

ONE YEAR FOLLOW-UP OF PATIENTS ADMITTED AT THE EMERGENCY ROOM FOR SUICIDAL ATTEMPTS

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Background

In 2013 we attended a total of 179 patients for suicidal attempts at the emergency room of Hospital del Mar, and 479 more for suicidal ideation. Among them, the ones of the Sant Martí district of Barcelona (the reference area of the hospital) were 244, 73 of them for suicidal attempts and the rest for suicidal ideation.

Methods

We decided to follow the evolution of these patients, making a phone call just one year after the admission to the hospital. We asked them whether or not they were receiving psychiatric or psychological treatment, the date of the last visit, and if there were any further suicidal attempts. We also used the Clinical Global Impression-Global Improvement (CGI-I) scale and the suicide items for both the Hamilton Rating Scale for Depression and the Beck Depression inventory.

Results

We managed to contact the patient him/herself in 48 cases, we could speak with one relative in 9 cases, in 4 more the patients refused to talk with us and we couldn't contact at all in 12 cases. The mean age was 46, with a 48% of men.

We found out that 17 of them had been readmitted to the Psychiatry unit of the hospital during last year. Also, 3 of the patients had died, 2 for suicide, and a third one for medical reasons.

Among the survivors, 19 (26%) were still visiting a psychiatrist, 8 (11%) visited both a psychiatrist and a psychologist, one only a psychologist, 16 (22%) had already been discharged, 9 (12,3%) had abandoned the treatment, and we didnt get the information in 19 more people. The mean time since the last visit was 7 weeks (figure 1)

We asked whether they considered there was a specific problem that acted as a trigger and got them to the suicidal attempt, and if the problem was still present. Only 6 of them recognised that they never had any particular problem that got them to attempt suicide. Among the rest, 12 of them considered the problem solved, but 14 of them still had problems related with family, 5 had couple problems, 6 of them considered they still had multiple problems and other 6 people said other causes (figure 2)

Regarding the CGI-I scale, 49 (67%) of the patients rated "improved" or "very much improved", and only 5 (7%) rated "minimally improved" or "no change", with no answer in the other 19. (figure 3)

Considering the HRSD, 5 people rated 1 ("Feels life is not worth living") and one rated 2 ("wished he were dead"), 48 rated 0 (absent), and we didn't get an answer in the other 15. (figure 4)

About the Beck scale, 14 people rated 1 ("I have thoughts of killing myself, but I would not carry them out"), 39 rated 0 ("I dont' have any thoughts of killing myself"), none of them rated 2 or 3. We couldn't get an answer from the other 20 people. (figure 5)

Figure 1. FOLLOW-UP

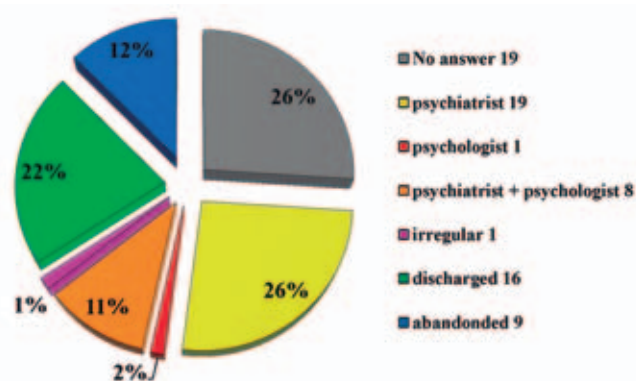


Figure 2. PERSISTENCE OF A PROBLEM

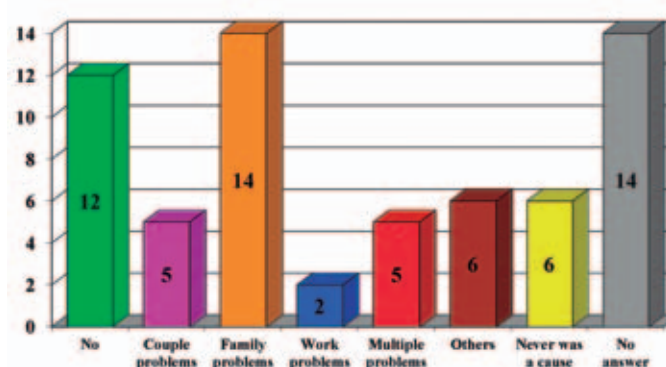


Figure 3. CGI-I

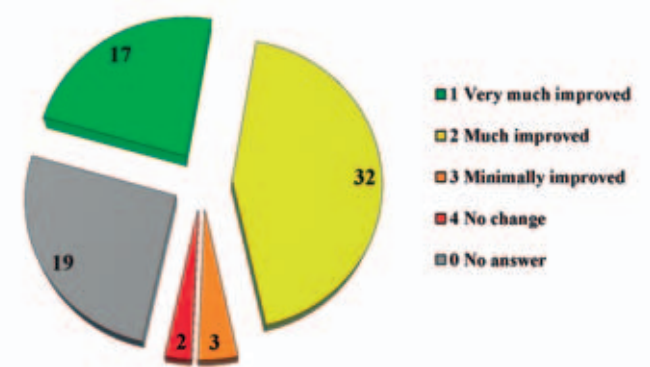


Figure 4. HAMILTON RATING SCALE FOR DEPRESSION

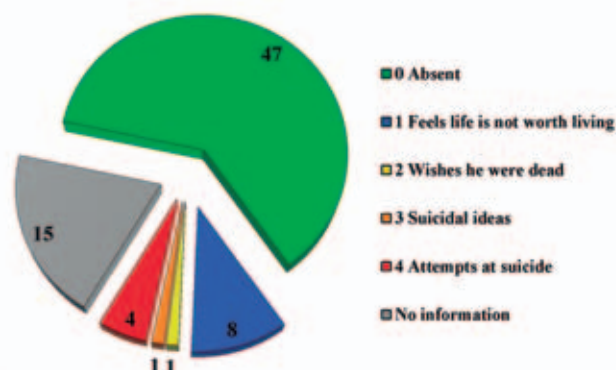
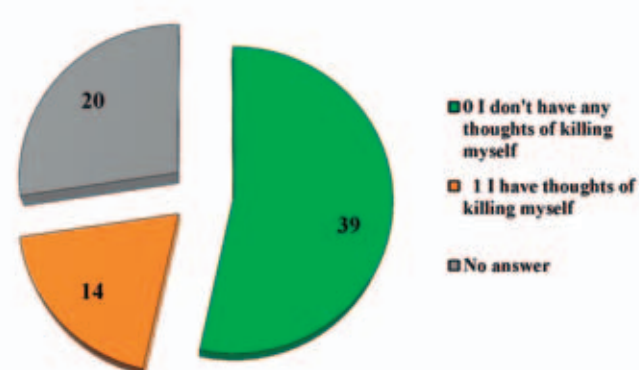


Figure 5. BECK DEPRESSION INVENTORY



Discussion

We consider 2 out of 73 a high rate of suicide consumation in a year follow-up, compared to only 4 other suicide attempts. Also, we need to improve the entailment to treatment to prevent further episodes. In Catalonia we have implanted a program called "Suicide Risk Code" that started in mid 2014 for this purposes, and we will compare this with future results to evaluate its efficacy.