

# Socio-Demographic and Clinical Study of Suicide Attempt Patients Admitted to MGM Medical College and Maharaja Yashwant Rao Hospital, Indore (M.P)

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**Abstract:** *Attempted suicide is one of the acute emergencies and a challenging public health problem associated with many psychosocial and medical conditions. Over the past decade, there has been an increased responsiveness of "suicide attempts" between youth and adults in India. But despite this there is no complete and accurate system of data. Consequently, the socio-demographic profile of mature "suicide attempts" reported in some studies in Indore city of Madhya Pradesh differed. Therefore, through this research paper 62 patients were selected for clinical study out of total admitted patients in Maharaja Yashwantrao Hospital, Indore (M.P.) including 32 females and 30 males who fulfill the eligibility criteria for the research. Let's fulfill A retrospective descriptive type study of M.G.M was conducted at the "Maharaja Yashwant Rao Hospital, Indore (M.P.)", during a period of 12 months from September 2019 to August 2020. The aim was to spread awareness about suicide attempts and implement suicide prevention programs in Indore city of Madhya Pradesh.*

**Keywords:** Suicide Attempt, M.Y. Hospital, emergency, Sociodemographic and Clinical Profile

## 1. Introduction

Every year more than 8 lakhs people commit suicide and many more attempt suicide all over the world. Worldwide, "Suicide is one of the three leading causes of death in the most economically productive age group (15–44 years) (Patton et al., 2009)". "The National Crime Records Bureau" (NCRB) data puts the figure at around 1 lakh peoples per year for India. But it has been seen that many more people are affected by suicide incidents than this.

According to the 2020 "National Crime Records Bureau's Accidental Deaths and Suicides" (NCRB) report, a Sum of 1,53,052 suicides were reported in India, of which 14,578 suicides were reported from Madhya Pradesh, which accounts for the highest number of suicides in the India. Has the third largest number of cases. At 9.5%, Madhya Pradesh had the third highest percentage of suicides in India, rising to the 3rd place in 2018 (8.8%) and 2019 (9.0%).

For this reason, research in this area is important, as an evidence-based research framework can inspire any state to develop a comprehensive suicide prevention strategy. With this objective in mind, researchers conducted a retrospective study on suicide among patients admitted to Maharaja Yashwant Rao Hospital, Indore (M.P.) in the industrial capital of the state, Indore, to identify vulnerable groups and associated risk factors.

## 2. Objective of the Study

The objective of this Investigation was to deliver a socio-demographic and clinical profile of suicide attempts among adult patients admitted to Maharaja Yashwantrao Hospital, Indore (M.P.).

## 3. Methods of Study

A cross-sectional descriptive type retrospective study was conducted at MGM M.Y Hospital, Indore (M.P.) In the particular study, data on suicides in Madhya Pradesh's Indore city over a 12-month period from September 2019 to August 2020 were taken and analyzed to compare the findings for Madhya Pradesh as a whole.

**The inclusion criteria:** were any person admitted to the hospital for attempted suicide, regardless of age and nature of illness. The patient was assessed by a planned consultation conferring to the DSM-IV-TR.

**The prohibiting norms were:** People under the age of fifteen who were diagnosed with mental retardation and were patients with superficial self- mutilation. And the patient with intellectual disability was also excluded from this study.

A pre-established questionnaire was used, and information was collected on the basis of medical records of suicide attempt patients admitted to M.Y. Hospital, Indore (MP). This questionnaire consists of a 28-question heterogeneous system. It was organized in three sections: -

The 1st sections deals with the socio-demographic physiognomies of those who commit suicide, such as gender, age, living environment and occupation,

The second part measures socio-economic factors such as an individual's or family's history of psychiatric counselling or hospitalization and a history of suicide attempt, as well as perceptions of substance abuse, their pattern and nature.

The 3rd sections are kept for suicidal gesticulations, the meaning of the suicide attempt, its mode of action, its

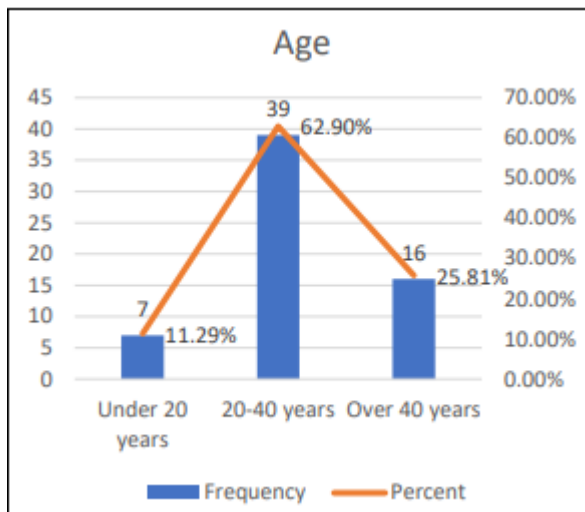
situations (place and time), Causes and care given in the Diagnostic and “Statistical Manual of Mental Disorders (DSM-IV-TR) and diagnosis”.

Data access and statistical evaluation were completed by SPSS software (26.0).

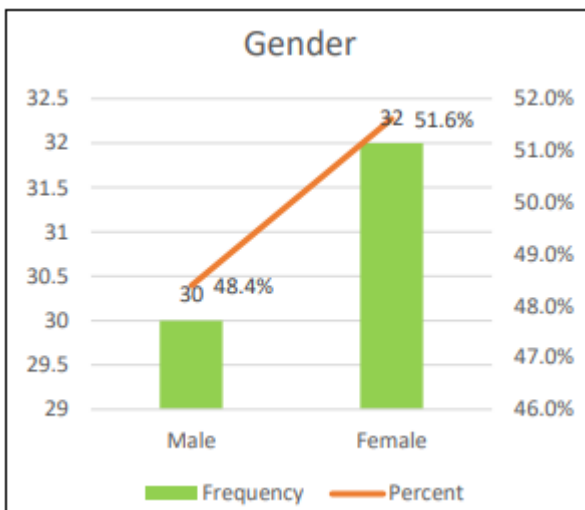
## 4. Data Analysis and Interpretation

### 4.1 Socio-demographic Profile of Respondents

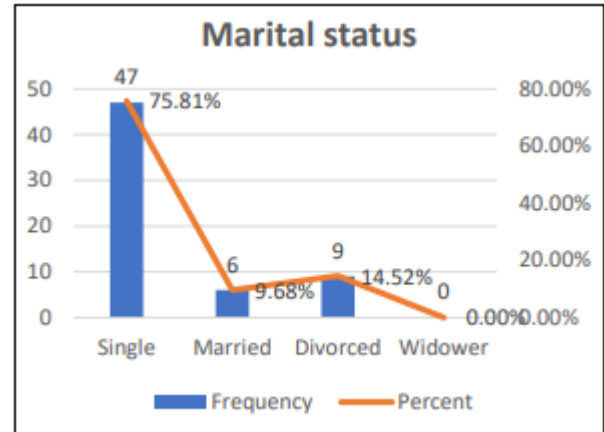
Age (years)	Percent	Frequency
Below 20	11.29%	7
20-40	62.90%	39
Above 40	25.81%	16
<b>T</b>	<b>100.00%</b>	<b>62</b>



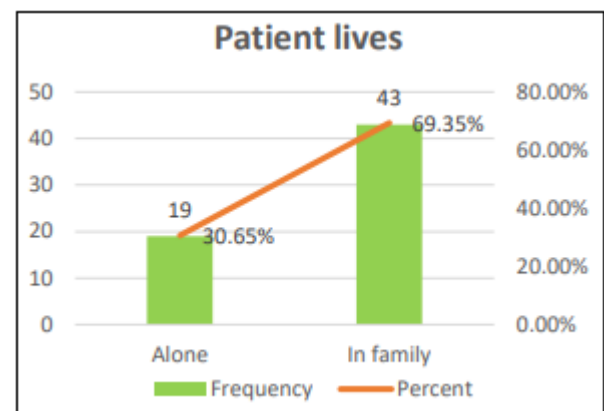
Sexual category	Percent	Frequency
Male	48.40%	30
Female	51.60%	32
<b>T</b>	<b>100.00%</b>	<b>62</b>



Marital status	Frequency	Percent
Unmarried	47	75.81%
Wedded	6	9.68%
Divorced	9	14.52%
<b>Total</b>	<b>62</b>	<b>100.00%</b>



Patient lives	Frequency	Percent
Alone	19	30.65%
In family	43	69.35%
<b>Total</b>	<b>62</b>	<b>100.00%</b>



Family characteristic	Frequency	Percent
Individual	29	46.77%
joint	24	38.71%
low joint	9	14.52%
<b>Total</b>	<b>62</b>	<b>100.00%</b>
Level of education	Frequency	Percent
Primary	9	14.52%
Secondary	31	50.00%
Graduate	21	33.87%
Superior	1	1.61%
<b>Total</b>	<b>62</b>	<b>100.00%</b>
Occupation	Frequency	Percent
Student	7	11.29%
Fix Job	3	4.84%
Irregular job	6	9.68%
No job	46	74.19%
<b>Total</b>	<b>62</b>	<b>100.00%</b>
Socio-economic level	Frequency	Percent
Small	32	51.61%
Medium	25	40.32%
Top	5	8.06%
<b>Total</b>	<b>62</b>	<b>100.00%</b>
living environment	Frequency	Percent
Rural	17	27.42%
Urban	45	72.58%
<b>Total</b>	<b>62</b>	<b>100.00%</b>

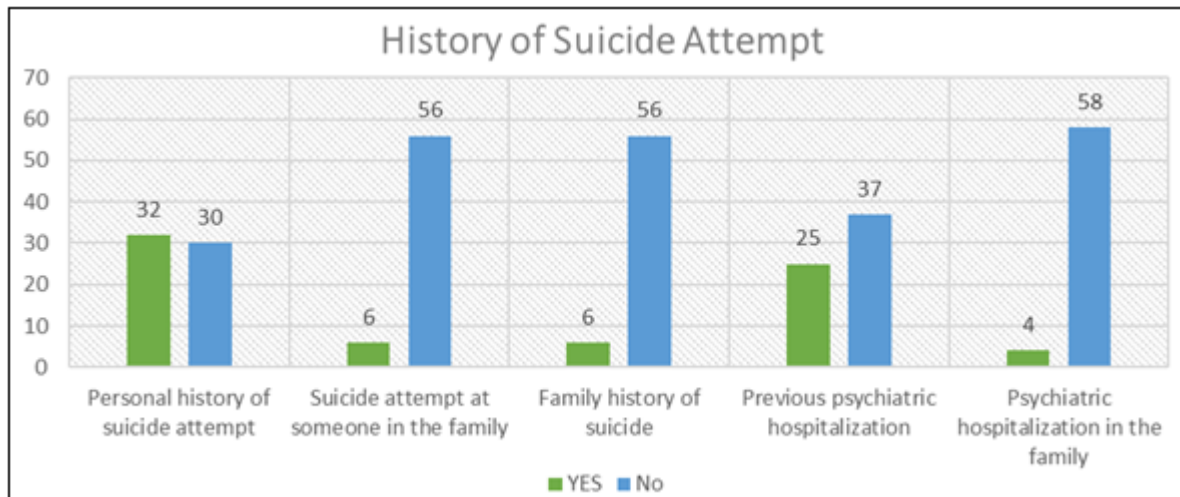
This study examined suicide attempt patients admitted to Maharaja Yashwant Rao Hospital, Indore (MP) who checked throughout this period in the hospital's

perseverance; Between these patients, a total of 62 patients (32 females and 30 males) admitted to the hospital for suicide attempt were included. On age-wise classification of suicide attempt patients admitted to Maharaja Yashwant Rao Hospital, Indore (M.P.), it was observed that most patients were in the age group of 20 to 40 years. Among patients, the number of female respondents was 32 and males were 30. In marital status, it was observed that the maximum number of unmarried respondents was 47. The number of patients living with the family was 43. When the patients were asked on the basis of education status, maximum number of patients were found to have passed 12th and Graduate examination. Patients with suicide

attempts were mainly from urban areas.

#### 4.2 Suicide Attempt

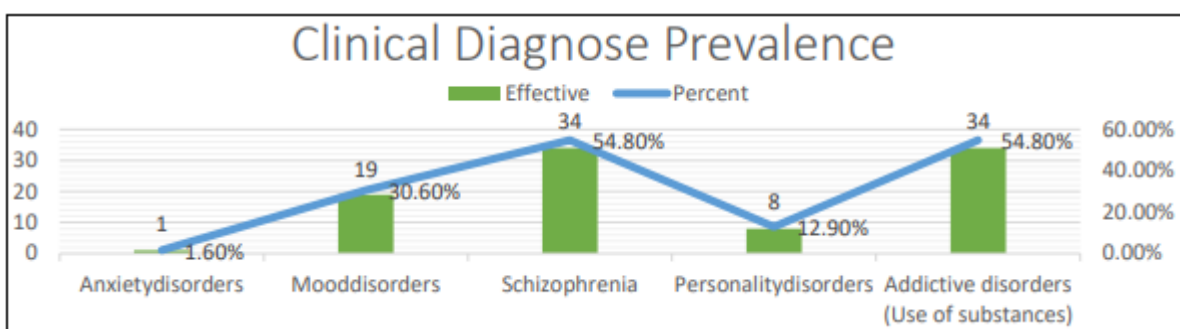
Suicide Attempt History	Clinical Structures		Total
	Yes	No	
Individual history of "suicide attempt"	32	30	62
"Suicide attempt" at somebody in the family	6	56	62
Family history of suicide	6	56	62
Previous psychiatric hospitalization	25	37	62
Psychiatric hospitalization in the family	4	58	62
Total	73	237	310



During the research, almost 5 out of 10 (52%) patients admitted had a individual history of "suicide attempts". History of admission to Maharaja Yashwant Rao Hospital, Indore (MP) was found in 25 patients i.e. (40%), while 37 admitted patients i.e. (60%) had no history of hospitalization. In an average of 6 admitted patients (9.7%), "we noted a history of suicide attempt in the family". In addition, 58 (93.5%) patients admitted to Maharaja Yashwant Rao Hospital, Indore (MP) had no family history.

#### 4.3 Clinical Diagnose Prevalence

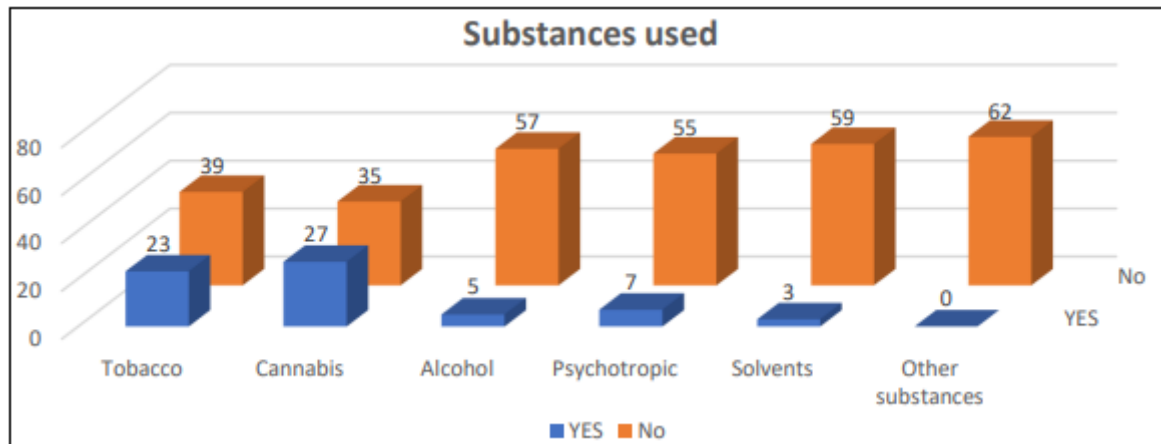
"Clinical Diagnose Prevalence"	Operative	Percent
Schizophrenia	34	54.80%
Mood disorders	19	30.60%
Anxiety disorders	1	1.60%
Addictive disorders (Custom of substances)	34	54.80%
Personality disorders	8	12.90%



The psychiatric diagnoses as per DSM IV-TR cataloguing originate in the suicide attempt patients admitted to the Maharaja Yashwant Rao Hospital, Indore (MP) involved in this Investigation were: Prevalence among patients was predominantly schizophrenia diagnosed in 54.8% patients, mood disorders diagnosed in 30.6% patients, personality disorders diagnosed in 12.9% patients, anxiety disorders diagnosed in 1.6% patients. and addictive disorders were estimated to be 54.8%.

#### 4.4 "Distribution of patients according to psychoactive substances used"

"Substances used"	Responses		Total
	YES	NO	
Tobacco	23	39	62
Cannabis	27	35	62
Alcohol	5	57	62
Psychotropic	7	55	62
Solvents	3	59	62
Other substances	0	62	62
Total	65	307	372



In our study of psychoactive substance dependence, 54.8% of suicide attempt patients admitted to Maharaja Yashwant Rao Hospital, Indore (M.P.) were mainly dependent on psychoactive substances. In 45.2% of the cases it was observed that the use of psychoactive substances was absent.

#### 4.5 Characteristics of “Suicide attempt”

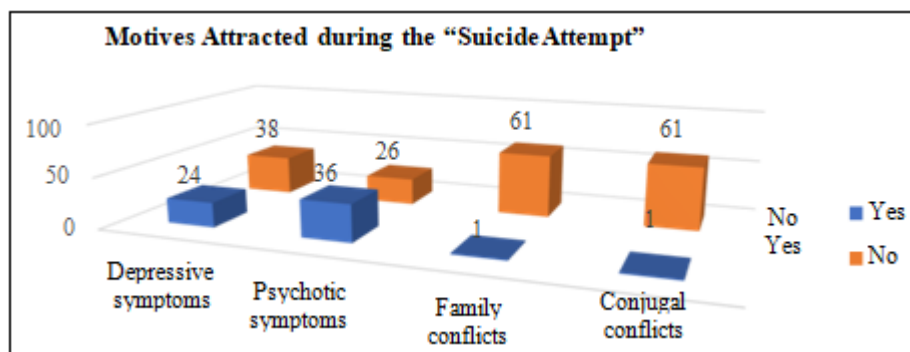
Confidentiality	Frequency	Percent
In front of someone	14	22.58%
Solitarily	48	77.42%
<b>Total</b>	<b>62</b>	<b>100.00%</b>
Suicide attempt location	Frequency	Percent
Outside the house	12	19.35%
Inside the house	50	80.65%
<b>Total</b>	<b>62</b>	<b>100.00%</b>
Medical care	Frequency	Percent
External monitoring	17	27.42%
We don't need	19	30.65%
Admitted to hospital	18	29.03%
Resuscitation	8	12.90%
<b>Total</b>	<b>62</b>	<b>100.00%</b>
Methods used	Frequency	Percent
Defenestration	23	37.10%
Execute	4	6.45%
Cut Vein	3	4.84%
Insecticide	5	8.06%
Gas	2	3.23%
Caustic	0	0.00%
Medicine	15	24.19%

Other	0	0.00%
Stab Wound	1	1.61%
Throttling	1	1.61%
Drowning	6	9.68%
Jump In Front Of A Train Or Car	2	3.23%
<b>Total</b>	<b>62</b>	<b>100.00%</b>
<b>Regret</b>	<b>Frequency</b>	<b>Percent</b>
Yes	23	37.10%
No	36	58.06%
<b>Total</b>	<b>62</b>	<b>100.00%</b>

As far as the means of suicide attempt is concerned, drug abuse and profanity come first in the patients admitted to Maharaja Yashwant Rao Hospital, Indore (M.P.). And hanging is the 2nd optimal for our patients. In our study, 77.4% of suicide attempts occurred “alone without the presence of a family member”, and 80.6% of those attempted suicide occurred at home.

#### 4.6 Motives Invoked during the Suicide Attempt

Motives Attracted during the “Suicide Attempt”	Responses		Total
	Yes	No	
Depressive symptoms	24	38	62
Psychotic symptoms	36	26	62
Family conflicts	1	61	62
Conjugal conflicts	1	61	62
<b>Total</b>	<b>62</b>	<b>186</b>	<b>248</b>



The reasons given by patients are varied. It was either in the context of marital conflict, family, depression and despair or psychotic symptoms.

When treatment was given after a suicide attempt, it was

observed that physical therapy intervention was required in 69.4% of the patients. Of these, 27.4% of patients required outpatient medical intervention, 29% of patients required inpatient medical intervention, and 12.9% required intensive care medical intervention. In the remaining cases, systemic



medicinal supervision was not essential.

## 5. Limitations

- 1) The 1st restriction is the minor sample dimensions. Every day they receive numerous cases of "suicide attempts" that should be admitted in hospital, but they are referred to local hospitals for hospitalization either because of lack of space, or because of the stigma of psychiatric illness, or the families of the patients. live in the hospital. refuse to get admitted or they go to private sector for counselling. Furthermore, even today, many people do not report their attempts or even their suicidal thoughts for fear of legal backlash.
- 2) A 2nd restriction is that this Research is a "cross-sectional study" with surveying conscription, the "suicide attempters" were not subsequently assessed to ascertain whether a future act was likely. Therefore, a prospective study is needed afterwards.
- 3) A 3rd limitation is that it was not possible in this paper to evaluate all subjects who attempted suicide during the study period and who were seen for a medico-surgical emergency. That is why the found prevalence may be underestimated.

## 6. Result and Suggestion

Out of the total admitted patients at Maharaja Yashwantrao Hospital, Indore (MP), 62 patients were selected for the clinical study, including 32 females and 30 males, who encountered the admissibility standards. The profile of suicide bombers admitted to the hospital to prevent a suicide attempt consists of young adults amongst the ages of 25 to 40. These include "psychiatric disorders, mood disorders, schizophrenia, anxiety disorders, borderline personality disorder, histrionic or psychopathic personality, alcohol or other psychoactive substance dependence, familial and emotional attachments, and physical deprivation with a previous suicide attempt. Which is shows the possibility of committing suicide attempts. Because as we know the risk of malpractice increases with the number of previous attempts".

- 1) Suicide attempts were 11% among 15- to 20-year-olds and about 63% among 20- to 40-year-olds.
- 2) Patients knowing about a "previous suicide attempt is a risk factor for their future suicide attempts and also increases the risk of fatal suicide. That is why, repeaters should be considered as a separate population among suicides. Some studies have reported a positive association between women and younger age with the risk of multiple attempts, suggesting that they may act as modifiers of the effect".
- 3) A household history of "suicide attempt" was existing in 20% of the patients in This Research Study, which is dependable through the data from the Roy et al study that studied the presence of suicide attempt. Household history of the behaviour is connected with previous age of 1st suicide attempt.
- 4) We found that suicide in people with a family history of suicidal behaviour, especially those who made two or more attempts, was more likely to initially attempt suicide than in those with no family history of suicidal behaviour. Was. This suggests that a family history of suicide that appears to increase the risk of suicidal

behaviour may also be associated with an earlier suicide attempt. And a systematic search for these factors in those who commit suicide may be warranted.

- 5) This research study found that 55% of the patients had a psychotic disorder, of which more than a third had a disorder called schizophrenia. The first clinical histories of patients with schizophrenia have studied suicide risk in relation to specific psychiatric symptoms, including suicide risk in patients with schizophrenia.
- 6) This research study found that "all patients had a psychiatric-disorder conferring to DSM IV-TR, with psychotic disorders being the most common in our sample, followed by mood disorders and personality disorders. Studies agree that more than 90% of people with suicidal behaviour have a psychiatric disorder".
- 7) "The incidence of suicide attempts during these episodes is approximately 20 to 40 times greater than that of euthermia. Current literature suggests that patients with bipolar disorder are at higher risk of suicide attempts and completed suicide than patients with unipolar major depression".
- 8) This research study found that the prevalence of patients with addictive disorders was 54.8%. Literary information showed the status of addictive disorders in inspiring the suicidal process.
- 9) This research study found that seriousness of ideology Comorbidity appears to be related to aggressive symptoms associated with alcoholism. A common biological cause of alcoholism, aggression, smoking and suicide may be the substrate.

## 7. Conclusion

This research study found that confirm preceding methodical statistics on "suicide attempts" and enlighten that the emergence of psychosomatic defencelessness and current traumatic life expectancy events have combined their possessions to increase the risk of suicide attempt. Some differences are not explained by differences in rates of psychological disorders, divorce or separation, they are perhaps due to traditional physiognomies that we don't yet comprehend. "Socio-cultural factors influence suicide patterns and rates. Choice of method and cohort effects affect rates. Suicide prevention strategies should focus on suicide factors related to culture".

The progress of regular epidemiological investigations has made it probable to improved recognize the pervasiveness of suicide attempts in the city of Indore. Suicide prevention programs in the city of Indore should take into account both personal experiences of violence, structural determinants, psychiatric disorders and personality disorders. Gender differences in this special population should be considered in order to promote more personalized prevention programs for suicidal ideation and completed suicide. The ongoing epidemiological surveys developed through this paper make it possible to understand the prevalence of suicide attempts in the city of Indore, Madhya Pradesh, and to implement suicide prevention programs.

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