Incidence, Profile, and Evolution of Suicide Attempts Seen in Emergency Wards in France: Results of a Multicenter Study

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Introduction: The suicide prevention is a public health priority in France; there are approximately 12,000 deaths by suicide (prevalence 24 cases for 100,000 inhabitants) and 150,000 suicide attempts per year; these data probably are an underestimate. The purpose of this work is to identify the incidence and profile of patients following a suicide attempt examined in Emergency Departments (ED), and to develop a different epidemiological aspect.
Methods: This was a one-week prospective study conducted in ED of various sizes, situated all over the French territory. This inquiry has been realised with the help of a questionnaire filled in at the patient's bedside. Data concerned the patient, the suicidal gesture, and the patient's evolution.
Results: Data for a total of 640 patients following suicide attempts were collected from 57 EDs; the mean suicide attempts rate per ED was 11.2 ±9 (range 0–51) and the number of patients in one week was ≥7 in 75.4% of the EDs. Except for ≤15-year old patients, the number of females predominated (64.5%). The mean age was 34.8 ±13.6 years (range 12–95 years) ; only 21 (3.3%) of the patients were ≥65 years old, and the majority (77%) were 15 to 44 years old. The social status indicated that 35.5% of the patients were unmarried, 36.7% were married and almost quarter of them were separated from their spouse, 8.3% were divorced, 3.1% were widowers, and 13.6% were in cohabitation. Nearly 45.3% of the women were unemployed vs. 41.4% of the men. Except for those patients ≥65-years old, the age brackets, which were mostly concerned by professional inactivity, were 35–44 years for women, 25–34 years for men, and 55–64 years in both. Employees, students or schoolkids, and civil servants gathered almost 78% of all occupations. A psychiatric past history including suicide attempt, psychiatric hospitalization, or consultation was found in 68.8% of women and 62.1% of men. Drug addiction, HIV seropositivity, or chronic alcoholism concerned respectively 6.7, 1.1, and 12.8% of patients, and were significantly more frequent among men. A medical physician or a psychiatrist had been consulted by 40.5% of patients during the month preceding the suicidal act. The mean time interval between the suicide attempt and ED consultation was 332 ±550 min (range: 15 min–4 days). The suicidal procedure most often (73.3%) was unique (one procedure); when two different procedures were used in 24.7%, it was mostly in association with alcohol ingestion. Voluntary drug intoxications by ingestion were employed 580 times (90.6%), associated 143 times to alcohol ingestion and/or 27 times to others suicidal gestures. Alcohol ingestion was sometimes the only suicidal gesture (1.4%). The other suicidal procedures were self-mutilation by phlebotomy (5%) or with knife (0.8%), illicit drugs abuse (1.9%), hanging (1.7%), household products or glass ingestion (1.1%), gas inhalation (0.6%), drowning (0.6%), road accident (0.5%), firearm (0.3%), jump (0.16%), electrocution (0.16%), or immolation (0.16%). The majority of patients had been hospitalized either in short duration hospitalization units (28.3%) and medical wards (19.8%), or in intensive care units (14.7%), in psychiatric (11.2%) or surgical (3.3%) wards. Three patients died in the ED (0.005%). Of the total number of patients, 3.3 and 1.1% left the hospital either against medical and/or psychiatric advice or left without notice in respectively; 100 patients were not hospitalized after psychiatric and medical decision (15.7%).
Conclusion: This study emphasizes the important role of ED and short duration hospitalization units in the management of suicide attempts.
Key words: attempts; demography; disposition; emergency departments; epidemiology; gestures; hospitalization; outcome; suicide
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Two Cases of D-Propoxyphene Acute Poisoning with Atrial and Ventricular Conduction Abnormalities

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Propoxyphene is a compound chemically similar to methadone. Acute overdosage produces a pattern of clinical signs very similar to those of morphine poisoning with coma, respiratory failure, myosis, convulsions, and cardiogenic shock. Prolongation of atrio-venticular conduction has been described less frequently, noted in only 20% of cases.
Case 1: A 29 year-old-man was admitted into an emergency department for ingestion of flunitrazepam, bromazepam, paracetamol and 1.3 g of propoxyphene. He took daily propoxyphene to substitute for heroin. He was restless. Suddenly, he presented with generalised tonic-clonic seizures. After resolution of the seizures, we noted: unconsciousness, low blood pressure (70/40 mmHg), pulse rate = 55 beats/min., cyanosis, bradypnea (6 breaths/min.), myosis, acidosis (pH = 7.1, HCO_3^- = 20 mmol.l^{-1}, $PaCO_2$ = 9.8 kPa, PaO_2 = 6 kPa), and lactate concentration = 12 mmol.l^{-1}. After injection of diazepam and valproate, the seizures stopped; after intubation, the PaO_2, arterial blood pressure and cardiac pulse rate normalised. A gastric lavage evacuated pills. The toxic screening for antidepressant and cocaine was negative, and for benzodiazepines and paracetamol rates were weak. Electrocardiogram before intubation showed a junctional rhythm at 55 /min, QRS complexes widened to 0.16 mm with a right bundle branch block. 15 min after the PaO_2 and blood pressure correction, the electrocardiogram showed a sinus rhythm at a rate of 90 /min, and persistence of a widened QRS complex and right bundle branch block. Electrocardiogram became normal by 4 hours.
Case 2: A 21 year-old-woman drug addict was admitted to the emergency department for ingestion of flunitrazepam. We noted regular respiration to 12 breaths/min., arterial blood pressure of 120/90 mmHg, cardiac pulse rate of 84, normal level of consciousness and myosis; 30 minutes later