Suicide Attempts Among Turkish Psychiatric Patients

B Coşar, MD1, N Koçal, MD2, Z Arikân, MD3, E Işık, MD4

Objectives: The aim of this study was to investigate the sociodemographic characteristics of those who attempt suicide in an Islamic country, the effect of religion on suicide attempts, and the frequency of DSM-III-R diagnoses in suicide attempters referred to the Gazi Medical School Psychiatry Department.

Method: Medical records of 185 cases of suicide attempts were reviewed.

Results: There was a predominance of single, female subjects. Students, housewives, and employees represented the 3 largest groups. Drug overdose was the most common method of suicide attempt, and the most common DSM-III-R diagnosis was depression. The rate of repetition of suicide attempt was 43.3%.

Conclusion: Suicide is one of the major problems among Turkish psychiatric patients, although the Islamic religion strongly disapproves of it.

(Can J Psychiatry 1997;42:1072–1075)

Key Words: suicide attempt, Turkey, Islamic religion, diagnosis, repetition

In many countries, suicidal behaviour has been identified as a major public health problem (1), and fatal suicide attempts rank among the top 10 causes of death for individuals of all ages (2). There have been several studies conducted to define the risk factors for suicide. Most of the studies agree that males commit suicide 3 times more often than females, but females attempt suicide 3 times more often than males (3,4).

Suicide risk is high among young adults (5). Another belief is that the elderly are most vulnerable. Yet, in this study, the age of highest incidence for young adults is 24 in males and 34 in females. Those 65 and over have lower rates (6).

Unemployed people seem to commit suicide more than 3 times as often as the general population (7,8). Marital stability significantly lessens suicidal risk, whereas those who have marital instability, are widowed, divorced, separated, or single are at increased risk for suicide (9,10), although contrary results are found in studies from Asian countries (11,12).

Psychiatric disorders are the most important risk factors for suicide. Patients with psychiatric disorders or a family history of psychiatric disorder have an increased risk of suicide (13,14). The rate of suicide with depression was identified to range from 47% to 90% (15), whereas people with affective psychosis, personality disorders, schizophrenia, and alcohol and drug abuse problems are more prone to suicide (9,15–17). In a review of 81 published studies that compared clinical and nonclinical suicidal and nonsuicidal groups, it was found that the suicide attempters suffered from depressive disturbances and interpersonal conflict more often (18). It has been shown that previous suicidal behaviour in the form of one or more nonfatal suicide attempts was the most powerful predictor of future suicide (18). The high rate of repetition of suicidal behaviour is one of the major prob-
lems of attempted suicide, and repetition of nonfatal suicidal behaviour is common (19,20).

The effect of religion and religious beliefs on suicide was studied by Henseler in 1984. According to the results of this study, suicide was more common in Protestants than in Catholics (21). The Islamic religion strongly disapproves of suicide, but, unfortunately, there are insufficient data about suicide in Islamic countries. In a recent retrospective study in Pakistan, a total of 314 index cases of parasuicide were reviewed over a 3.5 years period (12). In another study in Pakistan between 1976 and 1985, 1900 cases of acute poisoning were studied and a total of 1330 (70%) cases were assigned as “suicidal or parasuicidal” (22). In a study on suicidal ideation and behaviour among the Turkish psychiatric outpatients by Gögüs and Sayıl (10), the suicidal tendencies of 273 subjects were evaluated, and it was concluded that the depressive patients and those who were widowed, divorced, separated, or intermediate school graduates carried a high risk for suicide.

The suicide rate per 100 000 people in Turkey has risen from 1.58 in 1974 to 2.35 in 1985 (23). In 1994, the suicide rate in the Turkish population was found to be 2.1 suicides per 100 000 people (24).

The aim of this study was to investigate the socio-demographic characteristics of suicide attempters, the effect of religion on suicide attempts in an Islamic country, and the frequency of DSM-III-R diagnoses in suicide attempters referred to the Gazi Medical School Psychiatry Department.

Method

The medical records of 185 suicide attempters, who were referred to the Psychiatry Department of Gazi Medical School in Ankara between January 1990 and May 1993, were reviewed. The Gazi Medical School Psychiatry Department is 1 of 4 psychiatry services in Ankara, Turkey. Patients from all around Turkey, from both rural and urban areas, are referred to this department for treatment. Patients’ demographic characteristics, DSM-III-R diagnoses, and the number of repeated suicidal acts were recorded. Our definition of a suicide attempt is a situation in which a person has performed an actual or seemingly life-threatening behaviour, with the intent of jeopardizing his or her life or to give the appearance of such intent, but which has not resulted in death. Results were analyzed using a chi-squared test.

Results

In the study, there was a predominance of female subjects (n = 111, 60%) compared with male subjects (n = 74, 40%). The mean age of the female subjects was 32.7 years, and the mean age of the male subjects was 33.1 years. Eighty-two (44.3%) of the total subjects were single, and the single female subjects represented the larger group (n = 58, 70.7%) compared with the single male subjects (n = 24, 29.3%) (P < 0.01). The number of married subjects was 68 (36.8%). Thirty-one (45.6%) of them were females and 37 (54.4%) were males (P < 0.01). The proportion of widowed or divorced female subjects (n = 22, 62.8%) was higher than that of widowed or divorced male subjects (n = 13, 37.2%) (P < 0.01). The proportion of total widowed or divorced subjects was 18.9% (n = 35).

One hundred and twenty (64.8%) of the patients were from rural areas, and 65 patients (35.2%) were from urban areas.
The proportion of female subjects coming from rural areas (n = 107, 75.3%) was higher than that of male subjects (n = 35, 24.7%), P < 0.01.

There was no significant difference between the education levels of female and male subjects (P > 0.01). With respect to education levels, 47 (25.4%) of the subjects were primary school graduates, 112 subjects (60.6%) were secondary school graduates, and the remaining 26 subjects (14%) were postsecondary school graduates.

According to the last general population survey on religious status in Turkey by the State Statistical Institute in 1985, 99.2% of the population of Turkey is Islamic (25).

Students (n = 48, 25.9%), housewives (n = 40, 21.5%), and employees (n = 37, 20%) represented the 3 largest groups in the study. Among the female subjects, housewives (n = 40) and students (n = 30) were common, and among the male subjects, students (n = 18) and employees represented the 2 largest groups (P < 0.01).

Drug overdose was the most common method of attempted suicide, accounting for 60.5% (n = 112) of the cases, of which 62.5% (n = 70) were female and 37.5% (n = 42) were male. Physical methods, such as wrist slashing (n = 29, 15.7%), jumping from a height (n = 22, 11.9%), shooting (n = 4, 2.2%), and hanging (n = 11, 5.9%) accounted for 35.7% of the cases. Gas inhalation was used by 3.8% (n = 7) of the total subjects. More females resorted to excessive drug use, wrist slashing, and gas inhalation than males (P < 0.01).

The most common DSM-III-R diagnosis was depression (30.3%). This was followed by relationship problems (20.5%), mostly in the context of a disturbed interpersonal or family relationship. Schizophrenia, personality disorders, and alcohol dependence accounted for 17.8%, 11.4%, and 9.7% of the cases respectively. Depression, marital and interpersonal problems, and schizophrenia were the most common DSM-III-R diagnoses for the female subjects, while schizophrenia, depression, and alcohol dependence accounted for the most common diagnoses for the male subjects.

A family history of suicide was detected in 71 (38.3%) subjects (38 female, 53.5% and 33 male, 46.5%), while 36 subjects (19.4%) had a family history of psychiatric disorder (15 female, 41.7% and 21 male, 58.3%).

The majority of the subjects (n = 105, 56.7%) had attempted suicide for the first time, and 80 of the subjects (43.3%) had more than one previous suicide attempt. The proportion of female and male subjects with previous attempts was approximately the same (55% and 45% respectively).

Discussion

In Turkish society, especially for people living in the suburbs of large cities and rural areas, marriages are “arranged,” and the male partner is selected by the woman’s parents (12). Couples live in crowded families with little privacy, and females are economically dependent on their husbands. In these crowded and male-dominated families, the female partner has no right to protest anything. In these circumstances, the 36.8% suicide rate of females is not a surprising result. The motive for their suicide attempts can be categorized in the “appeal” group (to mobilize others or change others’ behaviour) (26). It can be considered a coping behaviour.

Suicide attempt was found to be higher among secondary school graduates (n = 112, 60.6%) than it was among primary school and postsecondary school graduates. This result corresponds with another study from Turkey (10).

Economic status is a social determinant of suicidal ideaion, and populations with lower economic status are found to produce higher rates of attempted suicide (10,15). Furthermore, unemployed people seem to commit suicide more than 3 times as often as the general population (7). In our study, the rate of unemployment was found to be 14.1% (n = 26) in Turkey. Housewives (n = 40, 21.5%) formed one of the largest groups among the total subjects. All the married females (n = 31) who attempted suicide were housewives. This result again shows the effects of crowded, male-dominated families on the psychological health of an individual.

Drug overdose is the most common suicide method in most studies on suicide attempts (12,27,28), and our results support these findings. Unfortunately, the type of drugs used could not be detected from the records.

Psychiatric disorders seem to be the most important risk factors for suicide. In a review, it was found that suicide attempters suffer more often from depressive disturbances and relationship problems (18). As well, literature on attempted suicide demonstrates that depression is widely present among “unsuccessful” suicides (10,15,18). People with schizophrenia, alcohol and drug abuse, personality disorders, and affective psychosis are more prone to suicide (9,15–17). As a whole, depression, relationship problems, schizophrenia, personality disorders, and alcohol dependence were the most frequent diagnoses among the subjects in this study, with the rate of 30.3%, 20.5%, 17.8%, 11.4%, and 9.7% respectively.

One of the major problems of attempted suicide is the high rate of repetition of this behaviour (19). Eighty of the subjects (43.3%) had previously attempted suicide. The rate of repetition of suicide attempts was highest among those diagnosed with a personality disorder (71.4%). The second highest rate of repetition was among those diagnosed with relationship problems (52.6%). This result again shows that suicide is frequently used by those with relationship problems as a coping behaviour to the negative family circumstances.

The sample of the study is not large, and the results cannot be representative of all psychiatric patients in Turkey. Patients from all around Turkey are accepted for treatment in...
the psychiatry department, so the results can be considered a small sample that represents preliminary results. More studies should be done to verify the findings of this study and to determine the psychosocial correlates and the suicide profile of Turkish psychiatric patients.

Clinical Implications

- This small sample reflects preliminary findings about suicide attempts in an Islamic country.
- The study compares the findings of male and female suicide attempters.
- Methods of suicide and the number of repetitions of suicide attempts are evaluated.

Limitations

- The study was conducted only with patients referred to one clinic in Turkey.
- The results cannot be generalized to all psychiatric patients in Turkey.
- The results cannot be generalized to all Islamic countries because of each country’s cultural differences.

References


Résumé

Objectifs : Cette étude visait à examiner les caractéristiques socio-économiques des personnes ayant commis une tentative de suicide dans un pays islamique, l’incidence de la religion sur les tentatives de suicide et la fréquence des diagnostics selon le DSM-III-R chez les personnes ayant tenté de se suicider qui ont été adressées au département de psychiatrie de la faculté de médecine Gazi.

Méthode : On a examiné les dossiers médicaux de 185 personnes qui ont tenté de s’enlever la vie.

Résultats : Les femmes célibataires étaient prédominantes. Les étudiants, les femmes au foyer et les employés représentaient les trois groupes les plus importants. La surdose médicamenteuse était la méthode la plus fréquente de tentative de suicide, et la dépression était le diagnostic le plus fréquent selon le DSM-III-R. Le taux de récidive des tentatives de suicide se situait à 43,3 %.

Conclusion : Le suicide constitue un des grands problèmes de maladie mentale en Turquie, même s’il est réprouvé énergiquement par l’Islam.