

Cognitive traits in inpatient adolescents with and without prior suicide attempts and non-suicidal self-injury

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Abstract

Objective: Establishing a psychiatric diagnosis and assessing suicidal tendencies is often a challenging task particularly in the early stages of an illness. Cognitive impairments characterize different psychiatric entities, but there is no known specific cognitive deficit profile that could help the clinician in achieving the diagnostic task. This study's aim was to establish a cognitive profile and test its ability to differentiate psychiatric inpatient subgroups, in terms of suicidal risk and diagnosis. The sample constituted of 76 consecutive admissions to the psychiatric adolescent day-care unit, who were admitted for any diagnosis. Assessment included full psychiatric interview and cognitive evaluation, using the COGNISTAT test.

Results: Of the 76 participants, 58% reported having suicidal ideation and 29% reported a prior attempted suicide. Subjects who had a prior suicide attempt had better orientation and attention scores in the COGNISTAT. Other cognitive domains did not differentiate between groups or diagnoses.

Conclusion: These preliminary results suggest a significant association between specific cognitive characteristics and suicidal behavior in adolescents. Those cognitive characteristics might prove clinically useful in the assessment of suicide risk. Further study is needed to establish this association and generalize the conclusion to different populations.

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1. Introduction

In the past it was a common notion that schizophrenia and bipolar affective disorder differ in regard to the cognitive impairment and natural history of the disease [1]. This dichotomy is probably inaccurate and affective disordered patients, similar to schizophrenic patients, has difficulties in daily occupational and social function, partly attributed to cognitive impairments [2].

Those cognitive deficits characterize psychiatric population, and are of great influence on quality of life and daily functioning. A specific cognitive profile and its relevance to the psychiatric evaluation process is not well established [3,4].

Patients with schizophrenia suffer cognitive deficit early in the course of illness, the deficit is usually permanent, not affected by pharmacological intervention and is found to be general, but most prominently affect the memory, attention and executive functions [5]. Those deficits are correlated with complex prognostic outcome variables [6].

Patients who suffer from affective disorder have similar cognitive deficits, especially in the domains of attention, memory and learning, so that the cognitive profile might not differentiate those diagnoses [7,8].

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Adolescent suicide is a troubling phenomenon with high psychiatric comorbidity rates and worldwide presence. Suicide is the second leading cause of death in children and adolescents in Israel with a frequency of 8:100,000, according to the data from the Israeli Ministry of Health. Early assessment of suicidality in adolescents is, therefore, critical. Specific cognitive dysfunction that distinguishes individuals who has a suicidal tendency is not well established, but particular deficits in the decision making process and attention are typically present [9]. Keilp et al. described cognitive deficits in memory and attention in depressed patients, and a specific, additional deficit in executive function in depressed patients who had a prior lethal suicide attempt [10].

The goals of the current study were to determine whether a cognitive profile could differentiate between different subgroups of psychiatric patients. The study focused on differentiating subgroups of patients in terms of suicidal tendencies and diagnostic classification, in a sample of adolescent inpatients.

2. Methods

2.1. Participants

Seventy six adolescents consecutively hospitalized at the adolescent day-care unit, in a university affiliated mental health center, and were recruited for the current study. Diagnosis of all participants were based on DSM-IV criteria (American Psychiatric Association, 1994) [11] using data that had been collected during clinical interviews, daily observations and clinical team discussions. Subjects were excluded from the study if they did not undergo a cognitive evaluation during their hospitalization, for any reason.

2.2. Materials and procedures

Adolescents admitted to the day care unit undergo a full psychiatric interview by a child and adolescent psychiatrist, and additional diagnostic and evaluation procedures. Medical records of adolescents who were admitted to the day care unit, and underwent cognitive evaluation as part of the assessment procedure, were scanned and socio-demographic, medical and psychiatric data was abstracted.

Cognitive and functional evaluation is done routinely, by an occupational therapist, as a part of the assessment process. The assessment includes the COGNISTAT, a cognitive status assessment tool. The COGNISTAT assess five major domains of cognitive function: language, construction, memory, calculation and reasoning. Level of consciousness, orientation and attention are examined separately. The test generates a profile representing the abilities and limitations of the subject. The COGNISTAT protocol was standardized in normal functioning subjects, at different age groups, and it is used to assess cognitive function in a variety of neuro-

psychiatric clinical situations [12,13]. Deficits in specific domains characterize specific patients populations, and is correlated with level of function [14,15].

The study was approved by the Geha Mental Health Center Review Board that exempted us from having an informed consent due to the retrospective file review nature of the study.

2.3. Statistical analysis

SPSS version 17 was used in the statistical analysis. Student T test and one-way analysis of variance were performed as appropriate, to evaluate association between major diagnosis and suicidal risk (independent variables) with cognitive domains as measured by the COGNISTAT (dependant variable). All tests were two-tailed. Levene tests were conducted for equivalence of variance in the group compared, and when proved significant, equal variances were not assumed. Bonferroni adjustment was used to correct for multiple testing.

3. Results

Seventy six adolescents admitted to the day care unit were recruited to the study. Their ages varied between 12 and 20 years, with an average age of 14.6. The male to female ratio was 39:37. Forty eight (63%) patients were admitted for the first time. The subjects had been diagnosed as suffering from a diverse variety of psychiatric disorders, according to the *DSM-IV* classification [16]. Twenty (26%) had a main diagnosis of schizophrenia, seventeen (22%) had a main diagnosis of major depressive episode, fifteen (20%) had a main diagnosis of borderline personality disorder and twenty four (31%) had another, less common, main diagnosis. In addition, some had two or three co-morbid disorders (data not shown). Forty four (58%) patients reported having suicidal ideation and twenty two (29%) reported a prior attempted suicide. Twenty three (30%) self-harmed; with no suicide intent.

COGNISTAT was administered to all the patients, as part of the routine assessment procedure. The effect of level of function, defined as a COGNISTAT grade in each domain tested, on diagnosis, suicidal risk and non-suicidal self injury was tested statistically. There was no difference on any cognitive domain in the four diagnoses groups (data not shown). The difference between the comprehension domain scores was minimally, but significantly, better in the self-harmed subjects (Table 1). Orientation and attention domains had a slightly better score in the subjects who had a prior suicide attempt. This finding was also significant (Table 2).

There was no significant difference on any cognitive domain in the subjects who reported having suicidal ideation (data not shown).

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