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Sociodemographic and clinical profile in elderly suicide victims: 34 autopsy case studies

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Introduction The elderly suicide is a major public health problem that is gaining more and more ground, given the aging population problem. This has rarely been the subject of forensic studies in Tunisia.

Objectives To identify the sociodemographic and clinical characteristics of elderly suicide victims over 60 years and to determine what factors might increase suicide risk in this population.

Methods We conducted a retrospective study on suicide victims aged 60 and over, autopsied in forensic medicine department of the Habib Bourguiba university hospital in Sfax (Tunisia), on a 10-year period (January 2006–December 2015).

Results We identified 34 cases with an average age of 66 years. The sex ratio was 2.77. Suicide victims were alone in 38.2% of cases. They were inactive professionally in 32.4% of cases. Almost half of them (44.1%) had a psychiatric history, 40% of depressed pace, 26.7% of bipolar disorder and 13.3% of schizophrenia.

Three main factors were identified as precipitating the passage to suicidal act: family conflicts (26.5%), financial difficulties (11.8%) and loss of autonomy (5.9%).

Suicide methods were hanging (50%), immolation and drug intoxication (11.8%), hit by train and poisoning (8.8%), jumping from height (5.9%) and drowning (2.9%). In 55.8% of cases, suicide took place at home.

Conclusion Elderly suicide seems to be a huge but largely preventable public health problem. Its prevention is essentially based on the identification of risk situations and the detection and treatment of depression: major suicide risk factor in this population.

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Resilience and attempted suicide in depressed patients

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Introduction Among the patients, 6.6% with past-year major depressive disorders attempt suicide in their life. Resilience (the ability to respond positively to adversity) and coping strategies (the ability to manage living stresses) may be protective factors against suicide ideation and behavior. A study conducted on 100 abstinent substance dependent patients suggested that suicide attempters had significantly lower resilience scale scores. Other authors demonstrated that intrinsic religiosity, resilience, quality of life were associated with previous suicide attempts in depressed patients [1,2].

Aim To examine the correlation among resilience, coping strategies and sociodemographic and clinical characteristics in depressed patients.

Methods From December 1st 2014 to December 31st 2015 we recruited inpatients and outpatients aged >18 years with a diagnosis of depression (current or past). At baseline, patients were assessed with Montgomery Asberg Depression Rating Scale, Resilience Scale for Adult and Brief-Coping with problems experienced; sociodemographic and clinical characteristics were gathered. Follow-up was conducted after 1 year in order to assess the possible presence of further depressive episodes and suicide attempts. Analysis was performed with SPSS.

Results and discussion Data collection are still ongoing; results and implications will be discussed. We expect to find higher attempted suicide rates in patients with lower resilience and less coping strategies.

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Observational study of suicide attempts in a community mental health unit

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Introduction Concurrent with the recent global economic crisis there is a rising concern about the effect of recession on suicide mortality rates.

Aim To record patients treated urgently in community mental health unit of Motril, Granada (Spain) by attempted suicide.

Methods Descriptive study recording patients treated urgently in Motril community mental health unit who have done any suicide gesture from February 2015 until December of that year.

Results In total, 39 urgent assessments were recorded during the observational period.

The month of highest incidence was November, with 6 visits followed by August and October (5).

The most common method was voluntary drug intake.

Origin:

- 59% were remitted from the general hospital emergency department;
- critical care and emergency ambulatory devices: 1;
- primary care: 10;
- another specialist: 2;
- own initiative: 2.

Discharge diagnosis:

- 35.8% individuals did not meet criteria for any mental disorder, although some of them were classified with V or Z diagnosis according to ICD-10 for making a reactive gesture to an emotional crisis, couple breakups or economic problems;
- 11 of them meet criteria for various anxiety disorders, obsessive compulsive and adaptative crisis.

Discussion Knowing some peculiar characteristics in suicidal populations as well as the most prevalent pathologies, it could be adapted both the profile of nurse attendance and the type of resources needed to ensure effective patient care.

Conclusion Profile of patients attended for suicide attempt in an outpatient setting in a semi-rural coastal area is varied. It is worth