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Brief report

Attempted and completed suicide in primary care: Not what we expected?

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ABSTRACT

Background: General Practitioners (GPs) play a central role in suicide prevention. This study aims to compare the characteristics of individuals who attempt suicide to those who complete suicide in a same primary care setting.

Methods: We compared the characteristics and GP's management of all patients with attempted ($N=498$, SA) or completed suicide ($N=141$, SC) reported to the GPs' French Sentinelles surveillance system (2009–2013).

Results: Compared to patients who attempted suicide, those who completed suicide were more likely to be male, older and to have used a more lethal method; for men they were less likely to have a history of previous suicide attempt and prior contacts with their GP. In terms of GPs' management, we found no differences between the SA and SC groups in the identification of psychological difficulties and in the care, but GPs were more likely to provide psychological support to the SA group. During the last consultation, the SC group expressed suicidal ideas more frequently than the SA group (26.7% vs. 14.8%, $p < 0.01$), only for women.

Limitations: The network may have missed cases and selected more serious SA.

Conclusions: Individuals who commit suicide differ from those who attempt suicide in terms of demographic characteristics and by sex, of history of suicide attempt, previous contact and expressed suicidal ideas. We show that GPs do not act more intensively with patients who will commit suicide, as if they do not foresee them. Current prevention programs particularly in primary care should be tailored.

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1. Introduction

Worldwide, suicidal behavior is a major public health issue (Nock et al., 2008). In France per year 195,000 suicide attempts are reported (Badeyan, 2001; Chan Chee, 2011) and 11,000 suicides (incidence rate 18.0/100,000 inhabitants, one of the highest in Europe) (Bernal et al., 2007).

Few studies have compared the two overlapping but distinct populations of suicide attempters (SA) and suicide completers (SC) (Dejong et al., 2010; Fushimi et al., 2006; Giner et al., 2013; Parra Uribe et al., 2013). According to a Spanish study, using hospital,

primary care and forensic records from a single geographical area, despite greater social and clinical severity, SC were less likely to be followed by mental health services and more likely to receive only primary care than SA (Parra Uribe et al., 2013). The comparison in the primary care perspective has not yet been fully studied (Boffin et al., 2011; Bossuyt and Van Casteren, 2007; Marquet et al., 2005). Yet GPs play a central role in suicide prevention for several reasons. First, suicidal behaviors are frequent in primary care: a GP loses a patient by suicide every 4 to 7 years (Gunnell et al., 2002; Marquet et al., 2005), encounters annually one to six suicide attempts (Gunnell et al., 2002; Poma et al., 2011), and suicidal thoughts are present in 2.4% of primary care patients (Olfson et al., 1996). Among patients with depressive disorders, 10.4% attempted suicide in 5 years (Riihimaki et al., 2014). Second, as about half of the SC and two thirds of SA visited a GP in the preceding months, the GPs' recognition and management of suicidal patients are challenging

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(Houston et al., 2003; Raue et al., 2006). Third, recognition and management can be improved. Self-perceived difficulties have been reported by GPs, as in exploring suicidal ideation (Fanello et al., 2002; Poma et al., 2011), occurring only from 7% to 13% of suicidal patients (Houston et al., 2003; Marquet et al., 2005). In an experimental study, suicidal ideation was sought by 36% of GPs in case of depression, adjustment disorder and antidepressant request (Feldman et al., 2007). A survey of 144 GPs in southeastern France for $N=405$ patients starting antidepressant or anxiolytic treatment established that GPs failed to identify suicidal ideation in 48% of patients with self-reported ideation (Verger et al., 2007). Beyond the exploration of suicidal ideation, it is important to better understand whether there is any difference in the patients' characteristics and in the GPs' management before SC and SA. Using data from a single primary care setting, we study this question additionally exploring gender differences.

2. Methods

2.1. Population and procedure

We studied "suicidal" patients from the French Sentinel general practice Network (FSN) from 2009 to 2013. Study authorization was given from the scientific board. The network consists of a sample of approximately 1000 GPs over metropolitan France, who continually report on an unpaid volunteer basis the occurrence of health related events (Valleron and Garnerin, 1992). Data are collected prospectively with standardized questions via an online survey. The surveillance of suicide attempts was introduced in 1999, according to the WHO/EURO para-suicide definition of "acts of self-inflicted injury or self-poisoning with drugs in excess of the generally recognized therapeutic dose (Le Pont et al., 2004; Platt et al., 1992). GPs are instructed to report all cases they were confronted with in their daily practice, that is persons seen while they were on duty or seen by other caregivers (emergency rooms mainly). For each case, GPs reported: 1) patients' sociodemographic and clinical characteristics, 2) characteristics of the last consultation (time, expression of suicidal ideation) and 3) their management: a) presence of "psychological difficulties" or "depression" in the preceding year, b) provision of psychological support, psychotropic drugs, referral to a psychiatrist or psychologist and specialized care in the preceding three months.

2.2. Analysis

After exclusion of 22 patients for whom the outcome ($n=16$) or the gender ($n=6$) was not coded, we compared SC and SA, using chi-square tests, Fisher's exact tests for categorical characteristics and Student t -tests for continuous covariates. Odds Ratios with their 95% confidence intervals were computed when available to evaluate the relative risks of SC compared to SA. GP's management was available only for patients with previous contact with the GP. We conducted analyses stratified on sex. We used the Stata statistical software, version 12.0.

2.3. Ethics statement

The FSN was approved by the National Data Protection Agency (CNIL, registration number #47139)

3. Results

From January 2009 to December 2013, 639 suicidal events were reported to the FSN (141 S and 498 SA) by 260 GPs.

3.1. Characteristics of SC and SA

Comparison between SA and SC (Table 1).

SC were more likely to be male and older than SA.

SA predominantly used drugs while SC used hanging, drugs or firearms.

SC had significantly less history of suicide attempts.

SC had significantly fewer previous contacts with the GP. Patients known by the GP were not different in terms of age from those unknown, respectively 45.5 vs. 45.7 years.

Comparison by sex (Table 2).

Methods used by SC differed: male mainly used hanging (56.8%) or firearms while female drugs (41.3%), height jumping, hanging or drowning.

Among men (and not among women), SC had significantly less history of previous suicide attempts and fewer previous contacts with the GP.

3.2. GPs' management with SC and SA for patients with previous contact with the GP

Comparison between SA and SC (Table 1). Time of the last consultation was comparable between SC and SA, in the month preceding the event for respectively 57.8% and 59.3% of patients.

SC expressed significantly more suicidal ideas at the last consultation, even after taking into account the time: 32.7% of SC and 16.3% of SA ($p < 0.01$) expressed suicidal ideas when in the month preceding the event and respectively 18.4% and 12.0% ($p=0.3$) when more than a month prior.

In the year preceding the suicidal event, GPs identified depression in about half of the suicidal patients and psychological difficulties in two thirds, without differences between SC and SA.

In the three months preceding the event, GPs gave psychological support more frequently to SA (43.7%) than to SC (32.2%), $p < 0.05$.

There was no other significant difference in the management of SC and SA: GPs prescribed antidepressant to about four out of ten patients and referred a patient out of four to a psychiatrist. About three patients out of ten had specialized care with a psychiatrist and 15% with a psychologist.

Comparison by sex (Table 2)

Significant differences in suicidal ideas expression at the last consultation between SA and SC exist only in women.

Significant differences in psychological support by GPs between SA and SC exist only in men.

4. Discussion

SA and SC in primary care display common and distinct characteristics. They present more differences than common features in terms of sociodemographics, lethal methods, and for men in history of attempts and previous contacts with the GP (more for SC). In terms of GPs' management, they bear more common features: no difference in the identification of psychological difficulties in the year preceding the act, and in collaborative primary/specialized management care in the three months preceding, except with regard to more frequent GP psychological support for SA. Among women, SC expressed suicidal ideas significantly more frequently at the last consultation than SA.

4.1. Patients' characteristics related to suicide completion

Differences between SA and SC with regard to sex and age are consistent with prior research (DeJong et al., 2010; Fushimi et al., 2006; Giner et al., 2013; Hawton, 2000; Parra Uribe et al., 2013).

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