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ORIGINAL ARTICLE

Psychiatric disorders in cases of completed suicide in a hospital area in Spain between 2007 and 2010☆

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KEYWORDS
Completed suicide;
Mental health disorder;
Psychiatric diagnosis;
Suicide method

Abstract
Introduction: Suicide is an important Public Health problem. One of the most relevant known risk factors for suicide is suffering from a mental health disorder, identified in up to 90–95% of completed suicides, with this risk being increased if comorbidity is present. Findings from international research on the most common psychiatric disorders are dichotomous, divided into mood disorders and psychotic disorders. In Spain, data of this kind are scarce.
Methods: This study describes the psychiatric and forensic characteristics of completed suicide cases (n = 79) occurred in a psychiatric hospital healthcare area (in Spain), between 2007 and 2010. The forensic data were obtained from the Institute of Legal Medicine of Catalonia and the clinical data by reviewing the clinical records.
Results: Most of the subjects in this sample were males (78.5%, 95% CI; 68.4–87.3%). Almost half of the sample (45.4%, 95% CI; 33.8–57.1%, 35/77) had records in the Mental Health Services Network (including substance misuse services). Two of the 79 were under 18, so we were not able to access the records. More than half (54.3%, 95% CI; 37.1–71.4%) of those with

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psychiatric history suffered from a mood disorder; 37.1% (95% CI; 22.9–51.4% from a depressive disorder; 14.3% (95% CI; 2.9–25.7%) from a bipolar disorder, and 17.1% (95% CI; 5.7–31.4%) suffered from a psychotic disorder. With regard to substance misuse, 42.9% (95% CI; 25.7–60.0%) presented substance misuse, and 48.6% did not.
Conclusions: Psychiatric and forensic characteristics of completed suicide in this Spanish sample confirm previous findings from international studies: there is a high rate of psychiatric disorders in those who complete suicide, and there is a specific pattern as regards the method used to complete it.

PALABRAS CLAVE
Suicidio consumado;
Trastorno mental;
Diagnóstico psiquiátrico;
Metodología suicida

Trastornos psiquiátricos en los casos de suicidio consumado en un área hospitalaria entre 2007–2010

Resumen
Introducción: El suicidio es un importante problema de salud pública. Uno de los principales factores de riesgo conocidos para el suicidio es el padecimiento de patología psiquiátrica que se identifica en un 90–95% de suicidios consumados, incrementándose el riesgo si existe comorbilidad. Los resultados internacionales sobre la patología psiquiátrica más frecuente son dicotómicos, divididos entre los trastornos del humour y los trastornos psicóticos, si bien los datos en nuestro entorno sobre casos de suicidio consumado son muy escasos.
Metodología: El presente estudio describe las características psiquiátricas y forenses de los casos de suicidio consumado (n=79) acontecidos en la región asistencial de un hospital psiquiátrico entre 2007 y 2010. Los datos forenses fueron obtenidos en el Instituto de Medicina Legal de Catalunya y los datos clínicos a partir de la revisión de las historias clínicas.
Resultados: La mayoría de los sujetos fallecidos por suicidio consumado en la muestra de referencia fueron varones (78,5%) (IC 68,4%-87,3%). El 45,5% (IC 33,8%-57,1%) (35 de 77) de los fallecidos disponía de historia en el circuito de salud mental y/o toxicomanías de la zona, desconociéndose los antecedentes de dos de los fallecidos por tratarse de menores de edad. De los 35 individuos con historia en el circuito de salud mental, el 54,3% (IC 37,1%-71,4%) presentaba un trastorno afectivo; (37,1%, IC 22,9%-51,4%) trastorno depresivo; 14,3% (IC 2,9%-25,7%) trastorno bipolar y el 17,1% (IC 5,7%-31,4%) un trastorno del espectro psicótico. Además, el 48,6% presentaba comorbilidad psiquiátrica no relacionada con tóxicos y el 42,9% (IC 25,7%-60,0%) comorbilidad con trastornos relacionados con sustancias.
Conclusiones: Las características psiquiátricas y forenses del fenómeno del suicidio consumado en nuestro entorno confirman los datos internacionales sobre una tasa elevada de patología psiquiátrica y un patrón característico en cuanto a metodología suicida.

Introduction

Suicide is a person's own death caused by oneself with the specific intention of ending one's own life. It is an unnatural death in which the intentionality of the act is determinant.[1–5]

Suicide is an important public health problem[6]; the World Health Organisation (WHO) indicates that almost a million people die each year through this cause. The WHO reports a mortality rate of 16 per 100,000, or a death every 40 s; in addition, in the last 45 years, suicide rates have risen by 60%.[7] Traditionally, suicide occurs more often among elderly men, but the rates in young adult populations have climbed until young people constitute the group at greatest risk in a third of the countries in the world.[6]

The literature in the field points to different factors of risk for suicide.[2,8,9] For example, the suicide rates for men are higher than for women, but suicide attempts that fall short of completed suicide (CS) occur more frequently in women.[2] The use of less lethal methods of suicide by females than by males has been reported; however, if the self-destructive attempt is defined as serious, the incidence is similar for men and women.[8] Adolescence and old age are considered life stages of special risk.[2] Suffering psychiatric pathology or the presence of specific psychological symptomatology is a known risk factor.[2]

As for the relationship between psychiatric pathology and suicide, in most cases suicide is accepted to be the consequence of psychological suffering. In psychological autopsy studies, the existence of at least 1 psychiatric diagnosis at