Deliberate Self Harm Cases Referred For Psychiatric Assessment

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ABSTRACT

Objective: of this study is to examine some of the characteristics of deliberate self harm (DSH) in Kuwait, and to calculate rates of DSH. Subjects & Method: involved examining all patients admitted to any of the main six general hospitals in Kuwait, which covers all the five health sectors, due to DSH (drug over dose,self injury,and all other types of deliberate self harm), over a period of six months.The examination involved semi-structured interview conducted by one of the research team. Results: indicated that 46.2% of the subjects were Kuwaitis.The most frequent method (74%) of DSH was drug over dose. The peak age group was 15-24 years of age.The age range was 13-66 years, mean age (24.7+10 years).Female consisted 69.3% of the cases.18.3% of the cases required admission to psychiatric hospital; 25% had made previous DSH; 38% had committed the DSH due to adjustment disorders; 6.7% due to personality disorders;and 20.2% due to depression. Conclusion: is that DSH presents a significant health problem and a cost burden on health care system.

Keywords: deliberate self harm, parasuicide.

Introduction:

Deliberate self harm (DSH) is a behaviour not an illness. It is defined as any act by an individual with the intent of harming himself or herself physically and which may result in some harm (Isacson and Rich 2001). DSH has also been called attempted suicide or parasuicide. Although attempted suicide should be restricted to cases where a fatal intent can be assumed (Isascossen and Rich 2001), these terms are often used synonymously. In many countries DSH has been identified as a major health problem.The amplitude of the problem becomes even more magnified when it is mentioned that DSH is considered among the strongest predictors of completed suicide (Hawton 1987). In a two year Swedish study of 812 consecutive patients who had deliberately harm themselves,11% repeated the non-fatal act and 2% committed suicide during the study period (Isascossen et al 1995). In general DSH patients are 100 times more likely than the average member of the population to commit suicide after presentation (Greer and Bagley 1971). It is usually estimated that up to 10% will commit suicide within 10 years (Isascsson and Rich 2001). An act of DSH is therefore an ominous sign of repeated acts.

DSH occur for diverse reasons,one important factor being psychiatric disorder.Earlier studies in the UK suggested less psychiatric disorder in self poisoning patients (Newson-Smith and Hirsch 1979) than in suicide (Barrraclough 1979). Recently Haw et al (2001) found that psychiatric disorders are common in DSH patients. The profile of those who attempt suicide was described by Weissman (1974) who noted that they are more likely to be female (ratio 2 or 3:1), 70% to 90% of all attempts results from drug overdose and they are young with peak risk period from 20 to 24 years of age.In the 1970s, the drugs mostly used in suicide attempts were barbiturates but by the mid 1980s there had been a shift toward the use of major and minor tranquillizers and antidepressants with analgesics such as paracetamol being widely used where available without prescription.

In the Arab world several studies have dealt with parasuicide.El Islamm (1974) studied the characteristics of hospital referred parasuicide in Qatar and indicated that intergenerational conflict was the commonest precipitating life event.Okasha and Lutaif (1979) reported that the crude rate of suicide attempts in Cairo were