



## Gender-specific differences among patients treated for suicide attempts in the emergency departments of four general hospitals in Shenyang, China<sup>☆</sup>

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### ABSTRACT

**Objective:** We aimed to identify gender-specific characteristics of suicide attempters admitted to general hospital emergency departments in urban China.

**Methods:** The Structured Clinical Interview for the *DSM-IV*, the Suicide Ideation Scale, the Hamilton Depression Rating Scale and a quality of life measure were administered to 239 suicide attempters who were treated consecutively in the emergency departments of four general hospitals randomly selected in Shenyang, China.

**Results:** Among the 239 enrolled subjects, 53 (22.2%) were men, and 186 (77.8%) were women. Compared to women, men were more likely to be a minority, live with their families and/or suffer from substance-related disorders. Men were less likely to be living alone or cohabitating. Women were more likely to express suicide ideation compared with men. Thirty-seven (69.8%) men and 129 (69.4%) women had mental illness. The prevalence of psychiatric diagnosis was not significantly different between men and women ( $\chi^2 = .004$ ,  $df = 1$ ,  $P = .95$ ).

**Conclusion:** The rate of attempted suicide is higher among women than among men in the emergency departments of urban China. Except for race, living situation and suicide ideation, there are few gender differences regarding socio-demographic and clinical characteristics in the current study that are not consistent with reports from other countries. However, similar to other studies, men are more likely to suffer from substance-related disorders than are women. The unique, gender-specific characteristics pertaining to suicide attempters in urban China emphasizes the need for gender-specific interventions in future clinical treatment.

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## 1. Introduction

Gender, as a well-known sociodemographic correlate, has been strongly associated with suicidal behavior, and the gender differences in suicidal behavior have long been recognized [1]. In developed countries, the male-to-female ratio for suicide is between two to one and four to one, and the number seems to be increasing [2], while females have higher rates of suicidal ideation and nonfatal suicidal behavior than males [3–6]. Males tend to choose more violent means (e.g., hanging or shooting), while females are less

violent (e.g., self-poisoning) [2,7]. While some studies indicate that females are at higher risk for suicide attempts among suicide attempters [8–12], others show that male suicide attempters, particularly those who are unemployed or never married, tend to use more violent methods and have alcohol abuse or dependence [9]. Men have higher suicide intent, and their attempts tend to be more lethal than those for women [13,14], and the prevalence of alcoholism and other substance abuse are also common among men [3]. For example, men have higher psychiatric morbidity in Indian urban areas [14] and the mean number of life events is higher among men who attempt suicide [15]. Another study indicates similar risk factors for nonfatal suicide attempts among males and females, but younger age and somatic symptoms are risk factors for females but not for males [16]. Attempted suicide is the best predictor of successful suicide; therefore, gender studies for attempted suicide are notably important.

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China is one of the few countries where the rate of suicide is higher among women than among men [17,18]. Suicide rates are 66% higher among young women than among young men in rural areas. In contrast, the rate was somewhat higher in middle-aged men than in middle-aged women in urban areas [17]. Low-planned suicides are more common in women [19]. Another study shows that there is no significant relation between mental disorders and suicide [20]. Identifying gender-specific differences among suicide attempters will help to identify those at risk for future suicidal behavior and to develop targeted interventions for treating those high-risk patients. To date, a study focusing on the details of gender differences in the characteristics of suicide attempters has not been reported in China. The purpose of this study is to compare the differences in terms of socio-demographic characteristics, clinical characteristics and psychiatric diagnosis between men and women who were treated for suicide attempts in emergency departments of general hospitals in urban China.

## 2. Methods

### 2.1. Designs and setting

In this study, all the subjects were from individuals who were treated for suicide attempts (reported by the patient or family members) in the emergency departments of four general hospitals in Shenyang, a city in the Liaoning Province of northeastern China with a population of 6.9 million residents. The involved hospitals were randomly selected from all general hospitals located in Shenyang using a random number table. All individuals who came to the emergency departments after having made a suicide attempt were identified and approached by a trained research assistant. Subjects who were 15 years of age or older were able to understand the study procedures and had at least one contact persons (to enable follow-up) were asked to provide written informed consent and were enrolled in the study. The study was approved by the institutional review board of the China Medical University.

### 2.2. Subjects and assessment

During the enrollment period, which lasted from June 2007 to January 2008, 403 suicide attempt episodes were treated at the target emergency departments, of which 366 episodes met criteria for inclusion in the study. Only the first episode was considered; thus, 7 cases were excluded due to repeat suicide attempts during the enrollment period. Among the 359 included patients, 29 were not approached by the research team because of early leave, 90 refused to participate, one did not provide all of the data needed for analysis, and 239 (59.3%) completed the full evaluation. There were no significant differences by gender ( $P=.715$ ), age ( $P=.971$ ) or years of education ( $P=.069$ ) between the included and excluded patients. Two trained researchers independently interviewed the 239 individuals and their accompanying family members. The comprehensive suicide attempt interview schedule used in this study took several hours to complete and included the following components: (1) a detailed, structured questionnaire that assessed the patients' socio-demographic characteristics (age, gender, employment status, marital status, residence, annual income of family, educational level and religious beliefs), the characteristics of the attempt (method of self-harm, alcohol use at the time of the episode, reported motive, time considering suicide before acting, suicide note and help-seeking prior to attempt) and self-reports of prior attempts or of suicidal history among family members or associates; (2) the Beck 19-item Scale for Suicide Ideation [21] that evaluated the intensity of patients' attitudes, behaviors, and plans to commit suicide. Each item consists of three options graded 0–2 according to the intensity of the suicidality; (3) the 24-item Hamilton Depression Rating Scale [22,23]; (4) a quality of life rating scale

covering the month prior to the attempt. Respondents assessed six characteristics of the attempter (physical health, psychological health, economic circumstances, work, family relationships and relationships with no family associates) on a scale of 1 (very poor) to 5 (excellent); and (5) psychiatric diagnosis made according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV)* as assessed by the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID). The Chinese translation of the SCID has been shown to be reliable and valid [24–26]. This version of the SCID allowed for the inclusion of “not otherwise specified” categories of illness for subjects who had clinically significant symptoms combined with social dysfunction but did not meet full criteria of a specific disorder (which is fairly common in China), and for the recording of multiple diagnoses ranked according to clinical importance. The six psychiatric researchers who participated in the study attended a 4-week training course in the use of the SCID; their inter-rater reliability at the end of training using 16 taped interviews of different types of patients was excellent (intra-class correlation coefficient=0.95).

### 2.3. Data analysis

The socio-demographic characteristics, clinical characteristics and psychiatric diagnosis were compared. To examine the mean differences in the study variables (i.e., age, gender, employment status, marital status, residence, self-reported past history of self-harm, any family history of suicide and psychiatric diagnosis) between men and women, we used a frequency distribution, Student's  $t$  test, chi-square test and Fisher's Exact test with the assistance of the statistical package SPSS for Windows, Version 11.5 (SPSS, Chicago, IL, USA). The critical level of statistical significance was set at .05, and all analysis was two-tailed.

## 3. Results

### 3.1. Socio-demographic characteristics of men and women who attempted suicide

Of the 239 suicide attempters, 53 (22.2%) were men, and 186 (77.8%) were women. The mean age between men (mean=34.66, S.D.=17.91) and women (mean=31.92, S.D.=12.60) was not significantly different ( $t=1.26$ ,  $df=237$ ,  $P=.21$ ). A comparison of socio-demographic characteristics between men and women who attempted suicide is shown in Table 1. Men and women were also similar in terms of age group, marital and employment status, annual family income, educational level and religious beliefs. Men were more likely to be of a minority status than women ( $P=.04$ ). There was a significant difference in living situation between men and women ( $P=.02$ ). Compared with women, men were more likely to be living with their families and were less likely to be living alone or cohabitating.

### 3.2. Clinical characteristics of men and women who attempted suicide

A comparison of clinical characteristics between men and women is presented in Table 2. There was a significant difference in suicide ideation between the two groups ( $P=.02$ ). Compared with men, women were more likely to express suicide ideation. No significant differences were observed between men and women in terms of method of suicide attempt, history of previous suicide attempt, family history of suicide attempt, alcohol use at the time of the episode or up to 12 h before, having self-rescue ideation, impulsiveness, motive of suicide attempt, writing a suicide note, making funeral arrangements and seeking for help. There was also no significant difference in the mean score of HAMD or life quality between men and women.

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