

## Editor's focus

### Socio-demographic and clinical profiles of suicidal patients requiring admission

Suicidal behaviour has become a major public health concern globally and in South Africa, with estimates of suicide of approximately one million people worldwide. Naidoo SS and Schebusch L conducted a cross-sectional study on suicidal patients admitted in hospitals south of Durban from September 2007 to March 2010.<sup>1</sup> The sample size was 690 eligible patients, but two withdrew for personal reasons. The majority were females (75%), single (65.4%) and unemployed (55.8%). Of every 10 participants, four were active cigarette smokers and over a third consumed alcohol, while co-morbid medical illnesses, such as diabetes mellitus and hypertension, were reported by 30.4% of participants. More women (49.3%) suffered from depression than men (14.4%), and the dominant method of attempted suicide was self-poisoning (92.2%). The overall picture showed that the majority of those attempting suicide were younger than 40 years of age, unemployed, single and living within nuclear family systems. The authors suggested that poor family functioning and interpersonal problems may have been stressors in precipitating the resultant suicidal behaviour. Psychoactive substance use, e.g. cigarette smoking and alcohol, has been documented in other studies as a significant factor, and this was also confirmed in this study. The question is: "What approaches should be taken to reduce the incidence of attempted suicide in our communities?" The answer lies in comprehensively managing the identified stressors and reducing the use of psychoactive substances. In a country where only one in four adults is economically active, it is not difficult to appreciate the link between unemployment, depression and attempted suicide. Do we have preventative strategies in place? The authors suggest that there should be more large-scale longitudinal studies in South Africa in order to provide greater insight into temporal trends that relate to attempted suicide.

### Healthcare professionals' perceptions of alcohol-intoxicated trauma patients

Kabale BMI, Nkombua L, Matthews P and Offiong BE conducted a qualitative study on healthcare professionals at the South Rand Hospital emergency department, Gauteng province, with the objective of exploring their perceptions about patients who were assaulted and consulted under the influence of alcohol.<sup>2</sup> This involved four focus group interviews with a total of 15 participants.

Four main themes emerged from the interviews:

- The emotional expression of the healthcare professionals (frustration, anger and intimidation).
- Challenges facing the healthcare professionals (medico-legal issues, exposure to health hazards and a shortage of staff).
- The wastage of state resources (fee treatment and the mobilisation of more resources).
- Safety concerns (escorts and a poor security system).

Owing to their nature, the findings of qualitative research cannot be generalised, but this study demonstrated that the healthcare

professionals experienced several negative emotions and attitudes in response to alcohol-intoxicated patients. The emergency department staff has regular encounters with these patients, so it would be prudent for hospital management to provide regular debriefing sessions in order for them to reduce these negative emotions and to improve patient care.

### The practice of exclusive breastfeeding by mothers attending a postnatal clinic

This cross-sectional study by Ahmadu-Ali UA and Couper ID aimed to determine reported infant feeding practices with reference to exclusive breastfeeding, exclusive formula feeding and mixed feeding at six weeks postpartum in the primary care setting.<sup>3</sup> The study was in response to the World Health Organization (WHO) revised infant feeding guidelines that recommend exclusive breastfeeding for the first six months of life, unless replacement feeding is acceptable, feasible, affordable, sustainable and safe. At six weeks postpartum, a total of 463 women who met the eligibility criteria were randomly selected from the seven clinics within the district. The authors reported that exposure to infant feeding counselling and a negative maternal human immunodeficiency virus (HIV) status were associated with higher exclusive breastfeeding rates. In addition, maternal HIV-positive status was not associated with exclusive breastfeeding. The authors were concerned by the low rates of exclusive breastfeeding by HIV-positive mothers which could have exposed infants to diarrhoeal and respiratory illness. The April 2012 WHO guidelines on the breastfeeding of infants born to HIV-positive mothers recommend that they should receive a course of medication to prevent mother-to-child transmission of HIV.<sup>4</sup> Under option B+, the infant should receive daily nevirapine or zidovudine from birth until the age of 4-6 weeks, regardless of the infant feeding method. In all cases, the breastfed infant should continue to breastfeed for up to six months. The take-home message is that the WHO recommends exclusive breastfeeding for the first six months of life, even within the context of a positive maternal HIV status. This should be explained clearly to mothers and healthcare professionals.

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### References

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2. Kabale BMI, Nkombua L, Matthews P, Offiong BE. Healthcare professionals' perceptions of alcohol-intoxicated trauma patients: implications for healthcare delivery at South Rand Hospital Emergency Department. *S Afr Fam Pract.* 2013;55(4):398-402.
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4. WHO guidelines for PMTCT and breastfeeding. World Health Organization [homepage on the Internet]. c2013. Available from: <http://www.avert.org/pmtct-guidelines.htm>