THE AUTOLITIC RISK IN PATIENTS WITH SCHIZOPHRENIA

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Abstract*: In this study we have analyzed the psychopathology of the suicidal act by capturing the role of suicidal risk factors.We developed a complex observational epidemiological descriptive study of the extent to which aims to specify the suicidal rate within the studied and reference and analytically chosen population by capturing the role of suicidal risk factors.We sought possible factors that were correlated with suicide (demographic criteria): area of origin, age, schooling, professional status, and clinical data. Compared with the figures provided by the literature of speciality, the number of suicidants reported to the studied population was small. It seems that the male gender, young age, unmarried status, rural areas act as risk factors for committing suicide, according to the speciality literature.*

Cuvinte cheie: *schizofrenie, factori de risc*

Rezumat: *Lucrarea de faţă reprezintă analiza psihopatologiei actului suicidar, prin surprinderea rolului unor factori de risc suicidar. Am realizat un studiu epidemiologic observaţional complex, descriptiv în măsura în care îşi propune precizarea ratei suicidare pe teritoriul luat în studiu şi pentru populaţia de referinţă aleasă, analitic în măsura în care încearcă surprinderea rolului unor factori de risc suicidar. Am urmărit factorii care au corelatie posibilă cu suicidul (criterii demografice): mediul de provenien□ ,vârsta, scolarizarea, statutul professional, precum □i date clinice. Comparativ cu cifrele oferite de datele statistice din literatura de specialitate, numărul suicidan□ilor raportat la popula□ia studiată a fost mai mic. Se pare că sexul masculin, vârsta tânără, statutul de necăsătorit, mediul rural ac□ionează ca □i factori de risc pentru comiterea suicidului, concordant □i cu datele din literatură.*

INTRODUCTIONS

In the speciality literature, the autolitic risk in patients with schizophrenia was estimated at 10-40%, up from 50% in studies that also relate the patients with schizoaffective disorders. Kaplan, 1994 (5) stated that approximately 50% of patients with schizophrenia have autolitic attempts, accomplished suicide ranging between 10-15%. Precipitating factors for suicide are firstly represented by imperative auditory hallucinations that control the patient to commit suicide, the feeling of inside emptyness.Among the contributory factors we note: male gender, young age, higher education, disease awareness, autolitice attempts at disease onset, the period immediately after returning from a relapse, loneliness.

THE AIM OF THE STUDY

Highlight the psychopathology of the suicidal act by capturing the role of suicidal risk factors..

MATERIAL AND METHOD

The methodology used was to develop a comprehensive observational epidemiological study, descriptive for indication of the extent to which aims suicide rate within the studied and reference chosen population, and also analytically capturing the role of suicidal risk factors. In the studied cases we analyzed the possible factors that were correlated with suicide (demographic criteria) such as: area of origin, age, schooling, professional status, and clinical data. Statistical processing of data was done by using EpiInfo program, recommended for carrying out biostatistical studies. Also; the results were used in relation to recent information from the literature.

RESULTS AND DISCUSSIONS

The selection of 53 schizophrenics, autolitic victims, from a total of 794 cases with other depressive symptoms was made according to DSM IV-TR criteria for schizophrenia.From the 794 of autolitic victims, 53 of them were represented by patients with schizophrenia, which represented a share of 6.7%. Turning to the analysis of socio-demographic studied parameters, we found that reported deaths by suicide among schizophrenic patients apparently seems to be too small to draw valid conclusions, however,our obtained data we will compare with those of other authors, in particular with those obtained by (1,2,3,5).

The first followed criteria was therefore the age at which suicide was accomplished.refearing to age we note that 29 (54, 7%) were in the age between 15-30 years, 13 (24 5%) between 31-50 years and the remaining 11 (20, 8%) over 50 years. Fig. 1

Young age proved to be a risk factor for suicide in patients with schizophrenia, as demonstrated in other studies from literature (7, 9, 10).

From the 53 deaths by suicide among schizophrenics, 35 (66%) were male and 18 (34%) female. Higher incidence of suicide in men than in women is explained by some authors by particular biological structures from the repertoire of sexual behavior, by analogy with male heteroagressivity reflected in higher rates of male crime. In fact this incident can not be explained only by biological features, because suicidal gender ratio is greatly different from one period to another and from

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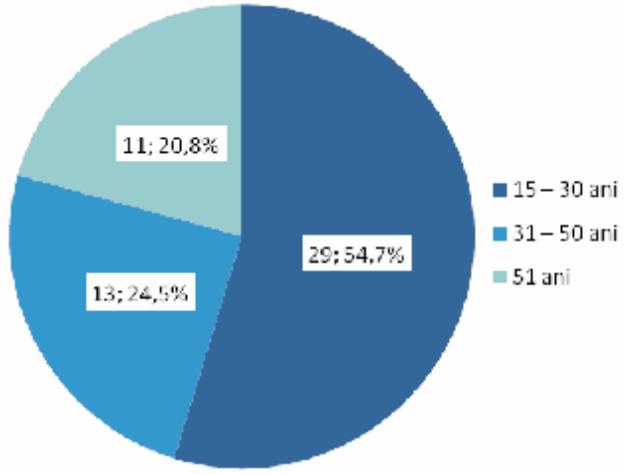
one geographical region (country) to another.

Figure no. 1. Graphical representation according to the age of the patients

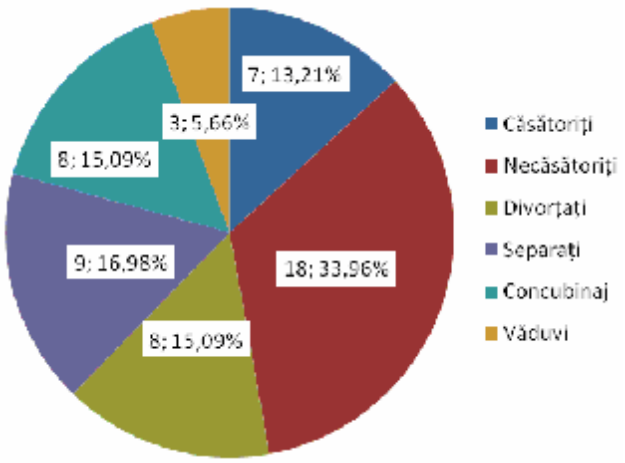


Another intended factor was the suicidants area of origin. Reported to the area of origin, we note that most of them 32 (60.34%) came from rural areas and 21 (39.62%) from the urban areas. Compared with the studies of other authors we found out that in most cases the percentage differences between the two areas (urban and rural) regarding the suicides do not always have a major signifiance. Similar data were revealed by Grecu, 2000 and Kessler, 1999 (3, 6) who found out that 35% of deaths by suicide were from urban areas and 65% from rural areas, while 18.8% of their total were workers and 17% retired, and other authors (9), indicate a higher incidence of suicide in rural areas, a phenomenon that we have also met in our study. Hendin, 1979 (4) showed that in civilized countries the difference between town and village dissipates a lot and rural-urban suicide ratio is gradually reduced. A signifiant difference between rural and urban areas with a ratio of 2-1 can be primarily explained by the fact that villagers do not have a medical and psychiatric assistance similar with the city and only in serious cases they visit a health service. From data processing regarding the marital status of the 53 schizophrenics, we conclude that the highest suicidal risk we have met at unmarried, divorced, separated and widowed with 38 (72.7%) cases. Also, the large number of unmarried victims might assume that the family itself would be a prevention factor in suicide (3.8). (Fig. no. 2)

The role of divorce in suicido-genesis is quite complex. On one hand, divorce can be caused by intra-familial conflict relations, abuse of alcohol, infidelity, marital aggression. And on the other hand suicide may occur as a dysthymic or revenge reaction to the divorce.

Widowers in the number of 3 (5.7%), in which a woman and two men is another indicator of anomic family status because of the frequent association with other unfavorable factors (social isolation, loneliness, retirement age, the deterioration of psycho-physical health, the feelings of worthlessness, diminishing financial resources, etc.).The widowers have a higher suicidal risk, especially in males in the third decade of life. Cohabitation was present in 8 cases (15.1%). Of course, these relations only about the present without a clear design of future and other aspects more or less negative are important elements in the suicido-genesis of these unions.

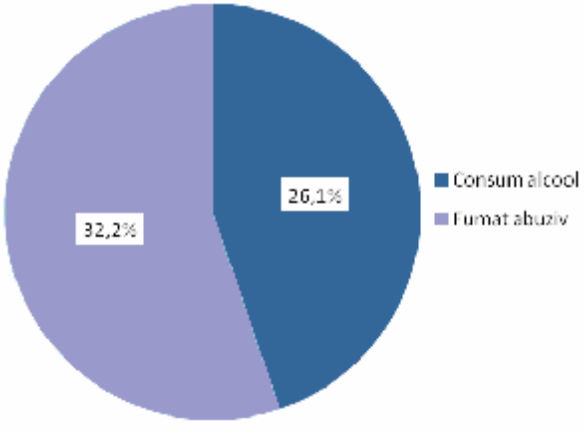
Figure no. 2. Marital state of suicidants in absolute value and percentage value



Our data reported to the general population give us every right to believe that intra-familial harmonious relations are basic elements in suicide prevention.

We can not avoid the alcohol drinking just used by some subjects in order to make more courage to accomplish the suicide.The consumption, more or less excessive by alcoholic beverages, was met at 26.1% of subjects, while cigarette smoking abuse was present at 32.2% of subjects.

Figure no. 3. The combination of alcohol and tobacco use by schizophrenics died from suicide



The evolution and development of psychopathological phenomenology and suicidal risk was influenced in a negative way by the depressive symptoms, anxiety and especially by the alcohol and nicotine abuse.

At the date of committing suicide 32.2% from patients were at a distance of several weeks, months, or until one year after hospitalization and more than half of them (51.3%) were under outpatient treatment, while 16 .5% did not accept the treatment prescribed.

At schizophrenics with long evolution of the disease and without a social support, the suicidal risk is very high and we could say that there are not psychiatric institutions in which to exclude completely the committed suicide. The risk of suicide in schizophrenia is augmented by delusional ideas and especially imperative hallucinations that can lead to the "suicidal schizophrenic raptus".

CONCLUSIONS

Patients with schizophrenia have an important risk of suicide augmented by depressive onset of schizophrenia, characterized by disgust with life, sometimes about an emotional disappointment, a crisis of puberty or adolescence, associated or not associated with anxiety. Compared to the figures provided by the statistical literature, the number of suicidants among studied population was small. It seems that male gender, young age, unmarried status, rural areas act as risk factors for committing suicide, a fact also observed by the the speciality literature.

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