DESCRIPTIVE STUDY OF SUICIDAL BEHAVIOR IN ADOLESCENTS ATTENDING TO AL ABBASSIA MENTAL HEALTH HOSPITAL

Thesis

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List of Abbreviations

5-HIAA	:	5-Hydroxyindoleacetic Acid
AN	:	Anorexia nervosa
BN	:	Bulimia nervosa
BPD	:	Borderline Personality Disorder
BSI	:	Beck scale for suicidal ideation
CBT	:	Cognitive Behavioral Therapy
CRH	:	Corticotropin Releasing Hormone
CSF	:	Cerebro-Spinal Fluid
CSM	:	Committee on safety of medicine
DBT(A)	:	Dialectical Behavioral Therapy (Adolescents)
DSM-IV	:	Diagnostic and Statistical Manual of Mental Disorders
ECA	:	Edpidemiologic catchment area
ECT	:	Electroconvulsive therapy
ED	:	Eating disorder
FGAs	:	First generation antipsychotics
GABA	:	γ-aminobutyric acid
GAD	:	Generalized anxiety disorder
GHQ	:	General health questionnaire
HPA	:	Hypothalamic Pituitary Adrenal Axis
HVA	:	Homo-Vanilic Acid
MDD	:	Major Depressive Disorder
m-RNA	:	Messenger Ribonucleic Acid
MSSI	:	Modified scale for suicidal ideation
NSSI	:	Non suicidal self –injury
OCD	:	Obsessive Compulsive Disorder

List of Abbreviations (Cont...)

PAR	:	Population attributable ratio
PD	:	Panic disorder
PET	:	Positron emission tomography
PTSD	:	Post-Traumatic Stress Disorder
SA	:	Suicidal attempts
SB	:	Suicidal behavior
SBQ	:	Suicidal behavior questionnaire
SD	:	Standard Deviation
SI	:	Suicidal ideation
SGAs	:	Second generation antipsychotics
SSRIs	:	Selective Seritonin Reuptake Inhibitors
U.S. FDA	:	United States Food and Drug Administration
UK	:	United Kingdom
VS	:	Versus
WHO	:	World Health Organization

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INTRODUCTION

The term adolescent comes from the Latin word adolescere which means to grow into maturity ***(Steinberg, 1995).*** During this time, individuals experience extensive emotional, physical, social, and cognitive development. The adolescent years are the transformation from the dependence of childhood to the full responsibilities of adulthood, placing them at a higher risk for developing self-destructive behaviors as they enter a new lifestyle in which they might not be prepared ***(Curtis, 2008).***

The word "suicide" was first introduced in the 17th century, said to be derived from the Latin words Sui (of oneself) and caedere (to kill). Apparently, Sir Thomas Browne – a physician and a philosopher – was the first to coin the term suicide in his Religio Medici (1642). The new word reflected a desire to distinguish between the homicide of oneself and the killing of another ***(Leo et al., 2006).*** The word suicide is derived from Latin, meaning "self –murder." If successful, it is a fatal act that fulfills the person's wish to die ***(Kaplan and Sadock's, 2005).***

However references to suicide are very rare in ancient Egyptians as they viewed suicide as a passage from one form of existence to another. Apart from Cleopatra's suicide, the problem was not an issue in Egyptology. The deliberate taking

of one's life is strongly condemned by Judaism, Christianity and Islam ***(Okasha et. al., 1986).***

Suicide is a major cause of mortality among adolescents; it has been estimated that up to 25% of young people have had suicidal ideation, and approximately 2–12% have attempted suicide at some time in their lives. Standardized clinical assessments of adolescent outpatient samples have revealed that up to 60% have suicidal ideation, and up to 20% have made suicide attempts ***(Holi et al., 2008).*** Suicide is an international public-health problem. It is now among the five leading causes of death among young people worldwide ***(Thanh et al., 2006).***

Suicide is one of the most common causes of death in the adolescent population. According to the WHO data, every day 250 adolescents commit suicide and 10,000 attempt suicide. The rate of adolescent suicides and suicidal attempts is a very fluent category varying in time and between countries. Ethnical and cultural factors have a significant role in suicidal behavior. ***(Maraš et al., 2010).***

Suicidal behavior is often a process: from death wishes to suicidal thoughts, suicide attempts ***(Thanh et al., 2006).*** Suicidal ideation: refers to the thoughts about the desire, intent and method for committing suicide. Suicidal ideation may be of varying intensity, ranging from occasional fleeting thoughts to rumination about one's own death and a current plan to

committing suicide ***(Abreu et. al., 2009).*** A suicide attempt is "potentially self-injurious behavior with a non-fatal outcome, for which there is evidence that the person intended at some level to kill himself or herself. A suicide attempt may or may not result in injuries" ***(Bernier et al., 2009).***

Table (1): Frequently reported definitions of suicide.

- "All cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result" ***(Durkheim, 1897/1951).***
- "Suicide is a conscious act of self-induced annihilation. best understood as multidimensional malaise in a needful individual who defines an issue for which suicide is perceived as the best solution" ***(Shneidman,1985).***
- "Death arising from an act inflicted upon oneself with the intention to kill oneself" ***(Rosenberg et al., 1988).***
- "Self-initiated. Intentional death" ***(Ivanoff, 1989).***
- "The definition of suicide has four elements: (1) a suicide has taken place if death occurs; (2) it must be of one's own doing; (3) the agency of suicide can be active or positive; (4) it implies intentionally ending one's own life" ***(Mayo,1992).***
- "Suicide is, by definition, not a disease. But a death that is caused by a self-inflicted intentional action or behavior" ***(Sil-verman & Maris, 1995).***

- "The act of killing oneself deliberately initiated and performed by the person concerned in the full knowledge or expectation of its fatal outcome" ***(WHO, 1998).***
- ***Orbach (2001)*** suggests that suicide cannot be understood outside of the long-standing self-destructive processes that generated it. Self-destructive processes are active and provocative, behavioral, and ideational operations aimed against one's own interests. They consist of a cluster of beliefs, cognitions, emotions and tendencies that reflect patterns of self-abuse that erode one's sense of well-being, self-love, interpersonal relationships and harmony with reality.
- Another version of self-destruction as a failure to protect the self is offered by ***(Swann et.al., 1992),*** who suggests that people actively seek out information that is consistent with their self-perception, even when such feedback is negative. This is especially true for individuals with low self-esteem and depression.
- ***Beck (1976)*** observed that maladaptive behavior and negative affect are often governed by distorted and maladaptive cognitions. Beck terms these maladaptive cognitions the cognitive triad consisting of negative views of the self, others and the future (e.g., I am inadequate, undesirable, worthless; the world makes too many demands on me; life represents constant defeat; life will always involve the suffering it has for me now).

Suicidal thoughts and behaviors are a complex mental health issue. Adolescence is a stressful developmental period filled with major changes –physical, mental and emotional. Strong feelings of stress, confusion and self-doubt as well as pressure to succeed can influence a teenager's problem solving and decision making abilities. For some teens, suicide may appear to be a solution ***(Hart et al., 2010).*** Suicidal behavior (SB) is a major issue for mental health workers and often a cause of emergency treatment and psychiatric hospitalization. It also requires our special attention since it is usually seen as a salient sign of a high risk of suicide ***(Hayashi et. al., 2010).***

Self-harm behavior is defined as the socially unacceptable and repetitive performance. Although self-harm behavior is conceptually different from suicide, multiple studies show a very close relationship between both, the self-harm behaviors being a clear risk factor for suicide attempts, since after self-harm, the risk of committing suicide ranges from 0.5 to 2% in the following year. Some investigators propose a continuum between self-harm behavior and suicide, since they share an essential element which is that of self-infliction of harm and they only differ in the seriousness of the harm caused. ***(Kirchner et al., 2011).***

Suicidal behavior is becoming a phenomenon increasingly associated with young people. The rise in the overall suicide rates in many countries is due to the increase in suicides in the younger

age groups ***(Zemaitiene and Zaborskis, 2005)*** This definition omits any mention of a wish to die or the use of the broader concept of self-harm and thus reflects the reluctance of many to accept that all attempts are accompanied by some degree of lethal intent ***(Kaplan and Sadock's, 2005).***

Nonfatal suicidal thoughts and behaviors (suicidal behaviors) are classified more specifically into three categories: **suicide ideation**, which refers to thoughts of engaging in behavior intended to end one's life; **suicide plan**, which refers to the formulation of a specific method through which one intends to die; and **suicide attempt**, which refers to engagement in potentially self-injurious behavior in which there is at least some intent to die ***(Nock et. al., 2008).***

Planned and unplanned suicides and suicide attempts differ in important ways. Planned attempts have generally been associated with higher levels of depression, hopelessness, lethality, and better follow-through on treatment following the attempt. Unplanned attempts are more prevalent in early as opposed to late adolescence and are more common among males and those higher in aggressiveness. In addition, impulsive suicidal behavior among adolescents may be more likely to occur following stressful life events ***(Schilling et al., 2009).***

AIM OF THE WORK

1- To estimate the rate of suicidal behavior among adolescents attending to Alabbassia mental hospital.

2- To study the risk factors of suicidal behavior (suicidal ideation & attempts) among adolescent patients attending to Alabbassia mental hospital.

3- To highlight the psycho-demographic data &clinical correlates of suicidal behavior among adolescents attending to Alabbassia mental hospital.

RATIONALE

Suicide risk is not equal across individuals in the population, as the rates in different ethnic and demographic groups and geographic regions vary considerably. The known risk and protective factors are psychiatric, socio-economic, demographic, cultural and biological in nature ***(Garlow et al., 2005).***

The importance of considering suicidal ideation in adolescence as a marker of severe distress and a predictor of compromised functioning, indicate the need for early identification and continued intervention ***(Reinherz et al., 2006).***

At the same time Egyptian studies in this area are very few if not at all. This points to the importance of carrying such a study at the present time.

HYPOTHESIS

The present study hypothesized that the Egyptian adolescents have many risk factors for suicidal behavior characteristic for them. Determining these risk factors will help a lot in the plan of management, which should be tailored according to this environmental atmosphere.