



Is attempted suicide different in adolescent and adults?

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Received 4 June 2006; received in revised form 24 October 2006; accepted 12 February 2007

Abstract

Attempted suicide may be a different phenomenon in adolescents than in adults. To our knowledge, direct comparisons between these two populations are very scarce. The aim of this study is to analyze the differences between adolescents and adults in methods of attempted suicide, accompanying certainty of death, and intentionality. All cases admitted to one adult ($n=173$) and one adolescent ($n=104$) inpatient unit who attempted suicide in the period from January 2003 through October 2005 were included in a prospective, common, national register, with data on methods, circumstances, and intentionality. The methodology followed that of the WHO/Euro Multicenter Study on Parasuicide. A stratified analysis was performed using the Mantel–Haenszel procedure in order to control for the effects of gender and diagnosis. Adolescents used significantly more over-the-counter medicines. Adults were significantly more certain of the possible fatal outcome of their attempt and had a significantly more severe intention when harming themselves. Individuals appear to use the methods that are available to them to attempt suicide. Adolescents may display more impulsive and less lethal directed behavior than adults or, alternatively, they are more frequently admitted for less severe attempts.

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Keywords: Self-injurious behavior; Suicide; Attempted; Intention

1. Introduction

The incidence of suicide attempts reaches a peak during the mid-adolescent years (Shaffer et al., 1996). In adolescents, suicidal thoughts are common (7.5% in the US general adolescent population), as are suicide attempts, although to a lesser extent (3.3%) (Gould et al.,

1998). Completed suicide increases considerably in the late teens and continues into the early twenties. In Spain, in 2002, the rate of completed suicide in individuals 10–14 years of age was 0.38/100,000 and, in 15–19 year olds, it was 2.70/100,000 (INE, 2002).

Methods for self-aggression vary between nations and also across ages. The most common method in all countries included in the WHO/EURO Multicenter Study on Parasuicide is drug overdose, with psychotropics being the preferred drug class, followed by non-narcotic analgesics (Michel et al., 2000). The WHO/Europe Multicenter Study on Parasuicide found that

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methods used for the suicide attempts did not co-vary significantly with age (Schmidtke et al., 1996). “Soft” methods were prevalent in all age groups (overdose followed by cutting, primarily of the wrist). There were some exceptions for special methods. Self-poisoning decreased with age among females and more older men than younger men used the method of “jumping or lying before a moving object.”

Although many studies have assessed the characteristics of suicide attempts in adults and adolescents, and some epidemiological studies have recorded data on age at attempted suicide and method used, very few studies have directly compared the two age groups using the same methodology. Regarding methods of attempting suicide in adolescents, availability seems important. Data from the United States show that the most common methods of committing and attempting suicide are firearms and drug overdose, respectively (Shaffer et al., 2001). An analysis of data collected by the Oxford Monitoring System for Attempted Suicide between 1976 and 1993, for all cases of deliberate self-harm in under-16-year-olds referred to the general hospital in Oxford, reported that most cases involved drug overdose (Hawton et al., 1996a).

The intentions underlying suicidal attempts include reasons as varied as attention-seeking, influencing others’ behavior, involuntary loss of control, and dying. An analysis of the intentions of more than 1500 patients was conducted with data for the periods 1990–1992 and 1996–1998 from the WHO/EURO Multicentre Study. There were very slight differences in the intention of young and old patients, with more young than older patients having an intention to influence others and fewer young than older patients reporting having lost control (Hjelmeland et al., 2002).

The objectives of the present study are, firstly, to describe the comparative patterns of methods of attempted suicide that are followed by psychiatric admission, used by adults and adolescents in a Spanish population sample. Secondly, we aim to compare the intentionality and certainty of death between adolescents and adults when attempting suicide. These objectives are pursued using the WHO/Euro Multicenter Study methodology.

2. Methods

2.1. Subjects

We prospectively collected data on suicide attempts that led to psychiatric admission in two regions of Spain between January 2003 and October 2005. Data

was collected as part of the National Suicide Network (RENEPCA). The RENEPCA was established in January 2003 and its aim was to conduct national studies on suicide. The entire project and the primary methodology was derived from the WHO/EURO Multicentre Study on Parasuicide set for multicultural comparison of suicidal behavior (Schmidtke et al., 1996). The study consisted of a compilation of socio-demographic and clinical data on suicide attempts using common instruments (monitoring form) and common definition of attempt. Attempted suicide was defined according to the proposed ICD-10 definition: “An act with non-fatal outcome, in which an individual deliberately initiates a non-habitual behavior that, without intervention from others, will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognized therapeutic dosage, and which is aimed at releasing changes which the subject desired via the actual or expected physical consequences” (de Leo et al., 2004). The protocol was approved by the consultative committee of the Fundación Española de Psiquiatría y Salud Mental and the Ethics and Research Committee of the Hospital Gregorio Marañón.

All patients who attempted suicide or had suicidal thoughts and were subsequently admitted to an adolescent or adult psychiatric inpatient unit during the aforesaid period were included. The 20-bed adolescent inpatient unit is located in one of the major general hospitals in Madrid, covering an area with an estimated population of 3,800,000 inhabitants, of which 659,000 individuals (17.5%) are adolescents (12 to 17 years of age). The most prevalent ICD-10 diagnoses at discharge are psychotic disorders, affective disorders, and conduct disorders associated with other pathologies. The adult psychiatric inpatient unit is located at the Central University Hospital of Asturias in Oviedo. The 20-bed unit covers an area with an estimated population of 400,000 inhabitants, of which 76.0% are adults (=18 years of age) (304,000 individuals). The most prevalent diagnoses at discharge are psychotic, affective, and personality disorders. Both hospitals are located in the inner city of the two regions and are affiliated with the university. See Table 1 for the sample discharge diagnoses.

The total sample consisted of 277 suicidal attempts. 173 were inflicted by adults and 104 by adolescents (12 to 17 years of age). Three variables were analyzed for each event: suicide method, intentionality of the suicide attempt, and death certainty. The report was made by the attending psychiatrist in light of all information obtained during the admission.

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