

Comparing suicidal ideation among schizophrenia and mood disorder patient

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I. Introduction

The word suicide has its origin in Latin word “sui” of oneself and “ludium” from caedere, to kill. The act of intentionally destroying one’s life. The word suicide first used by *Sir Thomas Brown in 1642* in his “*Religio medici*” has evoked a variety of reaction in public minds. **Suicidal ideation**, also known as **suicidal thoughts**, concerns thoughts about or an unusual preoccupation with suicide. Suicidal ideation may be a risk factors for suicidal in both young and elder patient. In younger psychiatric out patients, suicidal ideation seems to predict suicide with **53%** sensitivity, **83%** specificity and **42%** predictive value (*Beck et al 1999*).

II. Background of The Study

Suicide is among the top three causes of death among youth worldwide. According to the WHO, every year, almost one million people die from suicide and 20 times more people attempt suicide; a global mortality rate of 16 per 100,000, or one death every 40 seconds and one attempt every 3 seconds, on average. Suicide worldwide was estimated to represent 1.8% of the total global burden of disease in 1998. The suicide rate in India is 10.3. In the last three decades, the suicide rate has increased by 43% but the male female ratio has been stable at 1.4 : 1.

The high incidence of suicidal behavior in schizophrenia is well documented. Suicide is the chief cause of premature death among individuals with schizophrenia. Most people who have suicidal thoughts do not go on to make suicide attempts, but it is considered a risk factor. During 2008-09, an estimated 8.3 million adults aged 18 and over in the United States, or 3.7% of the adult U.S. population, reported having suicidal thoughts in the previous year. An estimated 2.2 million in the U.S. reported having made suicide plans in the past year. The long-term suicide rate for people with *schizophrenia* was estimated in a recent meta-analysis, which showed that 4.9% of schizophrenics will commit suicide during their lifetimes, usually near the illness onset. Risk factors for suicide among people with schizophrenia include a history of previous suicide attempts, the degree of illness severity. The risk is higher for the paranoid subtype of schizophrenia and is highest in the time immediately after discharge from hospital. Command hallucinations, in schizophrenia and psychotic depressions, in which one hears voices telling one to kill oneself, have traditionally been felt to carry particular risk.

Rates of suicidal behavior in mood disorders, suicide is almost always a complication of a psychiatric disorder that is present in over 90% of suicides. 60% of all suicide victims have a mood disorder. The elevated risk of premature death in major mood disorders is predominantly due to suicide. Suicide is the cause of death in 5–15 percent of patients with major mood disorders and the suicide rate of patients with (untreated) unipolar major depression and bipolar disorders is 20–25 times higher than the same rate in the general population. While the lifetime suicide risk for *mood disorders* in general is around 1%, long-term follow-up studies of people who have been hospitalized for severe depression show a suicide risk of up to 13%. People with severe depression are 20 times more likely and people with bipolar disorder are 15 times more likely to die from suicide than members of the general population. The age adjusted suicide rates for patient with a mood disorder have been estimated to be 400 per 1 lakh female patient (*Kaplan 2001*). Depression increase risk of suicide across age groups. High severity of depression as reflected by treatment setting seems to be a predictor of suicidal behavior (*Simon et al 1998*).

III. Objective

- To assess the suicidal ideation among schizophrenia patients.
- To assess the suicidal ideation among mood disorder patients.
- To compare the suicidal ideation between schizophrenia & mood disorder patients.
- To find the association between Socio demographic variables and suicidal ideation among schizophrenia and mood disorder patients.

IV. Research Methodology

Research design- Non experimental descriptive research design.

Settings- In psychiatric IPD of IMS & SUM HOSPITAL, BBSR

Samples -The sample size consists of 30 patients of schizophrenia and 30 patients of mood disorder attending department of psychiatric, IMS &SUM HOSPITAL, Bhubaneswar

Sampling techniques- Non probability purposive sampling

Data collecting tool- The data is collected using socio demographic tool and suicidal ideation check list.

Data collecting method- structured interview schedule

Reliability

The calculated r' value for the patients of schizophrenia was found **0.81** and for mood disorder was **0.91**.

V. Results

The samples of 13.33% in the age group <18 year shows maximum of mean suicidal ideation (11.7) in both the groups. Maximum 53.33% male samples shows suicidal ideation in mood disorder but maximum 60% female samples shows suicidal ideation in schizophrenia. The widowed has high intensity of suicidal ideation. Maximum Muslim patients of mood disorder showing high intensity of suicidal ideation. Maximum unemployed patient are showing high intensity of suicidal ideation. Maximum 50% samples belong to monthly income 5001-10,000 showing maximum suicidal ideation. 46.47% mood disorder patients staying rural areas showing high intensity of suicidal ideation. Maximum 28 no of samples (93.33%) having moderate (34-66%) suicidal ideation in schizophrenia. 16 samples (53.33%) having moderate (34-66%) suicidal ideation and 14 (46.67%) samples showing severe (67-100%) suicidal ideation in mood disorder.

VI. Conclusion

Suicidal ideation has significance association with age, sex, occupation and type of family in patient of schizophrenia. Suicidal ideation has significance association with sex, occupation, areas of living and type of family in patient of mood disorder. There is a significant difference between intensity of suicidal ideation in both schizophrenia and mood disorder patients.

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