

Attempted Suicides in a Primary Care Setting

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Abstract

Aim: To describe the profile of patients who attempted to commit suicide in a primary care setting.

Study design: A descriptive survey of patients who attempted suicide.

Setting: Casualty department of a district hospital in Pretoria West.

Main outcome variables: Age, sex, methods used, reason for attempt and previous attempts.

Results: This study included 313 patients of which 208 were females and 105 males. Of these patients 257

(82%) were less than 41 years of age and 289 (92%) were white. Previous suicide attempts were acknowledged by 25% of patients and 30,7% took benzodiazepines in overdose. No fatalities were recorded and 18 (5,8%) patients were transferred to other hospitals for intensive medical care. Marital, family or relationship problems were indicated by 184 (72,4%) patients as the reason for the attempt.

Conclusion: In the Pretoria West area suicidal attempts are common. Marital and domestic problems are the main reasons for attempting suicide.

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Introduction

Kreitman¹ define parasuicide as "acts which resemble suicidal acts where the person may or may not be attempting to kill himself". Schlebusch feels that parasuicide differs from attempted suicide - "in that the intent to die in parasuicide is far less and is more a plea for help than a real attempt on life"².

Little information regarding attempted suicides in primary health care setting exists in South Africa. With the shift towards managing patients in such primary care settings, it is important to investigate what is happening at this level. The disease profiles encountered in this milieu usually reflect the general medical and psychological needs of the less affluent citizens of this country.

The aim of this study was to describe the profile of patients who attempted to commit suicide in a primary care setting in the Pretoria West region. Whether the patients in this study made real attempts on life or whether they only intended to plea for help was not investigated. In this

study potential parasuicides were considered as attempted suicides.

Method and patients:

The study design was a descriptive survey, conducted at the Pretoria West Hospital during a one year period (01 December 1996 to 30 November 1997). This 104-bed district hospital is situated 5 kilometres from the city centre and serves a population of about 120 000 people, which includes all ethnic groups. The population predominantly comes from the lower to lower-middle income groups.

The selection criteria were:

- Only patients resident in the area served by this hospital, so as to gather information on what the extent of the problem is in this community.
- All patients with a history of self-injury or self-poisoning.
- No case of accidental poisoning or accidental overdose was included.

Method:

A questionnaire to capture the important related information was designed and handed to the sister in charge of casualty department. All the questionnaires were completed by the sisters. The author screened the casualty register on a daily basis during weekdays looking for patients treated on the previous day, and on a Monday it was screened for patients treated over the weekend. The questionnaires were completed on admission of these patients and where applicable, more detailed information was obtained prior to discharge from hospital.

The questionnaire included the date, age, sex, ethnic group, drugs used, other methods used, the reason for the attempt, whether the patient previously attempted suicide and also whether the patient indicated his/her intent to anybody prior to the attempt. The final outcome of the specific attempt also had to be recorded and the involvement of alcohol in the attempt was to be specified as well.

Results

Of the 25355 patients seen at the Pretoria West casualty department during the one year period under discussion, 313 (1,24%) were due to attempted suicides.

The questionnaire was applied to all 313 patients, of whom 208 (66,45%) were females and 105 (33,55%) males. The most attempts were recorded in March 1997 (40 cases) and the least in May 1997 (12 cases). The number of cases per month is presented in Figure I.

Almost 52% of (161) patients were between 11 and 30 years of age, whilst 257(82%) were younger than 41 years. The ages of 6 (1,9%) patients could not be obtained. The youngest patient was only 11 years of age. The age distribution of all patients is reflected in Figure II.

Of the 313 patients, 289 (92,3%) were white, whilst 11 (3,5%) were black and 10 (3,2%) Indian. The reason for this distribution is that the area is historically inhabited mainly by whites. Previous attempted suicides were acknowledged by 79 (25,2%) of patients and 43 (13,7%) indicated that they had warned someone about their intentions.

Drugs were used in 271 (86%) of attempts. Benzodiazepines were ingested by 96 (30,7%) patients, paracetamol by 27(8,6%) patients and tricyclic antidepressants (TAD's) by 24(7,7%) patients. A single drug was ingested by 173 patients (55%) whilst 82(26%) patients took a combination of drugs. The drugs are reflected in Figure III. Alcohol was taken by 31(9.9%) of the patients in combination with other agents.

Almost 8% of patients tried to cut their wrists and 3,5% drank organo-phosphates. No patient admitted due to the attempted suicide died, but 18 (5,8%) of them had to be transferred to other hospitals for specialised treatment.

Figure I: Number of Attempted Suicides per Month (N=313)

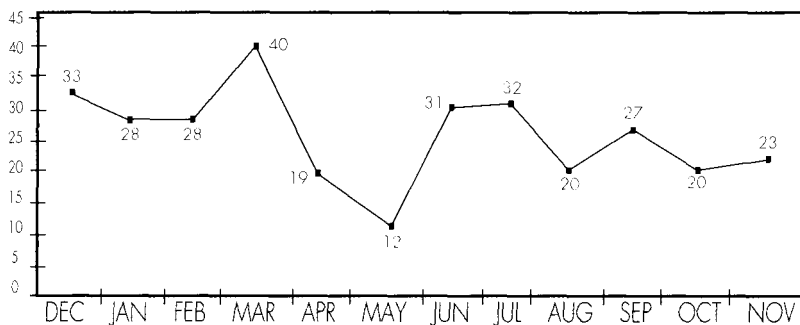


Figure II: Age Distribution of Suicide Attempt Cases (N=313)

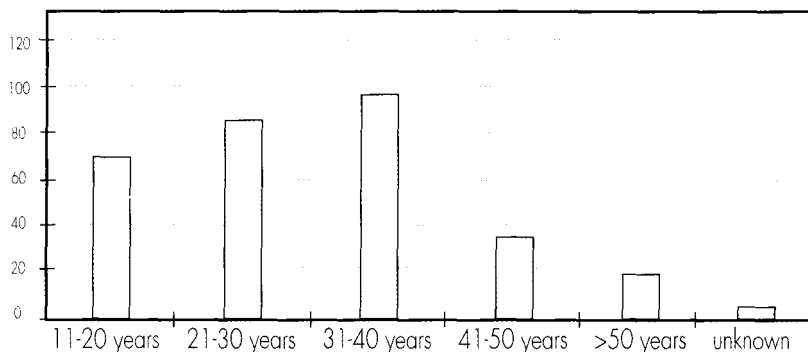


Figure III: Drugs used in Suicide Attempts

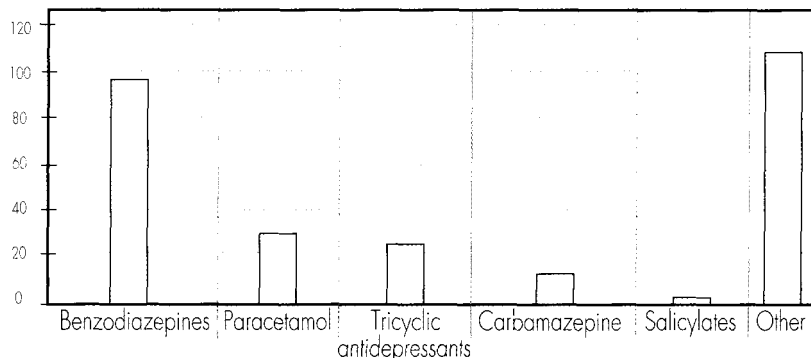


Table I: Reasons given for the attempted suicide

Reason	Number	Proportion(%)
Marital Problems	75	29,5
Domestic or Family Problems	66	26
Depression (self-reported)	44	17,3
Relationship Problems	43	16,9
Financial problems	16	6,3
Sexual Assault	2	0,8
Alcoholism	2	0,8
School Problems	2	0,8
Malignancy	1	0,4
Satanism	1	0,4
Drug Dependence	1	0,4
Legal Problems	1	0,4
Reasons not given / unobtainable	59	18,9
TOTAL	313	100

A reason for the attempt was obtained from 254 (81,15%) patients, whilst 59 patients either refused to give a reason, or were unable to do so because of their condition. See Table I.

Marital, family or relationship problems was indicated by 184 (72,4%) of patients as being the reason for the attempt. Depression was named by 44(17,3%) patients as their main reason, but the DSM IV criteria or a depression rating scale was not used to confirm this.

Discussion

The female to male ratio of 2:1 as was found in this study, is comparable to the range of 1,5 – 2,5:1 usually reported³. Why females persistently predominate in parasuicide and apparently less frequently seek help from an appropriate source, has been discussed by Kreitman¹ from the view-point of social isolation and the incidence of psychiatric morbidity as well as a sex-linked preference for instrumental versus expressive behaviour.

Interpersonal problems accounted for the majority (72,4%) of attempted suicides in the patients managed at the Pretoria West Hospital. Peiser and Fehrsen⁴ in a study amongst black patients at Ga Rankuwa Hospital in 1987, found that 59,1% of patients gave interpersonal conflicts as the reason for the suicide attempt.

Zaman and Puri⁵ state in an editorial comment that between 12 and 20% of patients in the UK repeat an attempted suicide within the first year. Safer DJ⁶, found that a median of 7-10% of adolescents acknowledged having made one or more suicide attempts. In this study 25,2% of all the patients acknowledged previous suicide attempts.

Bosch and Schlebusch⁷ found the age peak to be 20 – 29 years with a decline corresponding with age advance. In our study 30,7% of cases were in the 31 – 40 group and 28,8% in the 21 – 30 group. The next highest group was 11 – 20 years

old. Our study also showed a decline with age advance.

Although the most attempts occurred in March and other papers have indicated a rise in early spring and summer⁸, a clear variation in the monthly figures can not be seen. No explanation could be found for the peak in March or the trough in May.

Drugs were used in 86% of attempts and alcohol was taken in combination with other agents in 9,9% of cases. Alcohol alone thus did not play a major role when the attempt was made.

Benzodiazepines were used by 35,4% of patients that used drugs, by far the most commonly used drug, followed by paracetamol (10%). The frequent prescribing of these drugs by doctors and in the case of paracetamol, a well-known "over the counter" (OTC) drug, its accessibility, make them readily available in many households in this country.

Patients attending the study setting hospital are those who can not afford private medical services. They do not have crisis centres accessible to them and therefore appear to employ attempted suicide as attention-seeking behaviour. It was surprising to find that only 6,3% of patients named financial problems as their reason for the suicidal attempt, as it is generally thought that financial hardship leads to despair and suicide in many people.

Conclusion

In the Pretoria West area suicidal attempts are common and marital and domestic problems are the main reasons for attempting suicide. Various factors play an important role in the disturbed interpersonal relationships amongst the majority of these patients. Marital and other family problems in the homes of these patients, create an atmosphere which leads to inappropriate behaviour.

Recommendation:

The availability of an accessible crisis clinic where counselling services could be obtained by a community in need, should be attended to urgently. The necessary clinic should be based in, or close to the community served by the Pretoria West Hospital. More studies should be done in primary care settings to investigate the factors in the family unit which cause conflict and lead to such drastic measures as attempted suicide. A plan of action should then be implemented to help those who seem to have no other choice than to commit, or try to commit suicide. Recognition and management of those at risk of attempting suicide is the best form of prevention we have.

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