

THE ELDER'S DEPRESSION –A MAJOR RISK FACTOR IN AUTOANALYTICAL CONDUCT

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Abstract: Suicide is a worldwide important public health problem, due to the loss of human lives and the devastating effects on those left behind and society. The literature review shows a lot of risk factors related to suicide. Among them, the psychiatric pathology seems to play a major role. For this reason, the prevention of depression and suicide is one of the main targets of The European Health Program. The paper presents two suicide case reports autopsied at the Forensic Service of Covasna County, during the present year, which have as common characteristics victim's elder age, ruthless of suicide method, atypical for women and the presence of mental disorders in the medical history.

Cuvinte cheie: suicid, depresie, tulburare psihică

Rezumat: Suicidul este o importantă problemă de sănătate publică în întreaga lume, datorită pierderii de vieți omenești și a efectelor devastatoare asupra celor lăsați în urmă și societății. Revizia literaturii arată că există o mulțime de factori de risc asociați cu suicidul. Între aceștia, patologia psihiatrică pare a juca un rol major. Din acest motiv, prevenirea depresiei și a suicidului este unul din obiectivele principale ale programelor europene în domeniul sănătății. Lucrarea prezintă două cazuri de suicid, autopsiate la SML Covasna, în anul în curs, care au ca și caracteristici comune vârsta înaintată a persoanelor, maniera dură de comitere a suicidului, atipică sexului feminin și prezența tulburărilor psihice în antecedente.

INTRODUCTION

Suicidal act, the eternal human dilemma, often appears as a compact wall, impenetrable, whose appearance may be different on each side, it depends on where you look: suicide as an irrational, pathological act, suicide as the ultimate freedom of the individual to choose, suicide as expression of the idea of dignity.

Albert Camus in "The Myth of Sisyphus", said: "There's only one truly important philosophical problem: the suicide. To determine whether or not life is worth living is to answer the fundamental question of philosophy. (... ..). For the beginning think about this being eroded by inside. The society has no great contribution in this beginning. The worm is inside of the human heart. There should be sought. This deadly game that leads from lucidity of existence to the evasion in the outside world, should be followed and understood." (1).

In a concise definition, suicide is "intentional self-generated death", the word "suicide" has its origin from the Latin words "sui ed caedere" which means "him" and "to kill". (2,20)

As a form of behavior, suicide is an act of aggression, many factors were considered to be involved in its genesis (2, 20). As Friedrich Hacker mentioned: "At the origin of aggressively it is found the game of mixed hereditary factors, psychological and cultural influences, central nervous system structure and, also, hormonal mechanisms and social patterns. (7)

Risk factors for suicide are divided in several categories: biological, psychological, economic, social - networking, but usually they are intricate, being involved with different weights in the genesis, precipitation and the onset of suicidal act.

Among the biological factors, the depressive moods are considered to have the most important role in the genesis of suicidal thoughts, according to some authors reaching 35-80%percent.

Depression is one of the most undesirable psychiatric conditions, not only due to significant impairment of functional capacity of individuals, but also because its most feared complication: the suicide. Unipolar depression, one of the leading causes of disability worldwide, is characterized by a depressive mood, hopelessness, helplessness, a strong feeling of guilt, sadness, low self-respect, self-injury and suicidal thoughts. Up to 15% of patients with unipolar depression eventually commit suicide. Latest statistics of the U.S. show that approximately 17% of the adult population of America (regardless of race, ethnicity or socioeconomic) has at least one major depressive episode over the life and another 5% of the population has different forms of small or medium depression. (10,11,12). In Europe it is considered that one of four person shows a form of mental disorder at least once in their life, and depression is one of the most common disease, affecting one of six women, and it is estimated that until 2020, will become the most common disease in developed countries and the second leading cause of disability. In the European Union there are approx. 59000 suicides annually, 90% are attributable to mental illness. (27).

The most harmful complication of depression is the suicide. The risk of suicide, low in childhood, increases during the adolescence due to profound changes of the individual characteristic of that period, then follows a plateau period between 25-45 years, and later, it grows once aged again, reaching a high rate over 65 years. A rate of almost 10% of major depression begins after the age of 60 years. Should be

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also noted that about one third of patients who experienced a major depressive episode will present another major depressive episode in the next five years. The recurrence rate increases in direct proportion to the number of depressive episodes, which extends directly proportional suicidal risk. It is considered that the expression of three or more major depressive episodes in history makes the likelihood of recurrence of depression over the next three years to be 85% (6,8,9,19,21,22).

In elder people, realized suicide is more common than attempted suicide and is characterized by a long premeditation, by association with health problems, by psychiatric and somatic frequency major accidents, by the presence of solitude and the idea to give grandeur to death. (24)

"European Pact for Mental Health and Well-Being" adopted at the EU High Level Conference "Together for mental health and welfare", held in Brussels from 12-13 June 2008, supports the adoption of measures to improve quality of elderly' life. Particular attention should be paid to both research on the mechanisms and causes of neurodegenerative disorders and other mental illnesses and their prevention and treatment. It is, also, necessary to assess co-morbidities and to train health professionals in this field, as an interdisciplinary approach to complex situations associated with mental health problems will bring added value. Care for the elderly means both to protect their right to a dignified and active old age, and to ensure the social cohesion.

CASE PRESENTATION

The cases presented are of some elderly, in which the common features are the presence of a depressive disorder in their medical history and the violent means of committing suicide, by cutting the cervical region with a cutting object (knife).

CASE I

IA, 77 years old, female, retired, romanian nationality, moved several years ago from Bucharest to St. George. This thing led, by default, to the stop of her social networking. She was living alone in a studio, didn't have children, the closest relatives were some nephews. From the medical documentation found in the victim house results that she was suffering from affective disorders since 2004 (at age 74 years), which required hospitalization in the psychiatric ward, then followed by chronic antidepressant drug treatment; the last prescription was dated 3 days before her death.

During the research we found a chic flat, reflecting the membership to a medium socio-economic level and a certain concern for appearance. The door was locked inside. The woman's body was found in the bathroom, fell on her right side, in front of the toilet bowl. Between the victim's body and toilet bowl was a pool of blood; her hands were bloody. Cervical region, at the left side, reveals three cut wounds, two of which are located higher, one almost a continuation of the other, and a lower one, with a thin region between them. The wounds measured approx. 3.5 cm each, with very fine cut injuries adjacent on the skin surface, next to the extremity of wounds (test lesions). The wound is interesting the skin plane, until the subjacent muscle plane, which can be seen trough the wound edges.

A special feature of the case is the adjacent pedantry relating with the death act, as much as the word "elegance" may be associated with the gesture of the suppression of life, revealed by the attention given to details. A towel is placed next to the neck, below the wound, under shirt, in order that the blood drained wouldn't dirty clothes (when the dead body was found, the towel was full of blood). Over trousers, a white cloth is wrapped, all-purpose protective clothing. Around the toilet bowl leg rests another rolled towel. Knife rests on the back of the

toilet bowl. Another knife, shorter and less sharply, was found sideways, near the toilet bowl. Putting together the aspects found at the crime scene and making the links with the direction of blood traces inside of toilet bowl we can conclude that she had cut his neck over the toilet bowl, allowing blood to flow in, in the attempt to not dirty with the blood of her tragic death blood the life left behind.

The autopsy revealed that the anterior jugular vein was sectioned, it being caught in the path of cut cervical wound; we, also, found anemia of visceral organs and degenerative changes characteristic of aging. Death was interpreted as due to massive external bleeding, consecutive to the section of jugular vein; the presence of hesitation injuries, multiple number of wounds and damaged region accessibility suggest a self-inflicted nature of the lesions, in the same direction converging the criminalist aspects found at the crime scene.

CASE II

M.R, 74 years old, female, retired, hungarian nationality, domiciled in the St. George city. She was living alone in a studio, the only relative who was visiting her was a nephew. She had a daughter, but they interrupted connections for years. She can change her place only with the carriage, in a difficult way, due to a failed operation bilateral hip prosthesis, in the context of obesity.

The crime scene research showed the body of a old obese female person, lying in her bed in the bedroom, on the back side, the carriage placed next to the bed. The woman is dressed in a white nightgown, soiled with blood at the top, hands are defiled with blood. On the vertical side of the bed, in his frame, there are fitted 2 help - straps to support the mobilization and, can be also seen a knife full of blood; over the bed, from the ceiling hangs another strap to support the mobilization. On the left side of the cervical region there is a cut wound and, on her clothes, dry blood spots. Pillows and bedding around the person are soaked with blood. Near the bed is a towel full of blood and clots. Signs of struggle were not found inside of the room. Blood is limited around the dead body, having the issue of leakage. Neighbors told that she was suffering with depression and had 3 previous suicide attempts, including one in the same year, two of them by ingestion of drugs, and one by hanging. A note expressing regrets was found in the same room, in which she motivates her gesture by the impossibility to endure the pain and inability to mobilize.

The autopsy revealed two cut wounds in the cervical region, on the left side, overlaid with horizontal direction from left to right, ending with an aspect of "mouse tail", with a small flap on the right between them and multiple skin hesitation injuries on the left side. After opening the wound it was noticeable that it was not particularly deep, the facial vein appears cut inside of wound.

It was concluded that death was due to external bleeding by cutting facial vein. The superficial appearance of cervical wound, the presence of hesitation injuries and damaged region accessibility suggest a self-inflicted nature of the lesions.

What is significant in this case is the perseverance in repetition of self-destroying act and the intensity of desire to die, giving the resources to overcome physical disability and to commit the act. The person is obese, hard to be mobilized, virtually immobilized in bed without aid of another person. In order to stand up is necessary to catch with the hands the system of straps installed around bed (over this and on the right side); we can deduce from this that moving up to the kitchen to procure the knife used by the deceased needs an enormous effort comparing with the possibilities of her current mobilization. It is remarkable in this case as well the focus on details: the knife that she used to make the wound is placed up on bed and the wound area had also a towel put around to absorb

blood, it fell later near the bed.

CONCLUSIONS

The analysis of presented cases shows the common characteristics of the two victims:

- Both victims are old persons, who live and maintain themselves without immediate family support. The deficit of social networking is amplified by the loss of social support circle (known people, friends, neighbors) as a consequence of changing domicile in the first case, and due to the invalidating organic pathology, which limits travel opportunities in the second case;
- both people have insufficient income to purchase daily living expenses and necessary drugs;
- both persons have a history of depressive disorder and even suicide attempts failed in one of the cases;
- In both cases, suicidal method chosen is tough, violent, with definite purpose, uncharacteristic for females, although both had access to / could use medication with potential lethal effect, prescribed for depressive illness. This medication could induce a less-painful death, drug poisoning being preferred by women in attempted suicide cases.

Situations like the ones presented below should be an alarm signal regarding the pathology of alone elder. The depression often occurs in the context of lack of socialization, superimposed on the organic degenerative background of changing of brain function, according to chronological age.

The international suicide management programs put together the predictive value of attempted suicide and hermeneutical significance of "cry for help", with the supervision of the risk populations and the evaluation of the risk factors, the follow-up and monitoring of depressive moods and the decreasing of factors involved in passing to the act, with the availability of entourage in understanding the moral suffering and desperation in people at high risk. Risk of mental disorders increases with age; it is not only Alzheimer which is important, there are a lot of other problems such as depression, stress and psychotic disorders. Therefore, elderly people must be regarded as a key target group in promoting mental health and well-being.

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