Suicidal Symptoms in Depressed Pakistani Patients

Pages with reference to book, From 69 To 70

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Abstract

Depressive patients are at a high risk for suicide. The data on the frequency of suicidal symptoms in depressed patients, however, varies widely. This paper describes the extent of these symptoms in a group of Pakistani patients. Contrary to the findings of other Muslim countries, forty five percent of our patients showed suicidal psychopathology. Female patients showed more suicidal ideation and significant assasination was found between severity and duration of depressive illness with these symptoms. These findings are also discussed in terms of their importance in early recognition of these symptoms (JPMA 46:69, 1996).

Introduction

Modern research an suicide has largely been focussed on the role of different psychological social and biological basis of self destructive behaviour[1-3]. , but the association between suicide and depression has always been very clear[4,5]. The majority of suiciders, whether attempted or completed, suffer from a depressive illness, but most of them also contact theirdoctors and discuss about these feelings during the period immediately preceding their death[6].

The data on the frequency of the suicidal symptoms in depressed patients, however, varies widely. The reported rates generally show that about 40-70% of patients with depressive disorders show suicidal symptoms, about 15% of depressed patients end their lives by suicide and more than 50% who attempt suicide are also more likely to have a severe and major type of depression[4,5]. Although, the phenomenon of depression, suicidal behaviour and completed suicide are related to one another, all depressive patients do not complain of suicidal ideation nor report such gestures or attempts[2,7]. The issues of beliefs and concerns about suicide, psychosocial background and difference in ascertaining, reporting and measuring suicidal symptoms have, for example, been implicated in this regard[1,4]. The religious affiliations have also been found to effect the suicidal rates as low rates of suicide are reported even in severely depressed patients from countries where religious practices influence the daily living[8,9].

Research on these issues in our country has been limited and the characteristics that distinguish depressive suicidals from non suicidals has received little attention. This paper describes the extent, pattern and severity ofsuicidaLsymptoms in a group of depressed Pakistani patients.

Patients and Methods

Case records of all admitted patients with the diagnosis of depression at the Department of Psychiatry, Mayo Hospital, Lahore, between January, 1992 and December, 1992 were scrutinized for relevant data. Those who met the diagnostic criteria of ICD9[10] were included in the study. The description of depressive disorders in this classification makes provision for a wide range of detailed distinctions of different types of depressive illnesses. The acceptability and reliability of the definitions, categories and the diagnostic guidelines mentioned in the text have been confirmed and validated foruse in different countries. The information was also collected about the severity of depressive illness and the reporting

of suicidal symptoms in these patients. Hamilton Rating Scale for Depression (HRSD) used in this study measures the extent, severity and pattern of depressive symptoms. It contains 17 variables, each rated on a 3 or 5 points scale. This scale has been used with high reliability and validity indifferent clinical and epiderniological researches. Scale for depression[11] and details of suicidal symptoms were collected for suicidal wishes, ideation, gesture and attempts.
Differences between depressive patients in terms of suicidal symptoms were assessed using chi square test. Correlation of suicidal symptoms with other variables was calculated with Spearman Correlation Coefficient.

Results

A total of 60 cases, 35 males and 25 females were included in this study.

Table I. Demographic features.

Demographic features	Male	Female
No. of patients	35	25
Age (Mean±SD) Years	35.6±4.8	32.3±5.8
Duration of illness s (Mean±SD) Month	18.5±8.7	20.2±6.9
Marital status:		
Single	10	6
Married	25	19
Socio-economic status:		
Upper	3	1
Middle	20	17
Lower	12	7
HRSD score (Mean±SD)	28±5.6	32.6±6.9
No. of patients showing suicidal symptoms (%)	13 (37%)	14 (56%)
Score on suicidal symptoms on HRSD (Mean±SD)	2.3±0.7	3.5±0.8

Table I shows the demographic details of the sample. Thirty-seven percent males and 56 percent females reported suicidal symptoms.

Table II. Symptoms among suicidal patients.

Symptoms	Male n=13 (%)	Female n=14 (%)	Significance
Feels life not worth living	13 (100)	14 (100)	N.S.
Wishes to be dead	5 (39)	12 (86)	P<0.05
Suicidal ideas	3 (23)	12 (86)	P<0.01
Suicidal attempts	1 (7)	2 (14)	N.S.

Table II shows the details of suicidal symptomatology as measured by the HRSD. Females showed more suicidal ideatioris, wishes and attempts as compared to males.

Table III. Correlation of suicidal symptoms.

	HDRS Score	Suicidal symptoms	Age	Duration of illness
Total HDRS Score	-	0.52**	0.32	0.50**
Suicidal symptoms	0.52**	-	0.28*	0.40*
Age	0.32	0.28*	-	0.20
Duration of illness	0.50**	0.40*	0.20	-

**<0.01 *<0.05

Values are of Spearman Correlation Coefficient.

Table III shows the correlations between total HRSD score, suicidal symptoms, age of the patients and the duration of the illness. Positive and significant correlations were observed between suicidal symptoms, total I{RSD score and the duration of illness. Age showed a negative correlation with suicidal symptoms.

Discussion

This study shows that the risk of suicide is high in depressive patients and female depressives report more suicidal symptonis[2,3]. The results of this study, however, did not support the observations from other Muslim countries where a veiy low rate of suicide or deliberate self harm have been reported[8,9]. The low rates of suicide in Muslim counthes are usually explained on various grounds. As the

prevailing Islamic teachings condemn and strictly proscribe international self destruction, these might be considered important factors in under-reporting of these symptoms. Similarly, the legal penalties and the features of prosecution and imprisonment for suicidal patients may also make it more uncommon for the expression of suicidal wishes or thoughts in these countries. Although, actual suicidal attempts were few in this study, but the feelings and wishes of suicide were marked and almost consistent with reports from the west[2,3]. This deserves further investigations to determine the nature of influences of religious practices on the suicidal symptomatology.

In terms of the practical implications, the results of this study require due attention. The recognition of suicidal behaviour is of vital importance as it not only provides information regarding further risk, factors for depressive patients but also calls attention for specific interventional strategies which can be incorporated to deal with the mortality and morbidity of these patients. The loss of life not only creates major social and economic loss for society but also leads to immense anguish and pain for the family. Early identification and recognition of suicidal symptoms have, therefore, far reaching consequences in the management of these patients and the clinicians dealing with cases of depression should always explore the extent of these symptoms in suicidal depressive patients.

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