

CLINICAL AND SOCIO-DEMOGRAPHIC CHARACTERISTICS OF ELDERLY PATIENTS WITH SUICIDE ATTEMPTS

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<https://doi.org/10.5281/zenodo.10339452>

Abstract. *Socio-demographic and clinical indicators of persons who tried to commit suicide by poisoning with indicators of suicide patients. The effect of alcohol and its compounds with other negative factors on suicide attempts at poisoning was first identified. The tender and age characteristics of patients with suicide poisoning attempts were studied in detail. Based on the data obtained, for the first time, an algorithm for providing psychiatric assistance to individuals with suicide attempts in a multidisciplinary hospital was developed.*

Keywords: *socio-demographic, suicide, suicide attempt, mental health care.*

Suicide attempts of poisoning is an important and poorly understood problem. Their diagnosis is hindered by the ambiguity of the term "suicide attempt", which is reflected in the differences in epidemiological indicators. I. I. According to Sadovnikova [1] in the population, about 80% of all episodes result from accidental poisoning, 18% from suicide poisoning, and 2% from professional poisoning. Other authors [2] suggest that 3-5% of total calls to an ambulance station come from drug poisoning, 30% of which are accidental and 70% intentional. Their share in the population of mentally ill suicide attempts poisoning was 59% [3]. The close indication is from the material of the Toxicology Department of the somatic hospital. The number of psychotropic drug poisoning and their share among suicide attempts was 42%. A. According to Rahman [4], intentional self-poisoning is not permanent and accounts for 0,5-2% of visits to the ambulance unit, the site of the first medical contact. Suicide attempts in patients with poisoning are high risk of repeated suicide attempts and suicide [5].

At the same time, psychiatric care in emergency departments is not provided everywhere or in full size [6] showed that 41% of people with suicide poisoning attempts did not consult a psychiatrist. In the absence of psychiatric care, a year after the first, 16% of suicide attempts of poisoning will attempt again, while 2% will lead to death [7-9].

If the study of suicide attempts, in general, is devoted to a large number of cases, then there are few cases devoted to suicide attempts of poisoning [10]. In a number of dissertation studies, the focus is on somatic disorders in suicide poisoning with individual drugs [8], while psychosocial factors are not adequately analyzed [11].

There are differences in gender factors in epidemiological studies of suicide poisoning attempts. For example, some works have found that women are twice as dominant [12], while others do not observe such a ratio [13]. There are also differences in the proportion of mental illnesses of people with suicide poisoning attempts taken in emergency hospitals. For Example, A. According to Doshi [14], 55% of patients were diagnosed with mental disorders: 34% had

depressive disorders, and 16% had alcohol abuse. In another study, adaptive reactions (84,3%) were the most common, with depression only found in 18,1% [15-17].

There is almost no comparative study of Risk Factors in the literature on different methods of suicide [18].

Since mood decline occurs in all suicides, the most important predictor of suicide among mental disorders, according to many authors, published a meta-analysis of suicide in patients with affective disorders of Affective mood disorder and found a 15% lifetime risk [19-22]. Research obtained through a literary search containing data related to suicide in affective mood disorders. According to them, the assessment of the lifetime prevalence of suicide in hospitalized patients with suicidal behavior was 8.6%. The lifetime risk was 4.0% for patients with affective disorder who were hospitalized without signs of suicidal behavior [23-27]. The lifetime prevalence of suicide for a mixed inpatient/outpatient contingent was 2,2% and less than 0,5% for patients without Affective Disorders [28].

Other studies estimate that between 25% and 50% of bipolar patients attempt suicide at least once in their lifetime and that between 8% and 19% end suicide. Risk factors include the early age of onset of the disease, past history of suicide, family history of suicide, joint borderline personality disorder, surfactant abuse, and feelings of hopelessness [29-31].

Review, the risk of lifelong suicide in schizophrenia is approximately 5%. Young men with high educational attainment have a higher risk of suicide. Risk factors associated with the disorder: history of suicide attempts, depressive symptoms, acute hallucinations and delusions, criticism of the condition. The family's history of suicide also relates to the subsequent suicide of surfactant abuse. The only anti - suicide factor is the availability and adherence to effective assistance [32-34].

Conducted a comparative analysis of risk factors for attempted suicide in schizophrenia and affective mood disorders. The group of patients with schizophrenia was characterized by their youth and refusal to undergo treatment for more than 3 months. In contrast, the proportion of patients with comorbid somatic disorders was significantly higher in the group of Affective Disorders, with alcohol use in suicide attempts. Suicide attempts by schizophrenic patients were made in much more serious ways. In addition, hallucinatory-delusional symptomatology was the most common factor in a group of patients with schizophrenia, and was the only factor that showed a significant correlation with the severity of the suicide attempt method [35].

Among psychogenic diseases, the greatest risk of suicide is psychogenic reactions that are developing sharply. Suicidal behavior is more frequent in adolescents and adults with adaptation disorders, and is diagnosed in 1/3 of suicidal youth. However, there has been little work to link suicide to adaptation reactions, possibly related to over-diagnosis of depressive disorders. Highlighted the importance of studying crisis conditions leading to suicide, identifying two risk factors: formal conflicts and personal and family [36, 37].

A number of other mental disorders are associated with suicide – PTSD, personality disorders, alcoholism, drug addiction, psychosomatic disorders. Based on numerous studies on the correlation of mental disorders with suicidal behavior, the thesis on the direct dependence of suicidal behavior on individual psychopathological symptoms was rejected, two variants of suicidal behavior were identified in mental patients-situational (psychogenic) and psychotic, suicidal risk not only with the depth of mental disorders, but also the development of the disease [38].

The relationship of physical disorders to suicidal behaviors has been studied. He found that more than a third of people who committed suicide had physical illness. According to other authors, most physical diseases, including rheumatoid arthritis, diabetes, and hypertension, do not increase the risk of suicide, with some diseases this risk increases [39]. These include HIV / AIDS, which is seven times higher than the risk indicator compared to the general population. Nine times the risk compared to the general population and four times the risk compared to other cancers occurs in brain tumors [40]. The desire to live in Terminal cancer was positively associated with negative and social support for others with conscious perception of weights. And finally, compared with and double the risk in multiple sclerosis [41].

The relationship between physical illness and suicide can be indirect, and many other risk factors, including mental illness, functional limitations, and social isolation [42].

The purpose of the study: to determine the psychosocial and clinical characteristics of adult patients who were hospitalized in a multidisciplinary hospital after an unfinished suicide attempt of poisoning in order to improve the tactics of treatment and management of this contingent of patients.

Materials and methods. 53 young patients were examined: average age 26,6±4,4, CI (95%) 25,4 – 27,8 years, 19 men and 34 women and 24 elderly patients, average age 71,9±10,8, CI (95%) 67,3 – 76,4 years, 4 men and 20 women. The study was conducted clinically and psychopathologically using a formalized map of a patient with a suicidal behavior score of 250 points. Statistical processing of the material was carried out using the statistica6 package.

Results and discussions. Among elderly and young patients, poisoning with sedatives, sleeping pills and other psychotropic drugs is in the first place (X-61): elderly – 54,1% (13 people), young – 47,2% (25 people). Among young people, attempts to commit suicide without real danger to life (35,9%) and demonstrative blackmail methods that inadvertently threaten life (39,6%), in the elderly-suicide attempts were real intentions abstinence from life (37,5%), 25% of cases in old age were cases of so-called autoevtanasia. A positive correlation between autoevtanasia and loneliness (0,6800), severe somatic disease (0,5897) and persistent pain (0,6000) was observed, with a negative correlation between autoevtanasia and relationships with loved ones (-1,0000). The most common problems among young people are unfair attitude problems by relatives and those around them (32,1%), jealousy, adultery, divorce (32,1%), dissatisfaction with the behavior and personal qualities of "important others" (30,2%), loneliness, changing the usual stereotype of life, social isolation (18,9%), (17,0%), "an important other is" loss, illness, death of loved ones (15,1%), unsuccessful love (13,2%), neglect, care of others (13,2%), sexual incompetence (9,4%), unfair requirements for the performance of professional or educational tasks (9,4%), professional and educational disputes (7,5%), insolvency, failure at work or study, decreased reputation (7,5%), other material and domestic difficulties (7,5%), fear of punishment or shame (3,8%), self-judgment for misconduct (3,8%). In the first place among elderly patients there were also problems with the unfair attitude of relatives and surroundings (37,5%), loneliness (37,5%), lack or insufficient care (12,5%), in addition, the lack of funds for the purchase of medicines (8,3%), lack of funds for the purchase of medicines (8,3%), housing fees (8,3%), lack of food funds (4,2%), health problems most important for elderly patients: cardiovascular diseases (8,3%), long-term depressive reactions due to adaptation disorders (41,7%), endocrine, metabolic disorders and eating disorders (37,5%), diseases of the musculoskeletal system and connective tissue (37,5%), nervous system (33,3%), respiratory system (25,0%), genitourinary system (20,8%), digestive system (16,7%), diseases of

the eye and its appendages (16,7%), persistent pain syndrome(12,5%), oncological diseases (12,5%), skin and subcutaneous tissue diseases (8,3%), other mental disorders (4,2%). The data obtained on the basis of the research institute, we have developed an algorithm for providing psychiatric assistance to individuals who have tried to commit suicide to poisoning, which includes the participation of a psychiatrist in all inpatient stages of medical care.

Conclusions. Older people have identified more serious intentions to give up life, it has been noted that suicidal behaviors are associated with loneliness, somatic disorders, and difficulty stopping pain. The information obtained allows us to talk about the need for continuity and participation of a polyprofessional group in helping this contingent. The proposed algorithm provides full mental support for most patients who attempt suicide by poisoning.

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