

## CLINICAL AND PSYCHOLOGICAL CHARACTERISTICS OF PATIENTS WITH ALCOHOLISM WITH SUICIDAL BEHAVIOR

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**Abstract.** *One of the most tragic components of the death of alcohol-dependent patients is violent death as a result of suicide. The importance of continuing research in this area is determined not only by the risk of suicide of patients with alcoholism, but also by the significant prevalence of alcohol diseases in the population. At the same time, today there are many open questions in the relationship in the system "alcoholism – suicide", which require additional improvement.*

**Keywords:** *alcoholism, suicide, alcohol addiction, clinical and psychological characteristics.*

**Introduction.** Autoaggressive behavior is a serious medical and social problem of modern society. There is a steady and threatening increase in completed suicide in the world. For a long time, autoaggressive behavior included phenomena such as suicide, parasuicides, suicidal thoughts [1]. At the same time, non-suicidal self-harm was associated with situational or unconditional autodestruction "without autoaggressive grounds" [2-5].

According to modern concepts, autoaggressive behavior includes any actions aimed at self-harm, both consciously and unconsciously, in the physical, psychosocial or spiritual sphere [6, 7]; or questions of renunciation of active life, civil obligations, duties, unwillingness to solve personal and social issues; intentional (conscious or unconscious) activity, manifested at the ideator, affective and behavioral levels, aimed at self-harm in the physical, mental, social and spiritual spheres.

Therefore, autoaggressive behaviors include suicidal behaviors, as well as behaviors related to a complex of potential death facts: alcohol, drug use, risk-seeking, etc [8]. Literary data on the ratio of the frequency of suicide attempts between women and men is very contradictory today. It has been shown that the rate of suicide attempts among women in our country is higher than the corresponding rate for Men [9-11]. The rate of suicide attempts among women is higher than that of men, and in most countries in Europe, except Finland. Among adolescents, girls also try to commit suicide more often than boys. At the same time, accurate data on the ratio of the frequency of suicide attempts by men and women differ significantly in different authors. Women attempt suicide more often than men, on average 2-3 times. Among those who try to commit suicide while intoxicated, men prevail, while among those who commit suicide while awake, women [12-15].

The problem of the connection between alcohol consumption and suicide is relevant today [16]. Treating alcohol addiction as a disease with a clear autoaggressive basis has long been axiomatic [17]. Alcohol disease is seen as a variant of "chronic" suicidal behavior, which is a disease with a pronounced anti-Vital character [18-20]. Alcohol addiction and its progressive dynamics contribute to the formation of various crisis situations, from which, in the context of a lack of positive outputs, there is always a certain number of negative – destructive outputs, called "hidden emergency hatches", the most common of which is suicide [21].

A number of researchers see a certain biological relationship between depression and alcoholism by analyzing the indications of the dexamethasone test. Chronic alcohol consumption contributes to decreased mood and leads to suicidal behavior [22].

About 50% of the Russian population of working age are men, and 30% of women suffer from the consequences of chronic alcohol consumption. Two young peaks of completed alcoholic suicide are described – from 30 to 39 years old, as well as peaks of attempted suicide in patients with chronic alcoholism aged 40-49 years, 21-30 years old, and 50-55 [23-29]. A number of publications have reported great importance for women as a suicide risk, substance abuse, or drug factor. However, today the information on this issue is characterized by heterogeneity and opposition. A number of authors found that 12% of women who committed suicide were addicted to drugs and alcohol [30]. Other authors cite even higher rates, according to which half of all women are women with alcoholism [31].

Alcohol addiction is among the most important suicide risk factors for women, in addition, some researchers highlight smoking, alcohol abuse, or alcohol addiction as important suicide risk factors for female doctors [32-36].

Women with chronic alcoholism, with autoaggressive behavior, are more likely to take parasuicides and less suicides than men, they have a lower socioeconomic status, their destructive behavior is more clearly associated with an increase or decrease in average alcohol consumption per capita, they try to commit suicide from small tranquilizers and other psychoactive substances, their number decreases significantly when the release of tranquilizers decreases, introduction of new effective forms of treatment for alcoholism and involvement in groups of Alcoholics Anonymous [37-43].

Heavy drinking women are more likely than men to suffer from accidents, cirrhosis of the liver, oncological and cardiovascular pathologies [44].

Alcoholism describes two clinical types of suicide: abreactive attempts-sudden, against the background of alcoholism and psychogenism, similar to "passion crimes", effects that cause a dissociative state of aggression and autoaggression; also, against the background of intoxication depression, often 2 weeks after alcoholism, patients are in a state of depression, motor lethargy and withdrawal. This species is the most destructive [45-47]. The suicidal behavior of Narcological patients is determined by a different combination of three suicidal factors (the type of secondary psychopathization, the severity of alcohol or drug involvement, the peculiarities of microsocial conflict). There are real suicide attempts performed by patients of the depressive type, low severity of attraction and high personal importance of psychogeny; demonstrative-blackmail action of suicide, which is determined by the localization of internal conflict in the field of urgent drug needs in emotionally stable individuals involved obsessively and with the negligence of external conflict; impulsive attempts in compulsively involved dysphoric individuals, localization of internal conflict in the field of actual drug needs in the initial role of external microsocial conflict [48-50].

The purpose of the study: to study the prevalence of suicidal behavior in patients with alcoholism with the description of their clinical-psychological characteristics.

**Materials and methods.** On the basis of the regional Narcological dispensary of the Trans-Baikal region, a continuous method of interrogation, clinical-anamnestic and psychological examination of patients with Stage II alcohol dependence syndrome was carried out. After the manifestation of signs of alcohol withdrawal, inpatient treatment was carried out for 4-5 days. The exception group were individuals with a history of drug use.

A total of 157 people between the ages of 20 and 60 were examined (median age  $41,2 \pm 0,8$  years). Among them, males were 61,8 % (97) and females 38,2 % (60).

A specially designed map was completed for each patient, with 36 items on the patient's overall, Narcological and suicide history, the Hamilton Scale for depression assessment, L. T. Self-assessment in the Morozov modification.

Depending on the history of the detected suicide, patients are divided into 3 groups: the first is the history of suicide attempts; the second – previously recorded suicidal thoughts, intentions or intentions; the third – the absence of a history of suicide. Within the groups, no structure was made based on gender and age.

Statistical processing of the results obtained during the work was carried out using the Microsoft Excel analysis package and the Statistica-6.0 applied statistical software package. The reliability of the differences was determined according to the student's criterion.

**Research results and discussion.** All patients were admitted to a Narcological hospital after a multi-day period of alcohol abuse, with signs of somatic-vegetative, psychopathological and neurological removal. The clinical picture of the disease in all men was determined by the severity of withdrawal symptoms (F10.3), which was dominated by astheno-vegetative diseases and sleep disorders. No reliable differences were observed between patients in both groups regarding the nature and structure of these symptoms, which was associated with selection criteria. Somato-vegetative and neurological disorders were accompanied by psychopathological disorders, the structure of which varied significantly in compared groups. In the comparison group, on the contrary, the symptom complexes of exploitative (47,0%) and dysphoric (34,0%) dominated, indicating the presence of signs of organic brain damage.

Analysis of suicidal behavior also revealed significant differences in its structure in men in both groups. Antitrite experiments (48,2%) in late-age alcoholics were at the forefront, characterized by the desire and/or desirability of living with imminent death from natural or external causes, but not accompanied by the consideration of a specific method of suicide. As a rule, these manifestations did not come to the fore and were noted in the general complaints of patients. However, in many cases, the presence of anti-infantry experiments was a very characteristic category, most significantly reflecting the subjective weight of the removal marks. During the course of the work, they were found to have a history of suicide attempts – 20,4 % (32) of those examined, previously recorded suicidal thoughts, intentions or intentions – 21,0 % (33), and 58,6 % (92) of those without a history of suicide. cases. The majority of suicide attempts (over 80%) or internal manifestations of suicide in alcoholics have been found to be associated with alcohol use. Thus, suicidal thoughts or intentions appeared in 45,5% of cases in alcohol poisoning, in 36,4% in a hanging state. Parasuicides caused 59,4% of those tested in alcohol poisoning, 25,0% in the case of removal.

Suicide attempt methods (in Anamnesis) are distributed as follows: self – cutting – 37,5 %; self – determination – 34,4 %; drug poisoning – 12,5 %; falling from a height-3,1 %; several different-12,5 %. At the same time, 43,8% of the representatives of this group made suicide attempts several times. 31,3% of respondents do not exclude the recurrence of parasuicide in the future.

Patients with a history of parasuicides were found to be more likely to have tBI compared to the third group (43,8% and 18,5%, respectively;  $p<0,01$ ); MORE Convicted (25,0% and 7,6 %;  $p<0,05$ ); their heredity was 3,2 times more severe with the alcoholism of close relatives (56,3% and 17,4 %;  $p<0,001$ ); they were more likely to take drugs (46,9% and 27,2 %;  $p<0,05$ ); convulsive seizures (37,5% and 18,5 %;  $p<0,05$ ) and psychoses (46,9% and 25,0 %;  $p<0,05$ ) are in removal. Differences in the nature of self-assessment between patients of the three groups mentioned above have also not been identified. On the Hamilton Scale, 33,8% of patients with alcoholism in the postabstinent state did not have depressive disorders, mild manifestations were reported in 22,9% of cases, moderate violence in 29,3% of cases, severe depressive disorders were found in 7,6% of cases, acute cases in 6,4% of cases.

At the same time, in patients with a history of parasuicides, depression was not present in only 3,1% of patients in a postabstinent state, which was significantly different from the other two groups (30,3% and 45,7%, respectively;  $p<0,001$ ); and severe and acute depressive manifestations, on the contrary, were more reported (37,6%;  $p<0,001$ ).

**Conclusion.** Thus, the examination of patients with alcohol dependence revealed "Classic" autoaggressive manifestations in 41,4% of cases. Most suicide attempts by this contingent were made in the case of alcohol consumption (59,4 %) or removal (25,0%). This fact reflects the results that we have received before, and the presence of alcohol poisoning in people with alcohol addiction significantly increases the risk of suicide, including due to the cruelty of suicide attempts. At the same time, in the group of examined patients who performed parasuicide, hereditary severity was often noted in terms of alcoholism, more severe course of the disease and high frequency and severity of depressive disorders recorded on the Hamilton Scale. All this can explain the suicidal activity of patients with alcoholism.

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