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PREVALENCE OF HESITATION CUTS AMONG SUICIDAL PATIENTS AND THEIR TREATMENT OUTCOMES IN TERTIARY CARE HOSPITAL

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Abstract:

It is a prospective observational study to estimate the prevalence of hesitation cuts among suicidal patients and their treatment outcomes. this study mainly aims at decreasing the suicidal ideation among suicidal patients who underwent hesitation cuts by psychiatric pharmacotherapy and patient counselling. these cuts may be superficial or some are severe (deep cuts). in our study among 40 cases, it is estimated that 32 patients are mostly self-harmed for his hand and 7 patients are self-harmed for throat and one for abdomen. by this study it was concluded that psychiatric pharmacotherapy with escitalopram and respiradone has shown more efficient in decreasing depression and schizophrenia patients and counselling (CBT therapy, DBT therapy) has shown efficiency in decreasing suicidal ideation among suicidal hesitation cut patients.

keywords: *sucide, hecitation cuts, ecitalopram, respiradone, cognitive behavioral therapy, dialectical behavior therapy (DBT)*

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INTRODUCTION:

Suicide is a major public health concern and the increase of suicide cases is a serious social problem. It is the 10th leading cause of death worldwide and about one million people died from suicide every year. (1) Demographically, wrist-cutting suicide injuries were more common for under the age of 20 and females. (2) Self-mutilation is a rare, but serious aspect. The risk factors for this self-mutilation are presence of religious delusions, command hallucinations, low self-esteem and feelings of guilt associated with sexual offences. Other risk factors include failures in the male role, problems in the early developmental period, such as experiencing difficulties in male identification and persistence of incestuous desires; depression and having a history of self-mutilation. Injuries that are deliberately self-inflicted are common and their examination is a frequent task for both pathologists and clinical forensic practitioners. These events consist of suicide, attempted suicide and suicidal gestures, the latter lacking the intention to kill though death may inadvertently ensue(3) Self-cutting injuries have a low mortality rate, which means that most of suicide attempts end in survival. In surviving patients, this is a clinically significant problem because of the risk of permanent disabilities and the repetition of suicide attempts (4) Psychotic individuals may use edged weapons to mutilate either themselves or others. Mutilation usually involves the genitalia, ears, or nose. Non-psychotic individuals may mutilate as a warning, in revenge, or to collect souvenirs (usually ears).(5) Cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT) they are two types of psychotherapy used in the treatment of children and adolescents for mental illness. Mood and anxiety disorder cognitive distortions and behavioural deficits can be targeted for change in therapeutic resulting in improvement in cognitive, emotional, and behavioral functioning (6). Dialectical Behaviour therapy (DBT) is a principle based pharmacotherapy developed by linehan that blends standard cognitive behavioural therapy with eastern philosophy and meditation practices and shares elements with psychodynamic, client-centred , gestalt , paradoxical and strategic approaches.(7) is mainly used with individuals who present strong urges to harm themselves and or who have self – destructive behavior(8). There are four key components that make DBT successfully: (a) Cognitive behaviour (b) Validation (c) Dialectics and (d) Radical acceptance (9). CBT is most commonly used for Anxiety disorder and depression disorder and as used with suicidal adolescents. Dialectical behaviour therapy(DBT)is an empirically supported treatment.(10). DBT developed by Linehan for people with borderline personality disorder who have chronic suicidal & non suicidal self- injurious behaviour , there are no published Randomized control trials of DBT for adolescents . However there are 2 promising control studies of DBT modified for suicidal adolescence that have been published. (11&12).

DIFFERENT BETWEEN CBT AND DBT(13)

Table 1: Different Between CBT And DBT

PRINCIPAL	CBT	DBT
Basic philosophies	Faulty thinking lead to disturbances which is corrected by learning	combine CBT with Buddist meditative practices
Key concepts	problems rooted in chilhood but reinforced by present thinking and core beliefs	Emphasize psychosocial aspects to manage arousal level by support -Oriented , cognitive -based &collaborative therapy
Goals of therapy	confront faulty belief and change automatic thinking	stabilizing ,acheive behaviour control & non-traumatic experiencing
Therapeutic relationship	Teachers -student and directive	Ally with uncon -dition acceptance
Techniques	Structured cognitive , behaviour &emotion techniques	Learn skills of mindfulness, interpersonal effectiveness , emotional regulation & distress tolerance
Application	wide range of Axis I disorder	BPD ,Mood disorders ,sexual trauma ,chem .dependency
Limitation	Client dependency ,not confrontational ,structured ,little focus on past	Treatment stability , client expectations &differential effectiveness is questioned
Empirical support	Extensive	Low - moderate
Efficacy	Modest to good depending on application	Low - moderate

DBT has been shown to improve Behaviour in three strong areas that disordered adolescents typically need help in improving (a) lack of needed Behaviour coping skills , (b) accepting reality as it is , and (c) maintaining strong commitment to change.(14).

EPIDEMIOLOGY

The World Health Organisation (WHO) estimates that each year approximately one million people die from suicide, which represents a global mortality rate of 16 people per 100,000 or one death every 40 seconds. About 800000 people commit suicide worldwide every year of these 135,000 (17%) are residents of India a nation with 17.5% of world population. West Bengal topped the list with 14,648 suicides followed by Andhra Pradesh (14,500), Tamil Nadu (14,424), Maharashtra (14,300) and Karnataka (12,195). These five states accounted for 55.1% of the total suicides.

OBJECTIVES:

- This study aims at studying the suicidal patients with hesitation cuts and to decrease the suicidal ideations and improve Quality of life of people.
- The key objectives of the study include;
- To measure the prevalence of hesitation cuts among suicidal patients.
- To decrease suicidal ideation in suicide patients by antipsychotic pharmacotherapy and patient counselling.

MATERIALS AND METHODS:

- STUDY DESIGN: A prospective observational cohort study would be conducted in impatient departments
- STUDY AREA: A Tertiary care Hospital-Madanapalli
- Study period : 6 months
- SAMPLE SIZE : 50 patients

Inclusion Criteria:

- Adults and adolescents' patients of either sex.
- Patients who attempts for suicide and Patients who have hesitation cuts.
- Patients who are treating with anti depressants and anti psychotics.

Exclusion Criteria**:**

- Pediatrics(<12yrs).
- Geriatrics(>50yrs).
- Patients who are not treating with anti - depressants and anti- psychotics and
- Patients who are not willing to participate in study.

Data Collection:

- the data required to perform the study is obtained from patient data collection forms i.e.,case sheets and performing patient history interview.
- The collected data will be analyzed statistically for the Categorical variables would be compared using Coloumn Graphs, and normally distributed continuous variables would be compared by using *t* tests .

RESULTS:

In this study totally 40 patients were involved and these were categorized based on age,gender and type of antipsychotics prescribed .

***Table* 2: Age wise distribution of patients**

S.no	Age	No of patients	Percentage
1.	15-30	22	55%
2.	30-40	14	35%
3.	>40	4	10%
4.	Total	40	100%

Among 40 patients 22(55%) were belongs to 15-30 age group,14(35%) belongs to 30-40 age group 4 (10%) patients belongs to above 40 years of age group.

Gender Wise Distribution:
In this study out of 40 subjects female were 28(70%) and male were 12(30%)

Distribution Based On Marital Status, Family Problems, Previous Attempts And Psychiatric Disorders:
In our this study among 40 cases it is observed that married persons are more compared with unmarried. the patients who are having family problems are more committed for suicide than others. Previously attempted 28 patients and 34 psychiatric patients are more prone for committed suicide.

Table 3: Distribution Based On Marital Status, Family Problems, Previous Attempts And Psychiatric Disorders

S.no	Parameter		No of people	Percentage
1.	Marital status	Yes	32	80%
		No	8	20%
2.	Family problems	Yes	35	87.5%
		No	5	12.5%
3.	Previous attempts	Yes	28	70%
		No	12	30%
4.	Psychiatric Disorders	Yes	34	85%
		No	6	15%

Based on area of hesitation cuts:
In our study consist of 40 cases it is estimated that 32 patients are mostly self harmed for his hand and 7 patients are self harmed for throat and one for abdomen.

Table 4: Based on area of hesitation cuts

s.no	Area of hesitation cuts		No of patients	Percentage
1.	Hand	Right	6	15%
		Left	26	65%
2.	Throat		7	17.5%
3.	Abdomen		1	2.5%

Based on level of education status:
Our study consist of 40 patients in that 18 patients were secondary status and 13 patients were literates and 7 patients were illiterates and 2 patients were tertiary care.

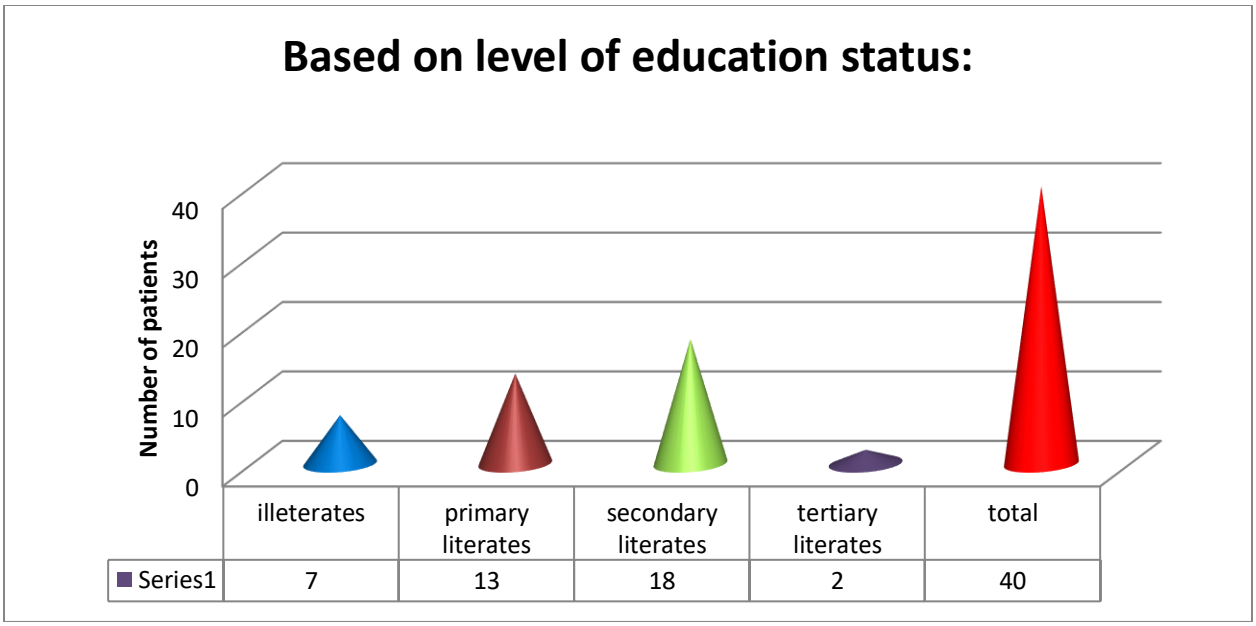

Figure 1: Based on level of education status

Based on economic status:

Our study consist of total 40 patients in that poor patients were 34 members and 6 patients were in middle economic status.

Based on psychiatric illness:

Our study consist of total 34 patients were based on the psychiatric illness in that 24 patients were depression and schizophrenic patients were 10 patients.

Table 5: **Based on psychiatric illness**

S.no	psychiatric illness	No. of patients	Percentage
1.	Depression	24	70.58
2.	Schizophrenia	10	29.42%
3.	Total	34	100%

ASSESMENT OF SUICIDAL RISK:

Population consumed Escitalopram drug:

- Our study the escitalopram consuming patients were 24 members and we maintained follow ups and first follow up score is 3 and second follow up score is 1 and third follow up score is 0.it indicates gradual decrease in the suicidal thoughts in the patients.

Table 6: Population consumed Escitalopram drug

S.no	Name of drug	No of population consuming	No. of follow ups	Score
1.	Escitalopram	24	**1**	**3**
			2	**1**
			3	**0**

Population consumed Risperidone Drug:

Our study the resperidone consuming patients were 10 members and we maintained follow ups and first follow up score is 3 and second follow up score is 1 and third follow up score is 0.it indicates gradual decrease in the suicidal thoughts in the patient.

Table 7: Population consumed Risperidone Drug

S.no	Name of drug	Number of populations consuming	No. of follow ups	Score
1.	Resperidone	10	**1**	**3**
			2	**1**
			3	**0**

CONCLUSION:

Among 40patients, most of them were related to the 1 5-30 age groups and most of them were females According to our study, individuals who suffer from psychiatric illnesses like depression (70.58%) and schizophrenia (29.42%) are at a higher risk of getting suicide. The study did not result in the death of any patients.

From the study it was concluded that psychiatric pharmacotherapy (escitalopram and respiradone) has shown more efficient in decreasing depression and schizophrenia patients and counselling (CBT Therapy, DBT Therapy) has shown efficiency in decreasing suicidal ideation among suicidal hesitation cut patients .

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ANNEXURE-1

Demographic Patient characteristics

DEMOGRAPHICS:

Name: I.P No:
Age: DOA:
Sex: Dept:

PERSONAL HISTORY:

Caste:
Economic Status:
Marital status:
Family Problems:
Other Problems:
Level of education:
a) Primary education ( ) b) Secondary education ( )
c) Tertiary education ( ) d) No formal education ( )

SOCIAL HISTORY:

Known alcoholic:
a) Yes ( ) b) No ( )
Known Smoker:
a)Yes ( ) b) No ( )
Chewing of tobacco leaves :
a) Yes ( ) b)No ( )
Previous attempts:
a)Yes ( ) b) No ( )
If yes when:
How many times:
Psychiatric disorders:
a)Yes ( ) b) No ( )
If yes what type of medicines taken:

SUICIDE IDEATION DEFINITIONS AND PROMPTS

Since Last &Visit

Ask questions that are bold and underlined YES NO

Ask Questions 1 and 2

1) Wish to be Dead: a) Yes ( ) b)No ( )
Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.
Have you wished you were dead or wished you could go to sleep and not wake up?

2) Suicidal Thoughts: a) Yes ( ) b)No ( )
General non-specific thoughts of wanting to end one's life/die by suicide, "*I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods,* intent, or plan.
Have you actually had any thoughts of killing yourself?

If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6

3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): a) Yes ( ) b)No ( )
Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out.
"*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it."*
Have you been thinking about how you might kill yourself?

4) Suicidal Intent (without Specific Plan): a) Yes ( ) b)No ( ) Active suicidal thoughts of killing oneself and patient reportshaving some intent to act on such thoughts, as opposed to "*I have the thoughts but I definitely will not do anything aboutthem."*
Have you had these thoughts and had some intention of acting on them?

5) Suicide Intent with Specific Plan: a) Yes ( ) b)No ( )

Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.
Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?

Suicide Behaviour
6) ***Have you done anything, started to do anything, or prepared to do anything to end your life?*** a) Yes ( ) b)No ( )
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

PATIENT COUNSELLING FORM AFTER PSYCHIATRIC PHARMACOTHERAPHY

DEMOGRAPHICS:

Name:	I.P No:	ADDRESS:
Age:	DOA:	DOD:
Sex:	Dept:	PH.NUM:

ASSEMENT:

SUICIDE SEVERITY RISK ASSESMENT
1)Wish to be Dead a) Yes ( ) b)No ( )
Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.
Have you wished you were dead or wished you could go to sleep and not wake up?
2) Suicidal Thoughts: a) Yes ( ) b)No ( )
General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.
Have you actually had any thoughts of killing yourself?
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):
a) Yes ( ) b)No ( )
Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it."
Have you been thinking about how you might kill yourself?
4) Suicidal Intent (without Specific Plan): a) Yes ( ) b)No ( )
Active suicidal thoughts of killing oneself and patient reportshaving some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything aboutthem."
Have you had these thoughts and had some intention of acting on them?
5) Suicide Intent with Specific Plan: a) Yes ( ) b)No ( )
Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?
Suicide Behaviour
6) Have you done anything, started to do anything, or prepared to do anything to end your life? a) Yes ( ) b)No ( )
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but did not swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.
Total Score Value(n) : 6
Mild Severity : <2
Moderative Severity: 3-4
High Severity: 4-6

SEVERITY RISK AFTER PHARMACOTHERAPHY: