

## P50. Suicide prevention

### P50.01

Consultation-liaison psychiatry: managing suicide attempters

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The present study examines the therapeutic approach to patients who have been admitted to hospital with medical, traumatic or surgical injuries due to a serious suicide attempt.

**Method:** A sample was taken of 20 suicide attempters (12 male, 8 female) who were being treated as in-patients in the Hospital Clínico Universitario San Carlos in Madrid. The sample patients were assessed by means of a partly structured psychiatric interview. For each one of the patients, the seriousness of attempt (according to the actual risk of dying and according to the Beck Suicidal Intent Scale), the comorbidity of mental disorders (CIE-10) and the therapeutic approach were all assessed.

**Results:** The majority of patients who had made a high-risk attempt, presented emotional disturbance of a depressive nature, had symptoms of substance abuse or were diagnosed as suffering from a personality disorder. Only four (33 per cent) had to be referred to a psychiatric unit for further treatment. Out of the eight patients who had made a not too serious or moderately serious attempt, six presented symptoms of depression and four of them (50%) required a transfer to psychiatric ward.

**Conclusion:** the therapeutic approach to suicide attempters is largely determined by the co-morbidity of mental disorders rather than the seriousness of the attempt.

### P50.02

Physical illness and suicide in the elderly

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**Objectives:** To study the association between physical illness and suicide in the elderly.

**Methods:** Physical illness was rated according to the Cumulative Illness Rating Scale- Geriatrics (CIRS-G) in 85 consecutive suicides and 153 living control subjects from the tax register.

**Results:** Visual impairment (OR=7.0; 95% CI 2.3–21.4), neurological disorders (OR= 3.8; 95% CI 1.5–9.4), and malignant disease (OR= 3.4; 95% CI 1.2–9.8) were associated with suicide. Serious physical illness in any organ category was an independent risk factor for suicide in the multivariate regression model (OR= 5.9; 95% CI 2.0–17.8). When the sexes were analysed separately, serious physical illness was associated with suicide in men (OR= 4.2; 95% CI 1.2–9.5), as was high overall physical illness burden (OR 2.8; 95% CI 1.2–6.5). Such associations could not be shown in women.

**Conclusions:** Visual impairment, neurological disorders and malignant disease were independently associated with suicide. Serious physical illness appears to be a stronger risk factor for suicide in elderly men than in elderly women.

### P50.03

Assessment of medical consumption among suicide attempters

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**Objective:** To assess the consumption of medical acts and of psychotropic drugs within the 3 months preceding the attempt among suicide attempters, and to establish if the conditions of a possible suicide prevention by the physicians are combined

**Method:** To interview all the over 18 suicide attempters consecutively hospitalised in emergency units of the university hospitals (6) or the general hospitals in the west of France from October 1, 1999 to December 31, 1999.

**Results:** Study population: 1243 suicide attempters, among whom 543 with a diagnosis of depression (ICD10).

**Medical acts consumption:** 85 % saw a physician within the 3 months before their attempt; for 87 %, this physician was their usual doctor; the last appointment occurred within the last week (50 %) or the last month (91 %).

**Psychotropic drugs consumption:** 42 % of the total sample took antidepressant, and 61 % of the depressive suicide attempters also did.

**Conclusion:** The great majority of suicide attempters saw their usual doctor within the month before the attempt; some consequences about suicide prevention are discussed.

### P50.04

Effects of climatic factors on suicide attempts in Northern Turkey

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**Objectives:** The aim is exploring the effects of certain climatic factors on the number of suicidal attempts.

**Methods:** A sample of 1048 patients, admitted to the Emergency and Psychiatry Department of Ondokuz May's University Hospital after suicide attempt between January 1996 and August 2001 was analyzed. The Turkish Weather Service provided the meteorological data.

**Results:** There was a negative correlation between the temperature at the time of the suicide attempts and the ambient temperature of the day of the suicide attempt ( $r=0.949$ ,  $p<0.001$ ). The number of suicide attempts ( $n=811$ ) was higher at pressures above 1011 mbar than the number of suicide attempts ( $n=237$ ) at the pressures below 1010 mbar ( $p<0.001$ ). There was a positive correlation between daily sunlight duration and the intensity of sunlight at the hour of suicide attempt ( $r = 1.0$ ,  $p<0.001$ ). The number of the suicide attempts below 50 % humidity rate ( $n=100$ ) was lower than the number of suicide attempts above 50% humidity rate ( $n=948$ ) ( $p<0.001$ ). The number of suicide attempts at rainy hours ( $n=129$ ) was lower than the number of suicide attempts at non-rainy hours ( $n=919$ ) ( $p<0.001$ ). The number of suicide attempts at non cloudy ( $n=171$ ), at mild cloudy ( $n=314$ ) and densely cloudy hours ( $n=563$ ) were statistically different ( $\chi^2=225,3$ ,  $p<0.001$ ). The number of suicide attempts below the wind speed of 5m/second ( $n=988$ ) was lower than the number above the wind speed of 5m/second ( $n=60$ ) ( $\chi^2=821.740$ ,  $p>><0.001$ ).

**Conclusions:** We concluded that all the environmental factors correlated with the number of suicide attempts. Taking into consideration of climatic variations may be helpful in preventing and lowering suicide attempts.