

Brief report

Assessment of suicidality in a Moroccan metropolitan area

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Abstract

Background: The aim of the study was to evaluate the prevalence of suicidal ideations and suicide attempts in a representative sample of the general population of the urban area of Casablanca, Morocco.

Methods: The survey was conducted based on face-to-face household interviews. The Mini International Neuropsychiatric Interview (M.I.N.I.) was used to assess axis I diagnoses according to DSM-IV criteria and the M.I.N.I. suicidality module to rate the severity of active suicidality.

Results: The 1-month prevalence of suicidal ideation was 6.3%. Seventeen subjects (2.1%) reported at least one suicide attempt during their lifetime. Some variables were positively associated to suicidal ideation: the non-married status, subjects with a history of psychiatric disorders, and subjects without children. At least one mental disorder was present among 88.2% of subjects with suicidal ideation. Major depressive disorder was the most prevalent one (23.5%).

Limitations: The sample was small and the prevalence was not determined longitudinally.

Conclusion: Suicidal ideation being relatively frequent in the general population, there is a need to develop programs of prevention of suicide.

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1. Introduction

Suicidality spans a spectrum that ranges from suicidal thoughts (thoughts about wanting to be dead) to suicidal acts (self-destructive behaviours with at least some intent to end one's life) (Ahrens et al., 2000). Approximately 10–18% of population across diverse countries report suicidal ideation and 3–5% have made a suicide attempt at some point in their life (Weissman et al., 1999). In the Arab culture, suicidal behaviour is stigmatised and an expressed hostility to the suicidal patient is the usual reaction (Suleiman et al., 1986). The

prevalence of suicidal ideation in Arab general populations has been rarely explored (Weissman et al., 1999). Some studies have attempted to evaluate the extent of the phenomenon in non-representative population samples by recruiting in the health care services (Suleiman et al., 1986; Hamdi et al., 1991) or in specific populations (Daradkeh and Al-Zayer, 1988).

Suicide is usually most accurately viewed as a multi-determined act. Risk factors include psychiatric disorders, social, psychological, biological and physical factors (Hawton and Van Heeringen, 2000; Van Heeringen, 2001). Regarding mental disorders, it has been shown that depressive disorders and alcohol and/or substance dependence or abuse are the most prevalent ones accompanying suicidal ideation and behaviour. However, a number of factors unrelated to psychopa-

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thology, such as socio-demographic factors (Lewis and Sloggett, 1998), serious medical illness (Druss and Pincus, 2000) or traumatic events (Goldney et al., 2000), have been shown to be independently associated with suicidal ideation and/or suicide attempt.

The main aim of the current study is to assess the prevalence of suicidal ideations and suicide attempts in a representative sample of a general population in the metropolitan area of Casablanca, Morocco. The secondary aim is to identify risk factors associated with suicidality, especially the comorbidity with psychiatric disorders.

2. Methods

2.1. Subjects and diagnostic procedures

The survey was conducted based on face-to-face interviews by trained interviewers who were medical doctors and clinical psychologists. A stratified random general population sample was drawn from the adult population of Casablanca, Morocco, aged 15 years and above. Only 2.6% were 60 years old or more. Informed consent was obtained from all respondents.

The Mini International Neuropsychiatric Interview (M.I.N.I.) (Sheehan et al., 1998) in its Moroccan Colloquial Arabic version (Kadri et al., 2005) was used to assess axis I diagnoses according to the DSM-IV criteria (APA, 1994).

2.2. Suicidality assessment

THE M.I.N.I. suicidality module was used to rate the severity of active suicidality. It included the following items:

“In the past month did you:

1. think you would be better off dead or wish you were dead? (1 point),

2. want to harm your self? (2 points),
3. think about suicide? (6 points),
4. have a suicide plan? (10 points),
5. attempt suicide? (10 points).

In your life:

6. did you ever make a suicide attempt? (4 points).”

A current suicide risk is present if at least one item is coded yes. The total number of points is used to classify the current suicide risk on three levels as follows: low if the total score ranges from 1 to 5 points, moderate if it ranges from 6 to 9 points and high if it is above 10 points.

2.3. Statistical analysis

The data were analysed using the 6th version of the Epi Info software. The significance of the differences between suicidal and non-suicidal groups was assessed with the aid of 95% confidence intervals (CI). Level of significance was set at 0.05 for all analyses.

3. Results

Out of 850 interviewed subjects, 800 completed the whole evaluation: 400 men and 400 women. Single people represented 58% of the population; 35.3% of them were married.

The level of unemployment was 24.1%; 41.5% had a professional activity. The remaining subjects were students (18.8%) or housewives (15.5%).

Concerning the level of education, 15.2% had no education, 16.3% had a primary school level (1–5 years), 53.1% had 6–13 years of education and 15.3% had a university level.

During the previous 1-month period, 6.3% of subjects ($n=51$, 95% CI, 3.7–8.9%) presented a suicidal

Table 1
Prevalence of suicidal ideation and suicide attempts

	Total		Men ($N=400$)		Women ($N=400$)	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
<i>In the past month</i>						
Think you would be better off dead?	62	7.8	22	5.5	44	11.1
Want to harm your self?	17	2.1	9	2.2	8	2
Think about suicide?	15	1.9	8	2	7	1.8
Have a suicide plan?	8	1.0	3	0.7	5	1.3
Attempt suicide?	6	0.8	3	0.7	3	0.7
<i>In your life</i>						
Did you ever make a suicide attempt?	17	2.1	6	1.5	11	2.7

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