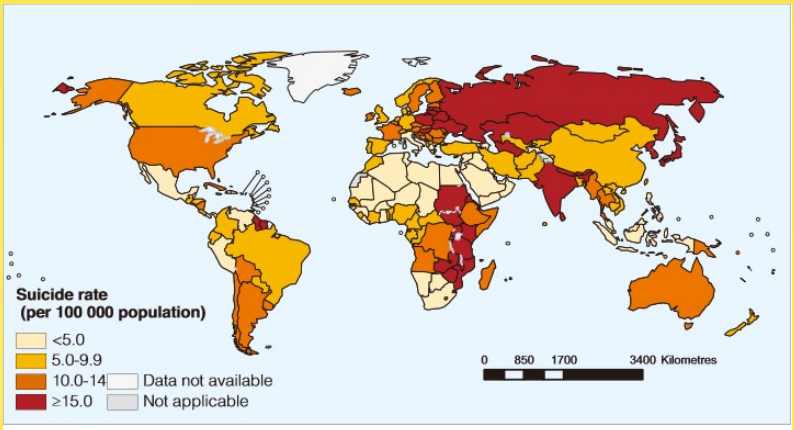
Suicidio

Riflessioni

1

- The highest rates of suicide worldwide are found in Lithuania and Russia (51.6 and 43.1 per 100 000 inhabitants), and the lowest in Azerbaijan, Kuwait and the Philippines (1.1 , 2.0 and 2.1 per 100 000 inhabitants).

- In Europe, with the countries of Eastern Europe showing the highest rates . High rates are also observed in the Nordic countries

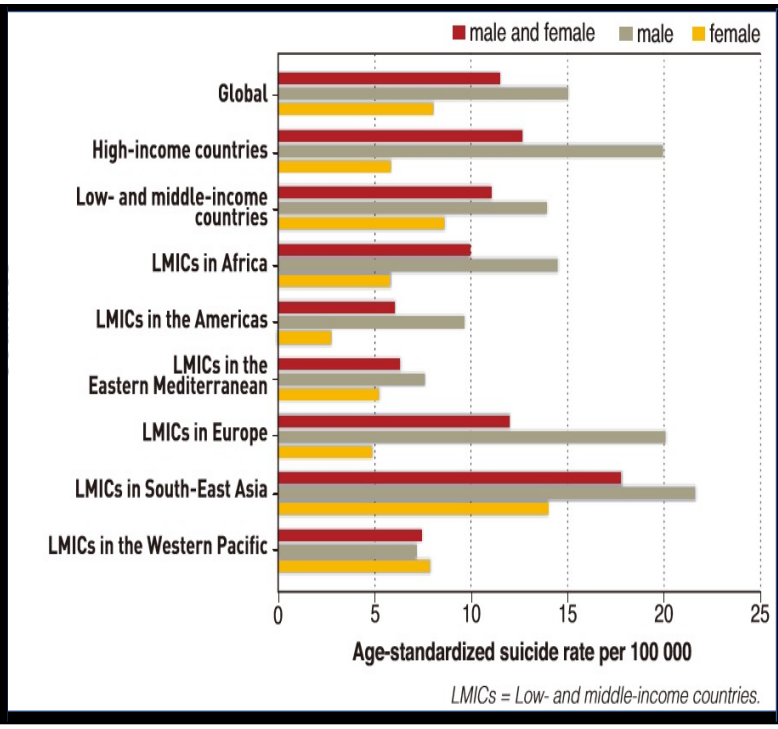


- Mladovsky P, Allin S, Masseria C, HernándezQuevedo C, McDaid D, Mossialos E. Health in the European Union. Trends and analysis. Copenhagen: European Observatory on Health Systems and Policies

2

- **Gender equality issues**
- **Differences in socially acceptable methods of dealing with**
- **Availability of and preference for different means of suicide**
- **Availability and patterns of alcohol consumption**
- **Differences in care-seeking rates for mental disorders between men and women**

Varies greatly by country and region



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Alla ricerca di un perchè

(Shneidman mod. Valcanover)

Suicidio storia unica (Shneidman) con cause di difficile categorizzazione.

Più che un movimento verso la morte è un movimento di fuga da emozioni intollerabili, dolore insopportabile, angoscia inaccettabile.

Suicidio come miglior soluzione per fuggire dall'angoscia

Elementi comuni (anche se non sempre tutti presenti):

- **Mancanza di speranza (hopelessness) sul presente e sulle prospettive future (tunnel con buio senza vie di uscita)**
- **Sofferenza percepita come intollerabile e senza via di uscita**
- **Rigidità cognitiva (pensiero in bianco e nero)**
- **Ambivalenza (richiesta di aiuto)**

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- **Affective disorders: Depression is the psychic disorder with higher risk of suicide. It is associated with 45 and 77% of suicides.**

The feeling of hopelessness is even more important than the depression itself.

The greatest risk is related to bipolar disorders.

Poco prima aveva avuto la sensazione che Caroline stesse per accusarlo di essere «depresso», e temeva che se quell'idea avesse preso piede, lui non avrebbe piú avuto diritto alle proprie opinioni. Avrebbe perso le sue certezze morali; ogni sua parola sarebbe diventata un sintomo di malattia; non avrebbe mai piú vinto una discussione.

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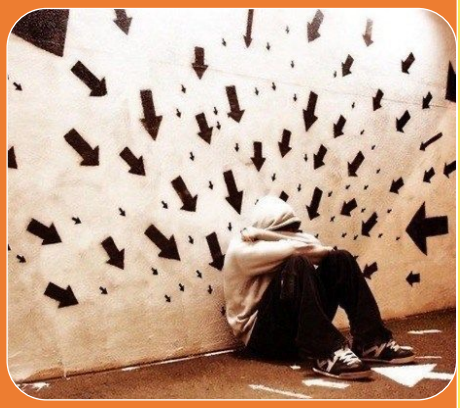
- **Anxiety disorders and panic attacks are those with the highest risk of attempted suicide.**
- **Schizophrenia: It is estimated that 10% of schizophrenic patients consume suicide.**
- **Personality disorders**



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Abuse of alcohol and other drugs: Drug addiction itself has been considered as a form of indirect self-destructive behavior or chronic suicide.

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2. Myth or Fact

6th VdGM Forum
Torino - Italy
27/29 September 2019

semFYC
Sociedad Española de Medicina de Familia y Comunitaria

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Talking about suicide is a bad idea and can be interpreted as encouragement

Heightened suicide risk is often **short-term and situation-specific.**

While suicidal thoughts may return, they are not permanent and an individual with previously suicidal thoughts and attempts can go on to live a long life.

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Surviving family members have a higher risk of commiting suicide

Surviving family members not only suffer the trauma of losing a loved one to suicide:

- they may themselves be at higher risk for suicide and emotional problems

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Teens are the greatest risk to commit suicide

Adults are more likely to take their own life.

- At particularly high risk are adults between 45 and 54 years old.

Still, teenagers remain a high-risk group. The percentage of emergency room visits related to suicidal thoughts or attempts among children and teens more than doubled from 2008 to 2015.

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Most suicides happen suddenly without warning

The majority of suicides have been preceded by warning signs, whether verbal or behavioural.

Of course there are some suicides that occur without warning.
But it is important to understand what the warning signs are and look out for them

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Females are more likely to have suicidal thoughts and poisoning is the most common method used by them

Males take their own lives at nearly four times the rate of females and represent 77.9% of all suicides.

Females are more likely than males to have suicidal thoughts.

Firearms are the most commonly used method of suicide among males (56.9%). **Poisoning is the most common method of suicide for females (34.8%)**

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People who die by suicide are selfish and take the easy way out

Typically, people do not die by suicide because they do not want to live: **people die by suicide because they want to end their suffering.**

These individuals are suffering so deeply that they feel helpless and hopeless. Individuals who experience suicidal ideations do not do so by choice. They are not simply, "thinking of themselves," but rather they are going through a very serious mental health symptom due to either mental illness or a difficult life situation

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A person will always welcome someone intervening with their suicidal plans

It is actually quite common for some suicidal persons to become **angry or defensive** when someone tries to intervene

This is because, fort that person, suicide is an answer to their problem and intervention may be perceived as an unfair elimination of their solution.

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- After two years of intervention the number of suicidal acts, the study's main outcome criteria, was significantly reduced by **24 percent** compared to the baseline and to a representative control region.

- *Hegerl U, Mergl R, Havers I, Schmidtke A, Lehfeld H, Niklewski G, et al. Sustainable effects on suicidality were found for the Nuremberg alliance against depression. Eur Arch Psychiatry Clin Neurosc. 2010;260:401-6.*
- *Hegerl U, Althaus D, Schmidtke A, Niklewski G. The alliance against depresssion: 2-year evaluation of a community-based intervention to reduce suicidality. Psychol Med. 2006;36:1225-33.*

Psychiatr Prax. 2007 Sep;34 Suppl 3:S261-5.

[From the Nuremberg Alliance Against Depression to a European network (EAAD)--extending community-based awareness-campaigns on national and European level].

[Article in German]
Hegerl U[1], Schäfer R.

Author information

Abstract
With the aim to improve the care of depressed patients and to reduce suicidality, the Nuremberg Alliance Against Depression was initiated 2001 in the framework of the German Research Network on Depression and Suicidality (funded by the Federal Ministry of Education and Research). The Alliance's concept is based on an intervention on four levels: Co-operation with GPs, an information- and awareness-campaign for the broad public, educational training for multipliers such as teachers, priests or geriatric care-givers as well as the support and initiative of self-help-activities. After two years of intervention the number of suicidal acts, the study's main outcome criteria, was significantly reduced by 24 percent compared to the baseline and to a representative control region. Since 2002 the successful four-level-intervention, its concepts and materials have been adapted by other regions within Germany. Nearly 40 community-based local campaigns are forming the German Alliance Against Depression (GAD) and many more regions are interested. On international level the European Alliance Against Depression (EAAD) was established 2004. Funded by the European Commission the four-level-programme is implemented in 17 European countries.

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How to ask?

It is not easy to ask patients about their suicidal ideas. It is helpful to lead into the topic gradually. A sequence of useful questions is:

1. **Do you feel unhappy and helpless?**
2. **Do you feel desperate?**
3. **Do you feel unable to face each day?**
4. **Do you feel life is a burden?**
5. **Do you feel life is not worth living?**
6. **Do you feel like committing suicide?**

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When to ask?

It is important to ask in this situation:

- **After a rapport has been established;**
- **When the patient feels comfortable about expressing his or her feelings;**
- **When the patient is in the process of expressing negative feelings.**

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2.- Determine the suicide risk factors for predict the lethal risk

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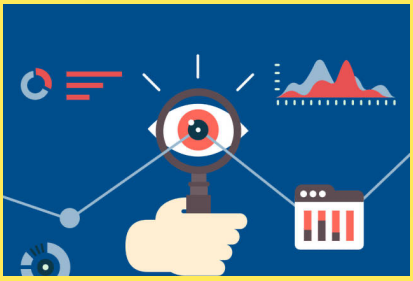
3.- Evaluate the following questions:



a) Gravity of previous suicide attempts, if any.

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1.- Danger of the chosen method

2.- Knowledge of the patient about the effectiveness of the method:

To evaluate it may be useful to ask: Are you surprised to be still alive?

3.- Probability of being discovered by someone before dying

4.- Impulsivity or planning of the attempt

5.- Purpose of the suicidal act: If there is secondary gain, the risk of consummation is lower. If there is no secondary gain, except for own death, the risk of a new lethal intent is very high.

6.- Feeling or not of relief after being saved: If there is a sense of relief, the risk is lower.

7.- Concept that the patient has of death.

8.- Variation of the psychological and vital circumstances that prompted the patient to make a decision

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b) Elaboration of the suicidal idea

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Detection of the existence or not of suicidal ideation.

- Have you thought about how performing the suicide?
- Do you have a detailed plan?
- Do you have the means to commit suicide?
- Are these means lethal?
- Has the patient made any foresight to be saved?

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c) Future orientation

Despair towards the future is important because, independently of psychiatric diagnosis, it is considered to be the clinical symptom **that best correlates with the risk of suicide.**

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La tesi della dr.ssa F. Merli

PROVINCIA AUTONOMA DI TRENTO
ORDINE PROVINCIALE DEI MEDICI – CHIRURGHI E DEGLI ODONTOIATRI
Corso triennale di Formazione Specifica in Medicina Generale
Triennio 2013 - 2016

DOTT.SSA FEDERICA MERLI

IL SUICIDIO
GESTIONE, PERCEZIONI ED EMOZIONI
IN MEDICINA GENERALE
IN VAL DI SOLE

Relatori: Dott.ssa Norma Sartori
Dott. Pietro Mistretta

INDICE

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Fattori di rischio suicidiario

Età maggiore di 65 anni
Sesso maschile
Single, separati, divorziati o vedovi (soprattutto se senza figli)
Assenza di occupazioni, hobby, interessi
Storia di ricovero in reparti psichiatrici
Storia personale o familiare di tentati suicidi
Abuso di alcool e sostanze
Importanti situazioni di stress nel recente passato
Attacchi di panico o ansia grave (che mascherano una forte depressione)
Gravi malattie fisiche (specie di recente insorgenza)
Grande disperazione, apatia, anedonia (l'incapacità di un paziente di provare piacere)
Progettazione di un piano specifico di suicidio
Accesso ad armi da fuoco o letali.

(Miller et alt 1999, modificati F. Benincasa et alt. 2009)

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Ulteriori riflessioni sul suicidio

- Valutare ipotesi diagnostica in linea di massima (nevrosi, disturbi umore, psicosi, altro)
- Indagare sul senso del vivere
- Il/la paziente sono stati colpiti da qualcosa che mette in crisi il senso della loro vita?
- Ci sono state azione autolesive o vero e propri tentativi di suicidio (andati male o dimostrativi)
- C'è nell'aria un idea di farla finita con la vita: indagare con delicatezza, si può anche porre la domanda diretta
- SE RISCHIO SUICIDIO (a volte la minaccia o il tentativo possono essere richieste di aiuto), COINVOLGERE lo specialista, coinvolgere vicini, parenti ed altri elementi di rete.
- Se c'è almeno un iniziale rapporto di fiducia proporre un patto: *io provo ma per 2 settimane non fa niente e/o se in difficoltà torna subito da me.*

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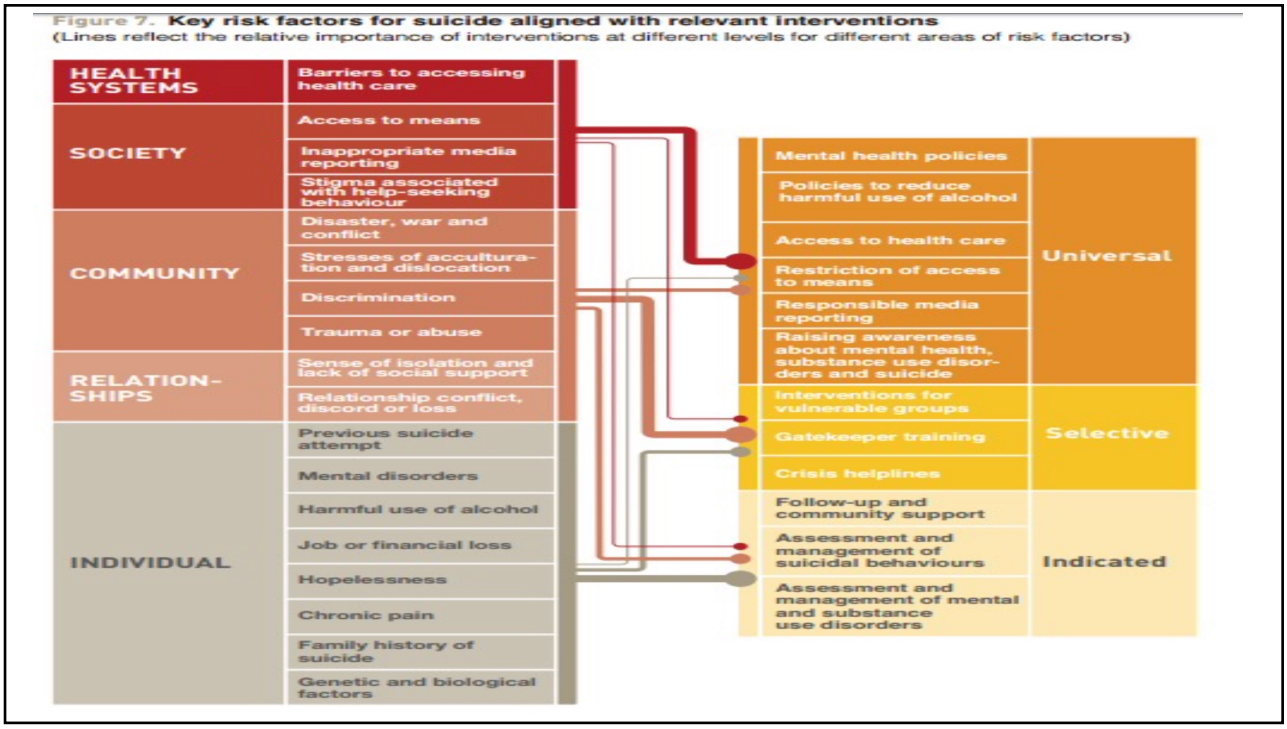

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