

Suicidality and self-harm

General Information

- each year 1 mio die of suicide
- women commit more attempts, men are more successful (i.e. less suicide attempts for realized suicides)
- 80% of people commit suicide will never say it → **screening for depression**, educating doctors about depression → give antidepressants (inversely correlated with suicide rate)

Risk factors

- 1. greatest risk factor for suicide: mental disorder (esp. depression) → most are not treated or treated poorly,
- 2. personal history: **previous suicide attempt** 3. **suicide in the family** (10x higher) 4. male gender 5. smoking, being part of a minority group
- Factors that prevent suicide: the bigger family they have (feel obliged to the family), good social and family background
- Epidemiology: for 15-21 year old the incidence of suicide is increasing

At what time of the year do suicides occur?

- time, when most suicides occur: **spring** and late summer → the extra sunlight can have a paradoxical effect: the energy levels are raised before the mood is raised, **new year** (due to intoxication), on religious holidays there is interestingly a decreased level of suicides...

Management in the ward

- Ask the patient if suspicion of suicidal ideations to stay in the hospital for 24h. If there are no acute signs or proof that he is about to commit suicide you cannot force him, but he will need to sign a discharge paper
- Patients who had a suicide attempt or where about to commit can be forced to stay in the hospital for 24 hours (+)
- Treatment
 - Psychotherapy: crisis intervention
 - Drugs: Long-term treatment with SSRIs (treat the underlying cause, remember that there is an inverse relation between use of SSRI in the population and suicide rate)
 - Biological therapy: Electroconvulsive therapy -> has a proven antisuicidal effect

New findings with regards to suicide (2021)

- A Harvard study showed that with the help of **fMRI and Artificial Intelligence (AI)**, they were successful in using AI fMRI → differentiates suicidal and non-suicidal patients (Harvard study) with a 93% sensitivity
- **S-Ketamine**: Is about to get approved in Europe. It is the only drug up to now, that has proven antisuicidal effects, even though its effect may only last week(s).

Self-harm

- The classical picture of self harm would be a young woman with borderline personality that hurts herself (terminus technicus: Autoaggression) on her arms and legs by using sharp instruments (knives, razors) or other things (e.g. burning cigarettes on the skin). During an anamnesis it is essential to keep an eye out for such signs and carefully ask about them!
- Self harm can be an early predictor of later suicide
- It can also not be related directly to suicide, sometimes it is a defensive mechanism of patients to prevent themselves from doing it (e.g. Borderline personality disorder)
- it can occur in Psychosis, intoxication (schizophrenia) e.g. a patient having tactile hallucinations of insects crawling underneath his/her skin can try to get them out with a knife
- Anorexia nervosa, bulimia nervosa could also be counted to the group of self-harm

Links

Related Articles

Bibliography

References

- Lecture on Suicide and Self Harm by MUDr. Buday on January 2021, summarized by Christian Entenmann (https://www.wikilectures.eu/w/User:Christian_Joachim)