

Journal of Emergency Practice and Trauma Volume 1, Issue 1, 2015, p. 1-2

Evaluation of suicide attempts with drug poisoning in North-West of Iran

Samad Shams Vahdati^{1*}, Narges Moradi², Jamil Hemat Ghadim³, Shahrad Tajoddini⁴

¹Department of Emergency Medicine, School of Medicine, Tabriz University of Medical Sciences, Tabriz, Iran ²School of Nursing, Tabriz University of Medical Sciences, Tabriz, Iran ³Department of Law, Payame Noor University of Tabriz, Tabriz, Iran ⁴Kerman Neuroscience Research Center, Kerman University of Medical Sciences, Kerman, Iran

eliberate Self-Poisoning (DSP) or drug induced suicide is the most common method of suicide in the developed countries and is associated with significant morbidity and mortality (1-3). Factors associated with DSP include economic and social factors, culture, religion, and health (4-6). Other symptoms that may influence suicide encompass demographic information like age, sex, and, ethnicity (6-8). A study conducted in Penang General Hospital during the years 2000-2004, showed that the people who were hospitalized due to intentional suicide were approximately 652050 people (9). Among these, 46.5%, 42.5% and 10.6% were from China, Malay, and India respectively. DSP admission in hospitals was 8.1 cases per month that estimated 14.91 cases per 100,000 people. Totally 70.3% of subjects were female (<45 years) (10). Suicide is one of the causes of death worldwide (11-13), and one of the main risk factors associated with suicide is par suicide. 3-10% of suicides are due to death and 50% of the DSP was noting that history of previous suicide intentional (14-16). In United States (US) 4-5% of people had suicide behaviors (17). Reducing the DSP is an important public health issue in the US, UK, and for WHO. Thus, appropriate programs and prevention strategies about DSP are aimed to provide health for all (18). In another study, the biggest cause of self-harm was DSP (85-90%) in which 658 patients were referred to hospitals for DSP. Among these, 370 (56%) were females with mean age of 30 years (age range 22-29 years), 190 (29%) were married, and 167 (23%) were employees (19). Worldwide,

*Corresponding author: Samad Shams Vahdati, Department of Emergency, School of Medicine, Tabriz University of Medical Sciences,

Tabriz, Iran. E-mail: sshamsv@yahoo.com Competing interests: The authors declare that no competing interests exist.

Funding information: There is none to be declared.

Citation: Shams Vahdati S, Moradi N, Ghadim JA, Tajoddini S. Evaluation of suicide attempts with drug poisoning in North-West of Iran. Journal of Emergency Practice and Trauma 2015; 1(1): 1-2.

suicides are the three major causes of death among people in the age range of 15-44 years (both sexes) (20). (DSH) Individual self-harm is an important factor in hospital admissions for patients in the West poses (21). In many countries, suicide occurs in rural areas more than urban areas (22,23). DSP as a major health problem has been recognized with significant mortality in the world, and many patients will be admitted in the ICU. In a study between 2001 to 2002, among 217 patients referred to hospitals 34 (15.7%) cases were hospitalized in the ICU with the average age of 35.9 years in which 65.4% were women (24). DSP in Great Britain was considered as the most common reason for acute hospital admission (25). The incidence of drug toxicity in young people especially women was more than men and also it was more common in people with social and economic backgrounds, people with social deprivation, and people suffering from depression and alcohol usage. Risks of suicide are significant after repeated drug toxicities (26). In a study that was conducted in Iran (66% of people were male and 34% were female) a significant statistical relationship (P<0.05) was noted between the type of poison, patient age, gender, occupation, level of education, and marital status (27).

jept.ir

Letter to Editor

In our study in East Azerbaijan, between 2008-2011, the patients who came to all hospitals in Tabriz with the report of self poisoning were 8454, in which 3868 (45.8%) were male and 4586 (54.2%) were female. Patients in the age group of 21-30 years had the highest frequency among the other 3651 (43.2%). The incidence of self-poisoning in urban areas was 8058 (95.3%) in comparison to the number of 382 (4.5%) in rural areas. It should also be noticed that the most frequent months in which suicides occurred were from March to April with 1035 (12.2%) patients. This accrue in urban about 8058 (95.3%) that rural space. Also among these cases 14 people died and the others were treated.

According to findings different study and this study regions, due to the large number of female patients who at a young age (21-30 years), recommended to help this people and surveyed in situations such as universities with psy-



© 2015 The Author(s). Published by Kerman University of Medical Sciences. This is an open-access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Received: 14 May 2014; Accepted: 21 June 2014; Published online: 10 August 2014

chological support systems such psychologists, families and can be prevented people before committing suicide and DSP.

Ethical issues

Not applicable.

References

- Kelly CB, Weir J, Rafferty T, Galloway R. Deliberate self-poisoning presenting at a rural hospital in Northern Ireland 1976–1996: relationship to prescribing. Eur Psychiatry 2000; 15 (6): 348–53.
- 2. Camidge DR, Wood RJ, Bateman DN. The epidemiology of selfpoisoning in the UK. Br J Clin Pharmacol 2003; 56 (6): 613–9.
- 3. Claassen CA, Trivedi MH, Shimizu I, Stewart S, Larkin GL, Litovitz T, *et al.* Epidemiology of nonfatal deliberate self-harm in the United States as described in three medical databases. Suicide Life Threat Behav 2006; 36 (2): 192–212.
- Hawton K, Fagg J, Simkin S. Deliberate self-poisoning and self-injury in children and adolescents under 16 years of age in Oxford, 1976–1993. Br J Psychiatry 1996; 169 (2): 202–8.
- Ong S, Leng YK. Suicidal behaviour in Kuala Lumpur, Malaysia. In: Peng KL, Tseng W, editors. Suicidal behaviour in the Asia-Pacific region. Singapore: Singapore University Press; 1992. p. 144–75.
- 6. Aghanwa HS. Attempted suicide by drug overdose and by poisoningestion methods seen at the main general hospital in Fiji islands: a comparative study. Gen Hosp Psychiatry 2001; 23 (5): 266–71.
- 7. Lifshitz M, Gavrilov V. Deliberate self-poisoning in adolescents. Isr Med Assoc J 2002; 4 (4): 252–4.
- Hawton K, Fagg J, Simkin S, Bale E, Bond A. Deliberate self-harm in adolescents in Oxford, 1985–1995. J Adolesc 2000; 23 (1): 47–55.
- Fathelrahman AI, Ab Rahman AF, Mohd Zain Z. Demographicfeatures of drug and chemical poisoning in Northern Malaysia. Clin Toxicol 2005; 43 (2): 89–94.
- Fathelrahman AI, Ab Rahman AF, Mohd Zain Z. Self-poisoning by drugs and chemicals: variations in demographics, associated factors and final outcomes. Gen Hosp Psychiatry 2008; 30 (5): 467-70.
- 11. Bertolote JM, Fleischmann A. Suicide and a psychiatric diagnosis: a world-wide perspective. World Psychiatry 2002;1:181–5.
- Washington DC, US Public Health Service. The Surgeon General's call to action to prevent suicide [internet]. 1999. Available from: http://psycnet. apa.org/?fa=main.doiLanding&doi=10.1037/ e369812004-001
- 13. National Strategy for Suicide Prevention: Goals and Objectives for Action. London: Department of Health; 2002.

- 14. Owens D, Horrocks J, House A. Fatal and non-fatal repetition of self-harm. Systematic review. Br J Psychiatry 2002; 181: 193–9.
- Hawton K, Fagg J. Suicide and other causes of death following attempted suicide. Br J Psychiatry 1988; 152: 266–359.
- 16. Nordentoft M, Breum L, Munck LK, Nordestgaard AG, Hunding A, Bjaedager P. High mortality by natural and unnatural causes: a 10 year follow up study of patients admitted to a poisoning treatment centre after suicide attempts. BMJ 1993; 306 (6893): 1637–41.
- Kessler RC, Borges G, Walters E. Prevalence of and risk factors for lifetime suicide attempts in the national comorbidity survey. Arch Gen Psychiatry 1999; 56 (7): 617–26.
- Schmidtke A, Bille-Brahe U, DeLeo D, Kerkhof A, Bjerke T, Crepet P, *et al.* Attempted suicide in Europe: rates, trends and sociodemographic characteristics of suicide attempters during the period 1989-1992. Results of the WHO/EURO multicentre study on parasuicide. Acta Psychiatr Scand 1996; 93 (5): 327–38.
- 19. Kapur N, Cooper J, Hiroeh U, May C, Appleby L, House A. Emergency department management and outcome for self-poisoning: a cohort study. Gen Hosp Psychiatry 2004; 26 (1): 36-41.
- 20. World Health Organization. Suicide Prevention. Geneva, Switzerland: World Health Organization; 2006. Available from: http://www.who.int/mental_health/ prevention/suicide/suicideprevent/en/
- 21. Hawton K, Zahl D, Weatherall R. Suicide following deliberate self-harm: long-term follow-up of patients who presented to a general hospital. Br J Psychiatry 2003; 182: 537–42.
- 22. Judd F, Cooper AM, Fraser C, Davis J. Rural suicidepeople or place effects? Aust N Z J Psychiatry 2006; 40 (3): 208–16.
- 23. Hirsch JK. A review of the literature on rural suicide: risk and protective factors, incidence, and prevention. Crisis 2006; 27 (4): 189-99.
- 24. Novack V, Jotkowitz A, Delgado J, Novack L, Elbaz G, Shleyfer E, *et al.* General characteristics of hospitalized patients after deliberate self-poisoning and risk factors for intensive care admission. Eur J Intern Med 2006; 17 (7): 485-9.
- 25. Hawton K. Psychiatric Assessment and Management of Deliberate Self-poisoning Patients. Medicine 2003; 31 (9): 16-19.
- Hawton K. Psychiatric assessment and management of deliberate self-poisoning patients. Medicine 2012; 40 (2): 71-3.
- 27. Ala A, Vahdati SS, Moosavi L, Sadeghi H. Studying the Relationship Between Age, Gender and Other Demographic Factors with the Type of Agent Used for Self-Poisoning at a Poisoning Referral Center in North West Iran. Acad Emerg Med 2011; 10 (3): 100-2.