Psycho-Social and Biological Profiles of Adolescent Suicide Attempters In Minuofiya Governorate

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Abstract:

This case control study was conducted on 60 adolescent suicide attempters admitted to casualty and psychiatry departments in Minuofiya University Hospital, and 60 controls during the period from February to September 2004. The cases and controls were matched in age, sex and educational level. A prepared sheet, thorough psychiatric examination, Eysenck personality questionnaire and scale for risk assessment in attempted suicide were used. Serum level of cholesterol and 24hour urine content of 5 HIAA, were also randomly assessed. Results revealed that the attempters showed a higher tendency to be single, unemployed, poor or of low socio-economic level, of low religiosity and of moderate education. Drug overdose was the commonest method used by the low risk group, while poisoning and cutting a vital organ were the main methods used by the high risk group. High risk attempters showed more previous attempts, suicidal ideations, family history of psychiatric disorders and less feasibility, compared to the low risk group. Tendency to neuroticism and impulsivity colored personality profile of most of attempters and they showed lower level of serum cholesterol and 24 hour urine content of 5 HIAA than the control subjects.

Key words: Adolescent - Suicide attempters - Minuofiya

Introduction:

Suicide represents a complex and multi factorial human behavior, mental illness, genetics, biological, psychosocial and cultural factors contributes to the aetiology of suicidal behavior (Zacharakis et al., 2005). Suicide and suicide attempts by adolescents continuo to be a major public health problem all over the world (kahn & Reza, 2002). The definition of attempted suicide has a long history of difficulties, alternative words usually freely interchanged but they all have the same meaning that attempted suicide is an act deliberately under taken by a person which mimics the act of suicide but does not result in fatal outcome (Okasha et al., 1986). In United States the suicide rate among adolescents has tripled over the past decades, and every day 12 adolescents take their own lives and over 200 attempt suicide (Kelley, 2002)In Europe for every 100.000 adolescents about 280 attempt suicide annually (Van Heringen, 2001). From a cognitive psychological perspective it has become clear that suicidal behavior is associated with a sensitivity to particular stressful life events, those inducing feelings of being defeated, by perceiving a lack of escape potential. So suicidal patients are less able to consider alternative or think flexibly and they tend to persist in ineffective ways of solving problems (Williams & Pollock, 2000). Stigmatization, social exclusion mental disorders in the adolescents and their parents, substance abuse, family dysfunction, previous suicide attempts in the family increased risk of attempted suicide among adolescents (Shaffer & Gould, 2000). (Goss et al., 2002) found that the prevalence of mental illness among subjects who attempted suicide was 77%, compared with 15% in the general population of the same studied area. Ten to twenty percent of adolescent suicide attempters make an additional attempt within one year, and about 15% of them eventually take their own lives (Levi et al., 2005). The involvement of impaired serotonergic functioning in the development of suicidal behavior is one of the best-documented findings in biological psychiatry. Correlation studies have demonstrated associations between peripheral measures of serotonergic function and characteristics such as impulsivity, disinhibition, anxiety, behavioral inhibition and suicide (Van Heringen, 2001). A relationship between serum cholesterol and suicidal behaviour has been reported. Several studies have suggested that low serum cholesterol level may increase risk of suicidal behaviour (Alverz et al., 2000; Roy et al., 2001).