

# Severity assessment in suicidal behaviour according to diagnosis and previous history of suicidal behaviour; a descriptive study

M. de Dios<sup>1,2</sup>, A. Trabsa<sup>1,2</sup>, I. Ezquiaga<sup>1,2</sup>, E. Monteagudo<sup>1</sup>, D. Sanagustin<sup>1</sup>, S. Pérez<sup>1</sup>, V. Pérez-Solà<sup>1,2</sup>, M. Campillo<sup>1,2</sup>

<sup>1</sup> Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar, Barcelona, Spain.  
<sup>2</sup> Institut Hospital del Mar d'Investigacions Mèdiques- IMIM, Parc de Salut Mar, Barcelona, Spain.

## Introduction

Suicide is the 15th cause of death worldwide. Improved understanding of who is at risk and development of interventions to reduce suicide in high risk groups are priority targets.

## Objectives

To describe the frequency of the different psychiatric diagnoses in suicidal attempts (SA), and previous history of suicidal behaviour (SB).

## Methods

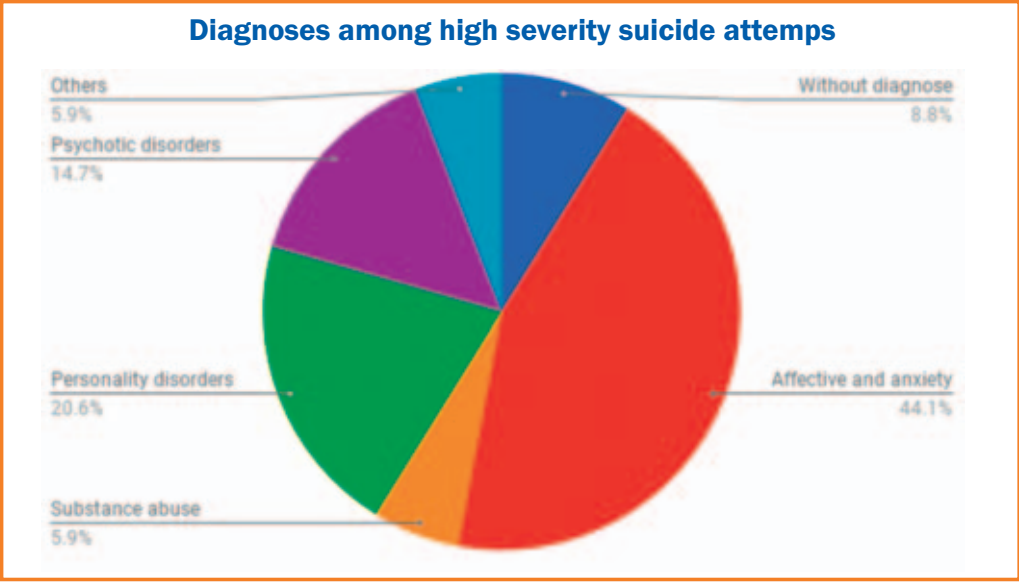
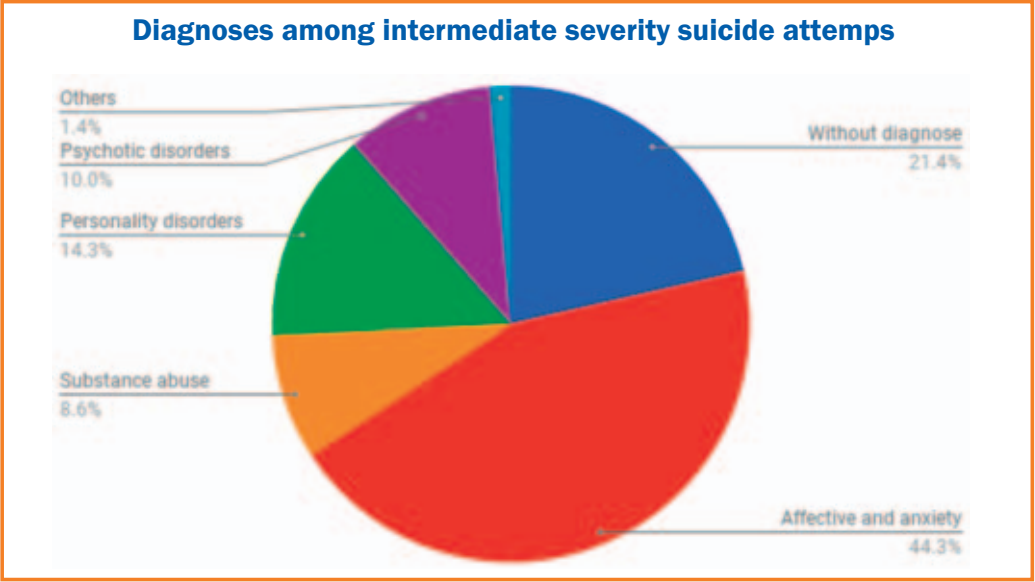
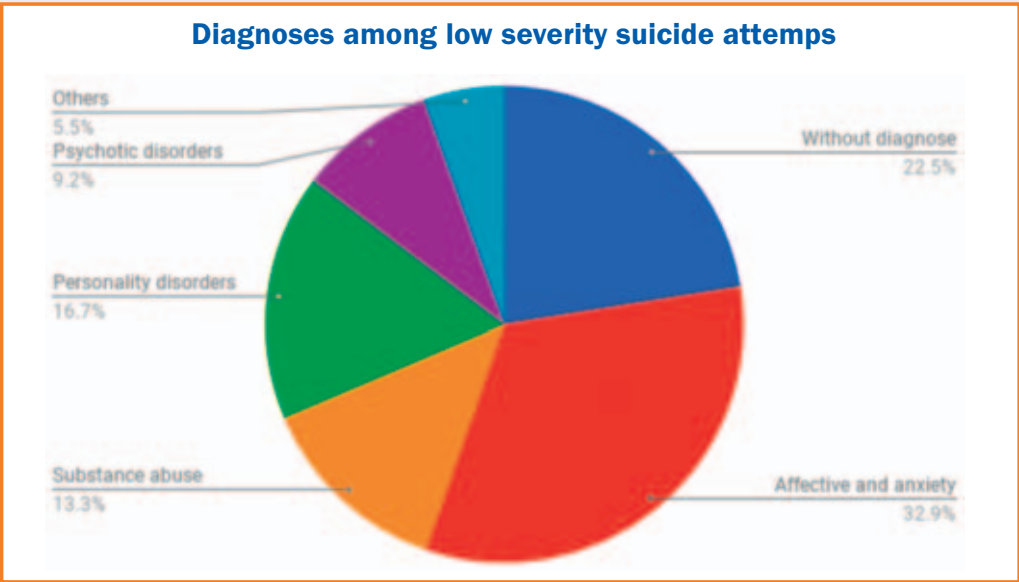
Cross-sectional description of patients attending two Psychiatry Emergency Units (PEU) in Barcelona. Severity of the attempts was classified as low (suicidal ideation or mild medical injuries), intermediate (short observation required or non life threatening injuries) and high (urgent medical attention or psychiatric hospitalization).

## Results

7,911 patients were admitted during 2013 in our PEU. 452 consulted for SA or SB, assessed as: low-severity 347(76.6%), intermediate-severity 71(15.7%) and high-severity attempts 35(7.7%). Previous history of (SB) was: low severity group 116(33.4%), intermediate group 39(54.9%) and high group 17(48.6%). Diagnosis was also compared with the severity of the attempts; results in the following table:

	No diagnose	Affective and anxiety disorders	Substance abuse	Personality disorders	Psychotic disorders	Others
Low	78 (22.5%)	114 (32.9%)	46 (13.3%)	58 (16.7%)	32 (9.2%)	19 (5.3%)
Intermediate	15 (21.4%)	31 (44.3%)	6 (8.6%)	10 (14.3%)	7 (10.0%)	1 (1.4%)
High	3 (8.8%)	15 (44.1%)	2 (5.9%)	7 (20.6%)	5 (14.7%)	2 (5.9%)

Other diagnoses: eating disorders, obsessive-compulsive disorders, intellectual impairment, somatoform disorders, delirium and dementia.



## Discussion

Low-severity attempts are more frequent than high-severity ones, that predominate in patients with an established diagnosis. Previous history of SB predominates in the intermediate and high-severity groups. Specific prevention programmes considering these data should be conducted to improve clinical outcomes.

## Bibliography

1. World Health Organization. (2014). Preventing suicide: a global imperative. World Health Organization.
2. Turecki, G., & Brent, D. A. (2016). Suicide and suicidal behaviour. The Lancet, 387(10024), 1227-1239.
3. Royal College of Psychiatrists. Self-Harm, Suicide, and Risk: Helping People who Self-Harm. Final Report of a Working Group. Royal College of Psychiatrists, 2010.
4. J.M Bolton, D.Gunnell, Turecki (2015).Suicide risk assessment and intervention in people with mental illness. The british medical journal, 351:h4978