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FC07. Suicide

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FC07.01

NOVELTY SEEKING AND HARM AVOIDANCE DIMENSIONS IN THE PREDICTION OF SUICIDE ATTEMPT BEHAVIOR AMONG PSYCHIATRIC PATIENTS

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Background: The present study employs Cloninger's Tridimensional Personality Theory as a tool for predicting suicide attempt behavior among psychiatric patients. Many studies have already confirmed Cloninger's model utility in the understanding of several psychiatric disorders, however, the present study represents the first attempt to apply it in the context of suicidality.

Study Design: A total of 172 psychiatric outpatients, 80 with a history of suicide attempt and 92 without such a history, participated in the study. Both groups were randomly selected from a psychiatric clinic in northern Israel. All subjects were evaluated personally with four measures: The Tridimensional Personality Questionnaire, Beck Depression Inventory, Beck Suicide Inventory, and Structured Clinical Interview for Axis I DSM-IV diagnosis.

Results: T-test analysis suggest that psychiatric patients with a history of suicide attempt expressed higher levels of both novelty seeking ($t = 1.9$; $p < .05$) and harm avoidance ($t = 8.1$; $p < .001$) than did those without such a history. However, multiple regression analysis revealed that the personality traits of novelty seeking and harm avoidance, predominant over age, gender, and number of hospitalizations, but follow depression and suicidal ideation in order of importance.

Conclusion: The findings of the present study confirm the major role played by personality traits in the prediction of suicide attempt behavior among psychiatric patients. Specifically, it indicates that psychiatric patients characterized with high levels of both harm avoidance and novelty seeking are at a risk for suicide attempt.

FC07.02

THE EXPERIENCE OF PATIENT SUICIDE AMONG TRAINEES IN PSYCHIATRY

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Background to Study: Our aim was to ascertain how common the experience of patient suicide is among psychiatric trainees in South Thames, London. What is the effect of the event on the doctor and what support mechanisms are available to help the trainee?

Design: An anonymous postal questionnaire was circulated to all trainees in psychiatry.

Results: 203 (51%) trainees returned the questionnaire. 109 (54%) had had one or more patient suicides. 168 patient suicides were reported. The length of time in training was positively correlated with the number of suicides experienced. We judged the effect of the suicide on the doctor to be moderate or severe in 126 (75%) of the 168 suicides. 77 (46%) trainees felt the need for help after the death. 46 (60%) were offered some form of help. The impact on practice was beneficial in 57 (77%).

Conclusions: Patient suicide is a common experience for trainees. One death occurs in every four trainee years. Few trainees are offered help after the event. A psychiatrist's first patient suicide is likely to occur when in training. It affects the doctor's practice.

FC07.03

SUICIDE BEHAVIOR IN RUSSIA IN 1980-90S: INDICES AND FACTORS

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Changing in suicide rates in Russia in period of rapid social transformations during the 1980-90s years have been studied. Possible links among social, demographic and medical factors have been investigated.

During the 1980s years the suicide rate in Russia has been decreased from 35.2 per 100,000 of the population in 1982 to 23.7 per 100,000 of the population in 1986. This decrease happened when the government forwarded special measures toward restricting the alcohol consumption among population. At the same time the number of homicides has been decreased from 12.8 per 100,000 of the population in 1982 to 7.5 per 100,000 of the population in 1986. In the early 1990s high rates of alcohol consumption have been restored that was up to 13.9 liters per capita in 1994. During this period the number of homicides has been increased up to 33.2 per 100,000 of the population. The highest number of suicides was also observed in this period (42.4 per 100,000 of population in 1994).

At the end of 1990 a tendency toward a relative decrease both of the alcohol consumption and suicide rates, which was 35.4 per 100,000 in 1998, has been recorded. A regional variation in suicide rates has been also recorded as follows: from 3 per 100,000 in the Caucasus (Carachaevo-Cherkessia) to 76.7 per 100,000 in the Urals (Udmurtia); Moscow has a suicide rate 2.5 smaller than the national average. In general, it can be said that suicide rates in Russia increase from the South to the North, and from the West to the East.

FC07.04

BORDERLINE PERSONALITY DISORDER AND SUICIDE

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Objectives: We will discuss 1) the etiology and clinical picture of patients presenting with borderline personality disorder, 2) the defense mechanisms found most frequently in this disorder, 3) a multidisciplinary treatment approach.

Patients presenting with borderline personality disorder are at a high risk of attempting suicide. Stone, Stone and Hurt (1987) stated a suicide rate of 9.5%, in a 15-year retrospective study Paris, Brown and Nowlis (1987) presented an overall suicide rate of 8.5%. Gunderson (1984) assumed a life-time risk of 75%. At the Psychiatric Department of the Kantonsspital Luzern, Switzerland, we have developed a multidisciplinary team approach aiming at stabilizing these patients. This treatment team includes physicians, psychologists, nursing staff, ergo-, art- and movement-therapists. We have summarized this program under the acronym S.A.F.E.-Concept (S: Support, A: Autonomy, F: Fusioning, E: Empathy). In our opinion, implementing this holistic concept will become vital in securing a good prognosis for our borderline patients and preventing suicide in the long run. This presentation will enable the participant to identify borderline patients and apply this treatment method in order to establish long-term stability.