

DELIBERATE SELF-HARM CASES TREATED IN AL-YARMOUK TEACHING HOSPITAL

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Abstract:

Background:

This study comprises all cases of deliberate self-harm who were admitted to Al-Yarmouk teaching hospital in Baghdad between 1st January 2000 and 31st December 2001.

Method:

A total of 40 cases were identified of whom 2 were admitted to the surgical wards and the rest to the medical department.

Results:

Deliberate self-harm accounted for 0.47% of all medical admissions during the period of our study . This low frequency could be attributed to the influence of Islamic teachings. The majority of subjects were single below age of 30 years (95%). With most below the age of 20 (52.5%) female to male ratio was 4:1 . Interpersonal conflicts leading to quarrels precipitated the act in over two-thirds (72.5%) of the episode.

Conclusions:

Drug over dosage was involved in 80% of the cases. Psychotropic , analgesics and miscellaneous drugs were used almost equally . Reactive depression was the commonest diagnosis (60%).

Recommendations:

Limited sales of analgesics discard of unused medications and discrete prescription of psychotropics particularly to young females are among recommended preventive measures.

KEY WORDS: Drug overdose - Iraq, Suicide, attempted

الخلاصة:

تشمل هذه الدراسة جميع حالات إيذاء النفس المتعمد التي تم معالجتها في مستشفى اليرموك التعليمي في بغداد للفترة من 1 كانون الثاني عام 2000 لغاية 31 كانون الأول عام 2001 . وقد تم التعرف على (40) حالة أدخلت اثنتان منها إلى قسم الجراحة والباقي عولجت في الأقسام الباطنية . أن قلة هذه الحالات يمكن أن يعود إلى تأثير التعاليم الإسلامية . كانت أغلبية هذه الحالات من غير المتزوجين ودون الثلاثين من العمر ومعظمهم (52.5%) دون سن العشرين . كانت نسبة الإناث إلى الذكور 4:1 ولقد تسببت حالات الشجار الناجمة عن النزاعات الشخصية في وقوع معظم هذه الحالات (72.5%) من مجموع الحالات التي تمت دراستها . وكان مظهرها عن طريق تناول جرعة زائدة من العقاقير في 80% علماً أن الأدوية النفسية والمسكنات وغيرها من الأدوية المختلفة قد استعملت بالتساوي . وكانت الكآبة الانفعالية هي التشخيص الغالب (60%) . تقترح هذه الدراسة من بين الإجراءات الوقائية: الحد من بيع المسكنات والتخلص من الأدوية غير المستعملة وتوخي المزيد من الحرص في صرف الأدوية النفسية خصوصاً للشابات .

Introduction:

Deliberate self-harm (DSH) has been defined as “a non-fatal deliberate act, whether physical injury , drug overdose, or poisoning, carried out in the knowledge that it was potentially harmful and , in the case of drug over dosage, that the amount was excessive” [1]. These acts may present as isolated psychological abnormality or as apart of other psychiatric diseases . Studies from England, the United States, and other non – Muslim Countries have indicated an alarming increase in DSH over past two decades [2,3]. For example in one region of England , DSH had accounted for 10% of all medical admissions and 20% of all medical emergencies [4]. Subjects from these studies were reported to be mostly young females and the majority of them overdosed themselves. In the Arab world a few studies have been published on the problem from Iraq, Qatar, Kuwait and Egypt [5-8]. In Egypt the crude rate of DSH was 38.5/100.000 population per year a comparatively low figure Little is known about DSH in Al-Yarmouk hospital (Baghdad) where the prevailing Islamic teaching condemn and strictly proscribe intentional self-destruction .

Accordingly this study was carried out :

1. To investigate the magnitude of the problem in Baghdad culture.

2. To study the patient characteristics .
3. To study the methods adopted.
4. To appraise the concomitant psychiatric disorders and finally
5. To suggest preventive measures.

Patients and Methods:

The study was carried out at Al-Yarmouk Teaching Hospital (Karkh/Baghdad . It's a referral centre serving a population of nearly 2 millions. Case records of all patients with the diagnosis of DSH admitted between 1st Jan 2000 to 31st Dec. 2001 were scrutinized for relevant data. The cases were accepted as emergencies and mostly treated by members of the department of Internal Medicine . Most of the patients were admitted to the medical wards. Samples of their urine, blood and gastric aspirate were sent for toxicological analysis. All cases were assessed after admission by psychiatrist.T-test and chi-square test were used to measure the difference between two means and for homogeneity , respectively.

Results:

A total of 40 cases, 32 females and 8 males were identified .Female to male ratio was 4:1 . The mean age of the group was 20.65 years (SD 5.18 , S.E = 0.82) , the mean age of female was 20.16 years S.D = 5.06 , S.E = 0.89 and of the males = 21.38 years S.D 3.66 S.E = 1.29 . The difference between the means in the sexes was not significant . Two patients were managed at the surgical wards while the rest (38) patients were admitted to the medical wards which received a total of 7992 admissions during the study period . Thus, 0.47% of total medical admission was due to DSH . Table 1 shows the age and sex distribution of the group Concerning the occupations of the group 16 females were students at different levels of education including 4 at the University level and 12 were illiterate housewives, the remaining 4 were private sector workers. The male were literate: 2 were employed 1 unemployed and 5 were students including 1 at the university level.Table 2 : demonstrates the marital status of the group and table 3 illustrates the precipitants for the act. Interpersonal conflicts referred to a dispute with a key figure commonly a family member. Such conflicts as well as marital problems often escalated into a quarrel shortly before the act personal problems were related to failure in school exam in 2 females, to failed love affairs in two males and to dismissal from work in another male.The psychiatric diagnosis was depressive episode in 1 female and mixed manic – depression episode in 1 male.

Table 1 : Age and sex distribution of DSH

Age (years)	Females	Males	Total	%
15-19	19	2	21	52.5
20-24	6	4	10	25.0
25-29	6	1	7	17.5
30 & above	1	1	2	5.0
Total	32	8	40	100.0

Table 2 : Marital Status

Status	Females	Males	Total	%
Single	17	5	22	55.0
Married	9	2	11	27.5
Divorced or separated	6	1	7	17.5
Total	32	8	40	100.0

Table 3 : Precipitating factors in DSH

Factor	Females	Males	Total	%
Interpersonal conflict	16	4	20	50.0
Marital problems	9	0	9	22.5
Personal problems	3	3	6	15.0
Psychiatric Illness	3	0	3	7.5
Total	32	8	40	100.0

Table 4 depicts the methods of DSH in 12 episodes involving ten females and two males, two or more drugs were ingested. For the psychotropic group, in nine episodes the drug was prescribed for the patient within a month of the index admission and was a tricyclic antidepressant in six of them. The miscellaneous drugs were in the subject's house and included antacids , antihypertensives antibiotics , vitamins, iron supplements, antiepileptics and contraceptive pills . Noningestant substances included kerosene, insecticides , detergents, corrosives, and disinfectants, items commonly present in many households. Table 5 exhibits the psychiatric diagnostic types encountered in series. Data regarding previous psychiatric morbidity were adequate for only 22 females and 7 males of the females six had harmed themselves 1-3 years earlier and 10 gave a history of a previous psychiatry illnesses. Nine had neurotic disorder and 1 had purperial psychosis . Moreover 8 of females were under psychiatric treatment within a month of the act of male. One was suffering from manic depressive psychosis and 3 (three) were under psychiatric treatment within a month earlier. Furthermore 2 had harmed themselves previously .

Table 4 : Methods of DSH.

Method	Females	Males	Total
Analgesics	8	3	11
Psychotropics	10	1	11
Miscellaneous drugs	8	2	10
Non-ingestants	4	1	5
Serious wounding	--	1	1
Submersion	1	0	1
Burn	1	0	1
Total	32	8	40

Table 5 : Psychiatric diagnosis in DSH

Diagnosis	Females	Males	Total	%
Depression	20	4	24	60.0
Affective psychosis				
Unipolar	3	1	5	12.5
Bipolar	0	1		
Personality disorder	5	1	6	15.0
Hysterical neurosis	1	0	1	2.5
No diagnosed mental disorder	3	1	4	10.0
Total	32	8	40	100.0

The act was judged to be serious if it was potentially life-threatening without medical intervention. Thus defined DSH was serious in 12 episodes (30%) involving 11 females and 1 male. The difference between sexes for that variable was statistically insignificant of the 12 subjects, 11 were suffering from depression 6 of whom were under psychiatric treatment within a month of self-harm

while 1 subject was without diagnosed mental disorder . Seriousness of harm was linked to psychotic drugs in 7 episodes and other methods in the other 5.

Discussion:

Hospital based studies of DSH often under estimated it's true incidence by about 30% in UK [10]. Nevertheless our findings of 0.47% of medical admissions over 2 years due to DSH indirectly suggest a low frequency of the phenomenon in this culture. A plausible explanation is adherence of the majority to the Islamic faith which prohibits willful self-extermination and promises those who patiently endure life's adversities eternal rewards in the afterlife. Commitment to religious faith and belief in a later life have been reported to sooth human suffering and to correlate negatively with suicide due to close familial and social relations in our community [11]. In our study the majority of patients were under 30 years old (95%) with a peak below 20 years (52.5%) . Females predominated and single status was the commonest (55%) . These finding were parallel to international trends [12,13] and with studies from neighboring countries. Qatar and Kuwait [6-7].. There is previous Iraqi study parallel to this study [5]. Interpersonal conflicts precipitated DSH in half of our group and in over 2/3 of them 72.5% aquarrel often preceded the act which would suggest impulsivity. In Kessel's series 51% of the males and 65% of the females had troublesome relationships with a key figure before their self-poisoning and the act was impulsive in 2/3 of them [14,15]. Similar conclusions were reported from Qatar and Kuwait [6-7] where interpersonal conflicts and family arguments were the precipitating events for 57% and 80% of DSH respectively. Contemporary studies have shown drug involvement in 56% to 98% of DSH [3], with excessive use of psychotropics particularly in the west [16]. Similarly, 80% of our group overdosed themselves and it seemed that simple availability had mostly determined the choice of drugs on the other hand in Qatar more females than in our study ingested chemicals [6]. While analgesics were the commonest drugs used by Kuwaitis [7]. The commonest psychiatric diagnosis in our cases was reactive depression 60% which had either facilitated the evolvment of or resulted from both interpersonal conflicts and marital disorders. Depression account for the diagnosis in 35%-70% of DSH in other series [12]. Depression whether mild or severe increases suicidal risk and it is estimated that 10%-15% of depressed patients commit suicide [17]. A proportion of our group had harmed themselves previously . Different follow-up studies have indicated that from 13%-35% of DSH subjects repeat the act within 2 years and their rates of completed suicide ranged from 0.9%-2.5% yearly [18]. Prevention of DSH is rather difficult as it is often helpful to the subject to mobilize family and environmental help.

Recommendations:

- 1 - All DSH cases should be assessed by psychiatrist soon after the episode.
- 2 - Media campaigns should encourage discard of unused medicines.
- 3 - Sales of analgesics should be controlled.
- 4 - Early detection and treatment of depressive disorders should be stressed.
- 5 - Prescription of psychotropic drugs especially to young females with emotional problems should be cautious and discrete.
- 6 - All DSH patients should receive careful and regular psychiatric follow-up .

* Findings of this study being limited and retrospective can't be generalized to other regions of Iraq. Therefore prospective and collaborative studies of this problem are recommended .

References:

1. Morgan HG, Pocock H, Pottle S. "The urban distribution of non-fatal deliberate self-harm". *Br J Psychiatry* 1975; 126: 319-28.
2. Alderson MR. "Self-poisoning – what is the future?" *I ancet* 1974; 1: 1040-3.
3. Wexler L, Weissman MM, Kasl SV. "Suicide attempts 1970-75: Updating a United states study and comparisons with international trends". *Br J Psychiatry* 1978; 132:180-5.
4. Smith AJ. "Self-poisoning with drugs: a worsening situation". *Br Med J* 1972 ; 4 : 157-9.
5. El-Guindy T, Taloo FA. "Attempted suicide admitted to Basrah Republican Hospital". *Egypt J Mental Health* 1975; 16: 113-23.

6. El-Islam MF. "Hospital-referred parasuicide in Qatar", *Egypt J Mental Health* 1974; 15: 101-12.
12. Suleiman MA, Nashef AA, Moussa MAA, El-Islam MF. "Psychosocial profile of the parasuicidal patient in Kuwait" . *Int J Soc Psychiatry* 1986; 32(3): 16-22.
7. Suleiman MA, Nashef AA, Moussa MAA, El-Islam MF. "Psychosocial profile of the parasuicidal patient in Kuwait". *Int J Soc Psychiatry* 1986 ; 32 (3) : 16-22.
8. Okasha A. Lotaif F. "Attempted suicide: an Egyptian investigation". *Acta Psychiatr Scand* 1979 ; 60 (1): 69-75 .
9. World Health Organization. "Mental disorders: glossary and guide to their classification". *In accordance with the ninth revision of the International Classification of Diseases, Geneva: World Health Organization.* 1978; 29-31, 36, 38-40.
10. Kennedy P. Kreitman N. "An epidemiological survey of parasuicide attempted suicide in general practice". *Br J Psychiatry* 1973; 123: 23-34.
11. Stack S. "The effect of religious commitment on suicide : a cross-national analysis". *J Health Soc Behav* 1983 : 24 (4) : 362-74.
12. Weissman MM. "The epidemiology of suicide attempts", 1960-1971. *Arch Gen Psychiatr* 1974; 30: 737-46.
13. Morgan HG, Burns-Cox CJ, Pocock H. Pottle S. "Deliberate self harm : clinical and socio-economic characteristic of 368 patients". *Br J Psychiatry* 1975 ; 127: 564-74.
14. Kessel N "Self-poisoning. I". *Br Med J* 1965; 5473:1265-70.
15. Kessel N. "Self-poisoning II." *Br Med J* 1965; 5474: 1336-40.
16. Proudfoot AT, Park J. "Changing pattern of drugs used for self-poisoning" *Br Med J* 1978; 1 (6105): 90-3.
17. Miles CP. "Condition predisposing to suicide" : *A review J Nerv Ment Dis* 1977 ; 164 (4) : 231-46.
18. Adam KS. "Attempted suicide" *Psychiatr Clin North Am* 1985; 8 (2): 183-201.