

Suicidal Thoughts And Attempts Among Patients With Chronic Somatic Diseases With Disabilities

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DOI: 10.47750/pnr.2022.13.S08.83

INTRODUCTION

Patients with a physical chronic disease with a disability who attempt to commit suicide have more pronounced suicidal thoughts compared to patients without a disability who do not attempt suicide. There are suicidal thoughts, which are a prerequisite for suicidal attempts in patients with chronic diseases with disabilities. Among patients with a chronic disease with a disability, 25% of those who attempted suicide, the majority (92%) had suicidal thoughts. Physical symptoms and related disorders are present in almost all medical specialties but can be difficult to identify. Practical recommendations for physical illnesses with disabilities and related disorders focus on diagnosis, building a therapeutic relationship with the patient, psychosocial assessment, management in general medical institutions and psychological treatment. Only fewer patients identified turn to screening for suicidal thoughts [1, 2], and no one discusses the assessment of suicidal risk. More attention is being paid to the potentially harmful consequences of prescribing unnecessary treatments, especially those that can be dangerous or costly [1, 3, 6]. Assessment of suicidal risk is an important aspect in the practice of treating mental disorders, although relatively little attention has been paid to this risk in somatic disorders. Suicide accounts for 1.4% of premature deaths worldwide, and patients are often screened for symptoms of suicide when diagnosed with conditions such as anxiety and depression [4]. Certain groups are considered to be at high risk, such as people with chronic illnesses and people with mental illnesses such as depression and anxiety [1,2,3,6]. In recent years, studies have reported a significant correlation between depression and suicide, and suicide rates in patients with depression are much higher than the general population [1,3,4]. Much previous evidence has also indicated that patients with poor prognosis (especially cancer) are more likely to fall into despair, suffer depression and subsequently commit suicide [5,7].

The present study was conducted to determine whether there is a correlation between suicidal thoughts and suicidal attempts in patients with physical chronic illness with a disability and to determine whether any risk is independent of the disability of comorbid physical disorders.

Keywords: somatic chronic disease, disability, suicidal behavior, suicidal thoughts, suicidal attempts
The purpose of this study was to study the characteristics of thought and attempt among patients with chronic diseases with disabilities.

Research methods

The study was conducted on the basis of the Bukhara regional multidisciplinary hospital, as well as regional and district outpatient clinics. 250 patients (180 men and 70 women) suffering from somatic chronic diseases were examined. Of the surveyed 200 (80%) patients had disability due to chronic

diseases, in 50 (20%) patients disability was not established. In 38 (19%) patients, disability was first established during the study period, the rest of the patients were hospitalized at least twice, and were also treated on an outpatient basis.

To assess emotional disorders, the Hospital Anxiety and Depression Scale (HADS) was used to determine the severity of anxiety or depression. The scale is a series of statements, each of which corresponds to 4 answer options, evaluated in points. Indicators of 0-7 points indicate the absence of anxiety / depression, 8-10 points - about subclinical severe anxiety / depression, 11 points and above - about clinically expressed anxiety or depression. The risk of suicidal behavior was assessed using the Beck Suicidal Thoughts Scale and the B. Luban-Plozz Suicide Risk Questionnaire. The Beck scale makes it possible to state both the presence, frequency and duration of suicidal thoughts, as well as the activity of suicidal intentions, as well as the presence of factors hindering their implementation. The maximum number of points on the Beck scale is 38, the risk of suicide is higher, the greater the total score obtained during the interview.

The B. Luban-Plozza questionnaire includes 2 answer options ("Yes" or "No") to 16 questions that are entered on the registration form. The risk of suicide is higher, the more "Yes" answers to questions 1-11 (suicidal risk factors) and "No" answers to questions 12-16 (anti-suicidal factors).

Testing was carried out in two groups of patients: group 1 consisted of 200 patients with disabilities, group 2 - 50 patients without disabilities due to somatic chronic diseases. The period of direct observation of the features of suicidal behavior in patients with chronic disease was 8 months.

Research results

The main and control groups consisted of 200 and 50 patients, respectively. The average age in the main group was 56.73 ± 12.42 years, while in the control group the average age was 54.02 ± 12.79 years. There were 76 women (38%) and 124 men (62%) in the main group, 30 women (60%) and 40 men (40%) in the control group. In the study group, there were 7 single, 120 married, 68 married and 12 widowed/divorced patients. In the control group, there were 38 married, 38 married and 2 widowed/divorced. There was no significant difference in these 3 parameters (age, sex and marital status), as well as between occupation and socioeconomic level between the main and control groups ($p > 0.05$). Socio-demographic characteristics of the study and control groups are presented in Table 1.

Table 1

Research	Main (n=200)	Control (n=50)	N
Age	$56,73 \pm 12,42$	$54,02 \pm 12,79$	$>0,05$
Paul Women	76	30	$>0,05$
Man	124	40	
Marital status			$>0,05$
Single	7	-	
Married	120	38	
Married	68	38	
Widow/divorcee	12	2	
Occupation Housewife	21	20	$>0,05$

The study group consisted of 50 cancer patients: 19 (18.6%) had breast cancer, 18 (17.9%) had lung cancer, and 13 (9.8%) had other malignant neoplasms. Twenty-three (22.6%) patients had stage II, 22 (62.7%) had stage III of the disease. 100 endocrinological patients: diabetes mellitus I-type 30, II-type 60 patients. Neurological 50 patients.

Disability had the main group of 200 patients, including 36 (I-group), 140 (II-group), 24 (III-group). Significant differences were identified in the measured scores between patients in the main and control groups. The mean scores of the Beck Depression Scale (BDI) and the Beck Anxiety Scale (BAI) in the study group were 18.66 ± 6.50 and 15.29 ± 3.12 , respectively. The mean BDI and BAI scores in the control group were 14.07 ± 3.78 and 9.56 ± 2.07 , respectively. There was a significant difference between groups in Beck's depression ($t = 7.98$) and anxiety ($t = 7.99$) scores ($p < 0.05$).

This study primarily looked at suicide-related data in medical patients and controls.

table 2 Study and control group inventory scores.

Research	(n=200)	(n=50)	π
Beck's depression	19,80±8,56	10,07±2,82	<0,05
Beck's concern	17,26±5,18	9,86±2,09	<0,05
Suicidal behavior	5,24±2,08	0,2±0,2	<0,05

When assessing the correlation between the stage of the disease and suicidal thoughts and behavior inventory scores, a significant correlation was found between the stage of the disease and suicidal thoughts ($p < 0.05$; $r = 0.342$), as well as between the stage of the disease and suicidal behavior ($p < 0.05$; $r = 0.233$). The frequency of suicidal thoughts and behavior increased with increasing disease stage. When evaluating the correlation of Beck depression and anxiety scores with the stage of the disease, a significant correlation was found between the stage of the disease and BDI ($p < 0.05$; $r = 0.259$), while there was no correlation between the stage of the disease and BAI ($p > 0.05$). Anxiety attacks are often observed in cancer patients at initial diagnosis and during periods of crisis. The increase in depression, but not anxiety, in the later stages can be interpreted as replacing the initial hope, uncertainty, anxiety and fear of death with despair and preparation for the expected end. In addition, organic mental disorders and cognitive disorders should be considered in advanced stages.

The prevalence of chronic diseases among persons with gender-based disabilities is shown in Table 3.

Table 3 Prevalence of chronic diseases among people with disabilities in the study of patterns of chronic disease

Women (n=70) Men (n=180) p-value

The main depressive symptoms	27.9	38.1	0.249
Diabetes	42.6	43.8	0.670
Stroke	16.9	22.9	0.186
Hypertension	87.9	83.1	0.187
Oncological diseases	29.8	34.5	0.370

Patients with mood disorders tend to have comorbid somatic symptoms and related disorders, and vice versa. It is well known that patients with mood disorders are at increased risk of suicide attempts, and the presence of somatic symptoms and related disorders appears to further increase the risk. This may be because comorbid physical illnesses and related disorders tend to be associated with a higher disease

burden, which is associated with a higher prevalence of suicidal tendencies. It may also be an additive effect of having two independent risk factors, a physical symptom disorder and a mood or anxiety disorder, both present at the same time. If physical symptom disorders increase risk in patients who are already at high risk, then these conditions should be considered as independent risk factors. The estimated prevalence of patients depending on the severity of manifestations of suicidal tendencies as passive suicidal thoughts, suicidal thoughts, suicidal intentions, suicide attempt, completed suicide during life is 13.9% (0.6), 4.9% (0.4), 5.6% (0.4), 4.9% (0.5), 1.6% (0.2), respectively. The attempts were presented with 3 statements describing the lethality of their attempt. Of those who attempted, 23.3% (2.5) supported the assertion that they committed a serious attempt, and only thanks to the medical assistance shown did they not die; while 9.3% (1.8) supported the statement that they were serious but knew the method was not reliable; and the remaining 67.4% (5.9) supported the claim that their attempt was a cry for help and they didn't want to die.

The risk curves show that the highest risks of initial suicidal thoughts, plans, and suicide attempts (excluding intentional lethality) occurred when they began to receive physical disability. The age-of-onset curves show that the median age of onset for all of these outcomes is in the mid-35s. Conditional curves for age of onset show that the transition from idea to plan, from plan to first try, and from idea to first try without a plan was highest in the first year after disability.

chronic diseases

After adjusting, participants with chronic conditions increased the odds of suicidal thoughts [OR = 1.27 (range 0.98 to 1.62)], plans [OR = 2.29 (range 1.21 to 4.34)], and attempts [OR = 2.63 (from 1.22 to 12.31)].

Table 4 Adjusted associations between chronic illness and suicidal behavior.

	Thoughts	Plans	Attempts
Chronic disease	1,22 (от 1,01 до 1,54)	2,28 (от 1,21 до 4,31)	2,63 (от 1,52 до 11,31)
Mood swings	6,42 (от 3,01 до 11,42)	9,69 (от 4,45 до 19,12)	2,60 (от 5,13 до 8,37)
Disability	22,04 (от 8,01 до 14,06)	9,45 (от 5,02 до 20,07)	2,02 (от 0,99 до 2,05)

Conclusion

Comorbidity is an important predictor of mortality. The vast majority of unplanned first attempts occur shortly after the onset of suicidal ideation, meaning that attempts to intervene after the onset of suicidal ideation to prevent a first unplanned attempt would be impractical unless the patient seeks treatment within a year of the first onset of the idea. Where this occurs, the obvious implication is that the clinician should look for modifiable risk factors (eg, depression) and treat particularly aggressively during the high-risk period during the first year. The only potentially realistic prevention efforts in the high-risk population targeting the first suicide attempts after the first year of intent would be with planned attempts.

The risk factors examined in this study are more directly related to first attempts among planners than to unplanned attempts. It is clear that if effective interventions are to be developed to prevent first attempts among planners, they will need to go beyond the standard set of risk factors reviewed in the current report and elsewhere to gain insight into possible targets for intervention in this high-risk population. The provision of psychological support for the prevention of emotional disorders and suicidal behavior in somatic diseases with disabilities should begin early after the diagnosis and establishment of disability and be carried out in combination with measures for the treatment of chronic diseases.

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