Impulsive-Aggressive Traits as a Predictor of Suicidal Behavior in Depressed Patients

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Abstract:

Background/purpose: *about 90% of individuals who commit suicide meet criteria for a psychiatric disorder, particularly major depression, however; a minority of people with depression who will eventually commit suicide. Studies revealed that personality variants such as impulsivity and aggression are correlates of a history of suicide attempts. This study focuses on personality traits, impulsivity and aggression,as possible predictors for suicidal attempts in depressed patients.*

Subjects and methods: *47 patients (24 females and 23 males) with age ranging between 25-61 years and suffering from major depressive disorder were included in the study. They were subjected to scoring of suicide attempt; classified according to the severity of suicide attempt into 3 groups: non-suicidal, non-severe suicidal and medically severe suicide attempters. Assessment of impulsivity was done using the Barratt Impulsiveness Scale (BIS) and assessment of anger and hostility using the State Trait Anger Expression Inventory (STAXI).*

Results: *depressed adults who reported a history of medically severe previous suicide attempt had higher levels of trait impulsivity, higher levels of aggression, more to have cluster B personality disorder, more to abuse drugs and more to smoke than those who did not report a history of suicide or their attempts are not severe. They also are younger depressed patients.*

Introduction:

The World Health Organization reports that suicide accounts for almost 2% of the world's deaths (WHO, 2000). In Canada, as well as in most of the developed world, suicide is among the top 10 leading causes of death for individuals of all ages (Mao et al, 1990) and is the leading cause of death for males aged less than 40 years (Statistics Canada, 1997). Suicide has been referred to as the "leading cause of unnecessary and premature death"(Maris et al, 2000). A positive history of suicide attempts, certain demographic variables such as gender and marital status, clinical symptoms and issues related to social and medical support, such as discharge from psychiatric care, have been found to be particularly associated with suicide (Fawcett et al, 1990; Goldacre et al, 1993). However, these known risk factors are of little help in improving the clinical detection of suicide, and studies that have attempted to predict suicide based on models incorporating these factors have failed to do so (Goldstein, 1991).The presence of psychopathology is probably the single most important predictor of suicide. Accordingly, about 90% of individuals who commit suicide meet criteria for a psychiatric disorder, particularly major depression, substance use disorders and schizophrenia (Cavanagh et al, 2003; Arsenault Lapierre et al, 2004). However, it is only a minority of people with these diagnoses who will eventually commit suicide, indicating that a psychiatric disorder may be a necessary, but insufficient, risk factor for suicide. Major depression is the most common psychiatric disorder associated with suicide and attempted suicide. The presence of depression may be necessary but is insufficient to explain suicidal behavior in individuals who have major depression, since most patients with major depression never make a suicide attempt (Blair-West, et al, 1999). For instance, between 25% and 40% of depressed patients attempting suicide and about 3.4% complete suicide eventually (Blair-West et al, 1999; Angst et al 2002). Why do certain patients commit suicide while others with the same psychiatric problem do not? Studies have identified impulsivity and aggression as correlates of a history of suicide attempts (Mann et al, 1999; Brodsky et al, 1997 Herpertz & Favazza, 1997). Impulsivity i