of the time of their occurrence, by year (Fig. 1) and by month in each year (Fig. 2). The year-to-year figures varied (with no cases at all in 2003), tending to indicate a decline in the number of cases over time.

The monthly trends of the suicides suggested a higher frequency before the summer and in January, the month with the highest number of suicides; fewer cases occurred in autumn and winter, the lowest figures coinciding with the months of February and October.

3.3. Nationality

In our series, most of the cases (68 adolescents) were of European nationality, while the others were Asian (six), American (three), and African (one). Among the Europeans, 62 (79.5% of all cases) were Italian, while the other 6 cases (7.7% of all cases) were Romanian (two), and Albanians, French, Polish and Swiss (in one case each). The only African was Senegalese. Of the six Asians, three were Chinese and the others were of Arabian, Korean and Philippine origin (one for each ethnic group). The three Americans all came from Central or South America (Salvador, Brazil and Peru).

3.4. Prior suicidal ideation

As part of this study, we also considered any prior attempts at suicide or suicidal ideation, identifying 7 cases (9%) among those aged between 16 and 18 who had already attempted to commit suicide, and 5 of these 7 adolescents were taking pharmacological treatment for depression. Any prior attempts at suicide were ruled out for 47 cases (60% of all cases), while the available information was unreliable for the other 24 (31% of all cases).

Suicidal ideation were confirmed in 13 cases (17% of all cases), in adolescents aged from 13 to 18. Twenty cases among all the victims suffered from psychiatric disorders (17 had depression for which they were receiving pharmacological treatment, one had a bipolar disorder and was being treated with lithium, and two suffered from psychosis); prior suicidal inclinations were ruled out in 42 cases (54% of all cases), and no reliable information was available for the remaining 23 (29% of all cases).

Annual distribution of the suicide

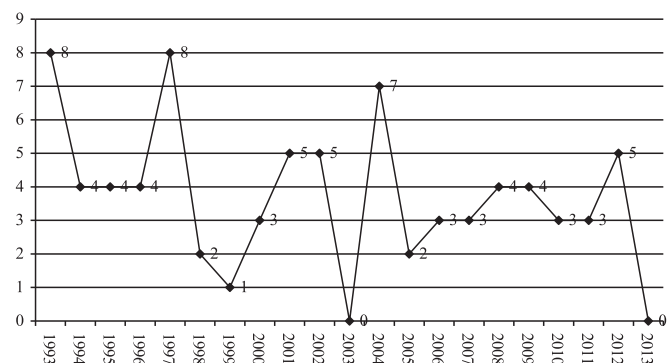


Fig. 1. Graphical representation of the annual distribution of the suicides.

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