



Short Communication

Risk factors for suicide attempts and hospitalizations in a sample of 39,542 French adolescents



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ABSTRACT

Background: The high frequency of suicide attempts during adolescence is a serious public health concern. In particular attempts leading to hospitalization, often due to their severity, require careful consideration.

Methods: Participants were drawn from a large adolescent general population survey conducted by the French Monitoring Center for Drugs and Drug Addiction and the National Service department. The final sample included 39,542 adolescents aged 17. Participants were surveyed during the “one-day session of civic and military information” using a pen and paper self-administered questionnaire.

Results: Depressive symptoms, family socio-economic status, familial situation, relationship with parents, school situation, substance use and body image were significant independent predictors of lifetime suicide attempts. Among suicide attempts, hospitalization was independently predicted by daily smoking in both genders, school dropout, grade repetition, absence of relationship with the mother, regular cannabis smoking and lifetime other illicit drug use in girls.

Limitations: The main limitation of the present study is the absence of a thorough assessment of psychiatric disorders, depressive symptomatology being the only indicator of mental health status at the time of the survey. Second, the survey was cross-sectional thus limiting the interpretation of the findings.

Conclusions: The variables associated with suicide attempts and among them, those associated with hospitalization should be used to identify and provide additional services to adolescents at risk for serious suicidal behavior. Primary prevention in the field of parenting and family support, as well as intervention tackling normative beliefs related to body image should be considered.

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1. Introduction

Suicide is the second leading cause of death in youth aged 15–19 in most western countries (Patton et al., 2009). Reducing suicide rates and suicide attempts in adolescents and in young adults is a major public health concern in several countries, including France (Pommereau, 2012) where primary prevention measures have been put in place to address these issues (du Roscoät and Beck, 2013). In France alone, each year, over 500 youths aged 15–

25 commit suicide. The number of emergency department visits for attempted suicide is estimated between 176,000 and 200,000 per year of which approximately 12% relate to the 15–19 age group (Chan Chee and Jezewski-Serra, 2014). Attempting suicide increases the likelihood of subsequent suicide attempts and death (Borges et al., 2010; Fawcett et al., 1990; Schmidtke et al., 1996), placing the understanding of suicidal behavior in a key position for early identification efforts. Although most suicide attempts do not result in death, each attempt may lead to serious long-term injuries (Neeleman et al., 1998). The resulting injuries encompass a wide range of medical consequences that may or may not require hospitalization. Findings from population-based studies indicate that 10–20% of adolescents who engage in deliberate self-harm are

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hospitalized as a result of this behavior (Pages et al., 2004; Ystgaard et al., 2003). Suicide attempts leading to hospitalization are considered more severe (Beautrais et al., 1996; Beautrais, 2003; Corbould et al., 2010; Sourander et al., 2009), have a stronger association with a declared intent to die, and have relied on more lethal methods (Ystgaard et al., 2009). Most of the studies investigating factors associated with hospitalization among attempters have relied on small and selected samples (Owens et al., 2002, 2005; Ystgaard et al., 2009).

We examined factors associated with suicide attempts and the predictors of hospitalization among suicide attempters in a national sample of over 39,500 adolescents. Gender-specific analyses were conducted to identify potential differential associations in girls and boys.

2. Methods

2.1. Sample

Every three years, the French Monitoring Centre for Drugs and Drug Addiction conducts a survey on physical health, mental health, and behavior during the Civic and Military Information Day (JAPD) organized by the National Service Department. This day is mandatory for every 17 year old French national. Justifying attendance to this information day is necessary to register for any national exam from a driver's license to a university degree. When adolescents reach their seventeenth birthday, they receive a letter informing them of the location of the nearest civic or military center where they will be seen. Participants can freely refuse to answer any or all of the questions in the survey. The survey was approved by both the National Council for Statistical Information (2008 × 713AU) and the ethics commission of the National Data Protection Authority (CNIL). Further information regarding the procedure of this national survey has been published elsewhere (Beck et al., 2006).

In 2008, The data collection was exhaustive during the first two weeks (including Saturday) of March in all the opened JAPD centers in metropolitan France. A total of 44,833 adolescents were enrolled representing more than 5% of all the French adolescents aged 17. 110 adolescents refused to respond to the survey (0.2%). A total of 460 questionnaires (1.0%) missing information on age or gender were excluded, along with 150 others (0.3%) missing more than half of the responses. An additional 4571 individuals (10.2%) who were 18 or older were removed from the sample. The final sample comprised 39,542 adolescents aged 17.

2.2. Measures

2.2.1. Socio-demographic characteristics

Age and sex were documented. In addition, respondents were asked to indicate their familial situation (parents living together vs. separated, divorced or deceased). The family socioeconomic status was based on the parents' occupation reported by the adolescent, using the classification of the National Institute for Statistics and Economic Studies (INSEE, 2009) and included the following: (1) Farmer, (2) Self-employed (craft worker, retail trade), (3) Managers/professionals: manager, teacher, private practice, or intellectual profession (physician, lawyer, journalist), (4) Intermediate occupations, technicians, (5) White collar (sales or administrative employee, secretary, salesman, cashier), (6) Manual worker (in a factory or elsewhere), (7) Unemployed, which comprised the following: Student, Retired, Unemployed, Homemaker, Does not know.

Current relationships with each parent were classified into the following three categories: no problem with the parent, strained

relationship, or no relationship at all. The latter category aggregated cases of the true absence of a relationship and of deceased parents. Independence was defined as living away from (vs. in) the parental home. Academic achievement was examined through the indication of any grade repetition in school. Dropping out of school was determined through whether the adolescent was currently attending high school.

2.2.2. Suicide attempts and hospitalizations

Respondents were asked whether they had ever attempted suicide and whether these attempts had led to a single or several hospitalizations.

2.2.3. Depressive symptomatology

Depressive symptomatology was assessed using the Adolescent Depression Rating Scale, a 10-item scale which has been validated for use in French populations (Revah-Levy et al., 2007). The thresholds were 0–3 (no symptoms), 4–6 (moderate), 7–10 (severe).

2.2.4. Substance use

Tobacco, cannabis and alcohol use were examined in the previous 30 days. Daily tobacco smoking was assessed. Respondents were asked about regular cannabis and alcohol use, regular use being defined as more than 10 times in the previous month. Substance use assessment further included the presence of any lifetime use of other illicit drugs, and included: poppers, hallucinogenic mushrooms, cocaine, crack cocaine, heroin, LSD, amphetamines, ecstasy, and inhalants.

2.2.5. Body image

Body image was determined through a 5-point scale reflecting how respondents perceived their weight: "How do you feel?" (much too thin, a little bit too thin, average or the right weight, a little bit too fat, much too fat).

3. Data analysis

First, we examined factors associated with suicide attempts in boys and girls. Logistic regressions were computed to analyze the factors associated with suicide attempts (SA). Second, we examined factors associated with hospitalization among those who attempted suicide. Logistic regressions were performed to generate adjusted odds-ratios controlling for parent's employment status, familial situation, academic achievement, relationships with parents, depressive symptomatology, substance use, and body image. The level of significance was set at $p < 0.05$. All analyses were conducted using SAS V9.3 software.

4. Results

Overall, 7.9% of adolescents reported they had attempted to commit suicide in their lifetime. Lifetime reports of SA were much more frequent in girls as compared to boys (11.8% vs. 4.2%, $p < 0.001$). Among the 842 boys and 2329 girls who reported a SA, about one quarter (25.2%, $n = 208$ among boys; 25.6%, $n = 596$ among girls) were hospitalized. In the total population, 3.0% of girls and 1.1% of boys reported a suicide attempt followed by hospital care.

4.1. Factors associated with suicide attempts in girls and boys

All the variables simultaneously included in the regression model (family socio-economic status, familial situation, relationship with parents, school situation, depressive symptoms,

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