

Brief report

Suicide mortality in Southern Italy: 1998–2002

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Abstract

The purpose of the study was to describe the deaths by suicides that occurred in an area of Southern Italy in the period 1998–2002. Data were obtained from death records, and population estimates for each year were provided by the National Institute of Statistics. A total of 367 suicides were retrieved. The number of suicides was stable for the 5 years recorded, with the highest value for 1998, ranging from 1.4% for ages 0 to 14 to 25.1% for ages 25 to 44 years. Age-specific rates of suicide showed that the highest rates were in those 75 to 84 years old. Rates are always higher in males, with a tendency to stability or decrease in all age groups in the years observed, except for males in the 45- to 64-year-old age range, in whom an increase from 5.71 to 7.28 was observed. The suicides increased proportionally with age, in those with the lowest level of education (53.3%) and among retirees (46.5%). Hanging/suffocation (44.1%) and jumping from high places (23.2%) were the most frequently used methods of suicide. Males had higher standardized suicide rates ranging from 5.4 per 100,000 in 1999 to 7.7 in 1998, whereas in females the range was 1.4 per 100,000 in 2001 to 2.4 in 1998. The study shows that suicide rates in Southern Italy are lower compared with national trends.

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1. Introduction

In Europe suicide is an important public health problem representing the second leading cause of death in those aged 15–34 years (World Health Organization, 2001) and the third in the United States in the same age group (Centers for Disease Control and Prevention, 1999). Although in most Western countries suicide rates appear to be stable or declining in recent years, this overall trend may obscure an age- and sex-related change in pattern,

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with an increase in men in some age groups that is balanced by a proportional decrease in women in other age groups. Hence, variations in suicide rates should be considered within a local context, and the [World Health Organization \(2001\)](#) emphasizes the need for surveillance and research at all local levels to promote understanding of and to find ways to prevent suicide.

In Italy, the data on suicide reflect stability in the decades of the 1980s and 1990s, with standardized rates, respectively, of 12 and 4 per 100,000 in males and in females ([Guaiana et al., 2002](#)) and an overall rate of 6.7 per 100,000 ([Chishti et al., 2003](#)). At the local level, only limited data are available, however, and differences in suicide rates in subgroups within the population may prove significant in targeting specific intervention strategies. The purpose of the present study was to describe suicide rates during the period 1998–2002 in an area of Southern Italy.

2. Methods

Data on deaths by suicide that occurred in the region of Calabria (Italy) from 1998 to 2002 were obtained from the Public Health Departments that maintain registries of causes of death. The registries comprise 1,805,709 inhabitants, representing 88.4% of the total population of the region. The death records of residents in the study period were gathered and those reporting suicide as cause of death according to ICD-9 code E950–E959 were selected ([World Health Organization, 1977](#)). These codes represent all deaths recorded as suicides or self-inflicted injury. Records of death, received within 30 days of death by the Public Health Department of the area, consist of two sections: section A compiled by the physician who verifies the death and section B compiled by the municipal officer in charge of sociodemographic information. Death records report sociodemographic information (sex, age, place of birth and residence, marital status, educational level, and profession), characteristics of death (date, hour, city, cause) and, in the case of suicide, the method used (e.g., firearm, poisoning by liquid or solid substances or by gas, suffocation, drowning, hanging, cutting/piercing instrument, and jumping) and place of the event (e.g., home, work, and road). Population

estimates for each year, stratified by age group, gender, and residence and provided by the National Institute of Statistics ([ISTAT, 2003](#)), were also recorded.

Age-standardized rates with 95% confidence intervals (CI) were computed by the direct method, using the Italian population in the census year of 2001 as standard. Age-specific rates were calculated by dividing the number of suicide deaths in each age bracket by the corresponding estimated population. Statistical significance of rates (time trends) was tested by simple linear regression. Data were analyzed using the Stata software program ([Stata Corporation, 2003](#)).

3. Results

During the period 1998–2002, a total of 367 suicides occurred in Calabria (see [Table 1](#)). For the recorded years, the number of suicides was stable, with the highest rate in 1998, ranging from 1.4% in the 0- to 14-year age bracket to 25.1% in the 25- to 44-year age bracket (mean age=55.1); the majority of suicides occurred in males (76.8%) (sex ratio males/females=3.3) and in those with the lowest level of education (53.3%), and the most frequent method of suicide was by hanging (44.1%).

[Table 2](#) shows age-specific rates of suicide in males and females according to years. In both groups, the highest rates are in those aged 75–84 years, although in this group there has been a pronounced decrease from 47.3 in 1998 to 12.52 in 2002 in males and from 7.22 in 1998 to 1.65 in 2002 in females. Rates are always higher in males, with a tendency to stabilize or decrease in all age groups, except for the category of 45 to 64 years of age, where an increase was observed from 5.85 to 7.28. The distribution of suicide by year and by profession indicated that the percentage of retirees dropped from 49.4% in 1998 to 41.2% in 2002; the unemployed remained stable, representing 14.6% in 1998 and 13.2% in 2002; and laborers and clerks showed an increase, with rates of 10.1% and 4.5% in 1998 and 19.1% and 8.8% in 2002, respectively.

As for the distribution of suicides, there was a decrease from 1998 to 2002 in the percentage of subjects committing suicide by hanging (43.3% to

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