

Suicide attempts associated to substance use disorders; a descriptive study

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Introduction

Suicide is the 15th leading cause of death worldwide being a major public health concern. Suicidal attempt and substance use disorders (SUD) are associated with increased risk for suicide, however, relatively little is known about the real impact SUD on suicidal behaviour.

Objective

To describe the presence of SUD in suicidal attempts and its characteristics, such as: age, hospitalization after suicide attempt and relapse.

Methods

A total of 7,911 psychiatric emergency visits were registered during 2013 in two different units in Barcelona (Hospital del Mar and Centre Emili-Mira). Suicide attempt (n=452) were selected from the database. Afterwards, the information was completed with electronic medical records. Descriptive analysis was performed with IBM SPSS Statistics (Chicago INC).

Results

From 452 suicide attempt patients sample, 165 (36.5%) were associated to substance use disorder (figure 1). The highest prevalence of concomitant SUD was detected between the age of 28-47yo (40.5%) and the lowest between 68-87yo (0%) (figure 2). From total patients who required hospitalization 166 (44.50%) had SUD and 70 (24.40%) did not (figure 3). Relapse suicide attempt was reported in 36 (22%) of SUD patients and in 54 (18.8%) without concomitant SUD (figure 4).

Figure 1: Presence of substance use disorder in 2013 suicide attempts

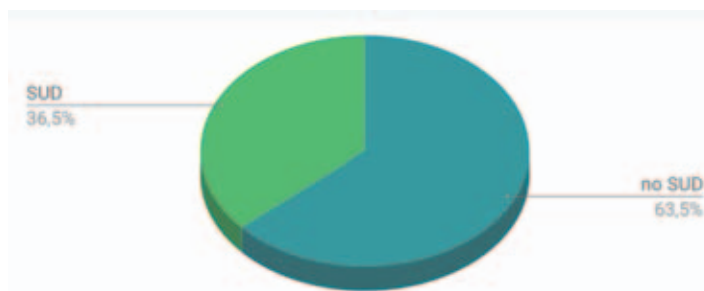


Figure 3: Presence of SUD between patients who needed hospitalization in 2013 suicide attempts

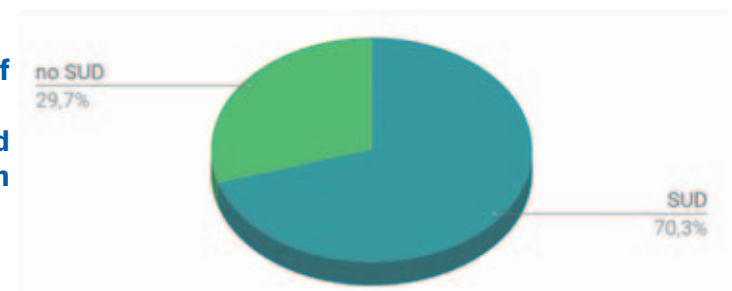


Figure 2: SUD prevalence in different age groups in 2013 suicide attempts

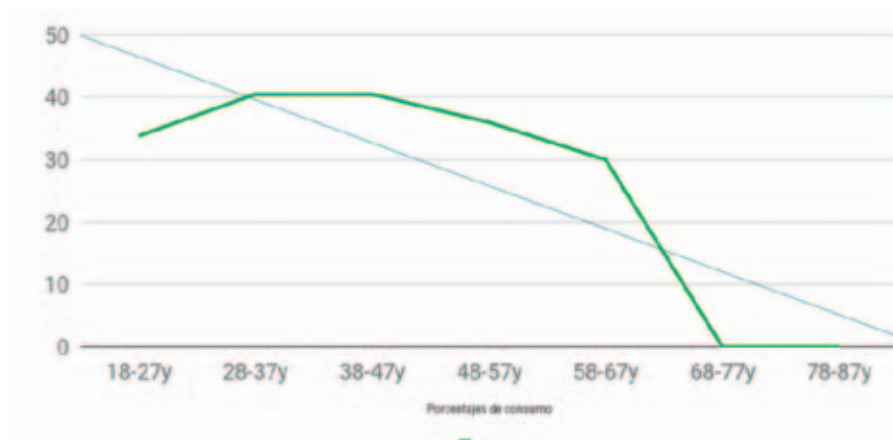
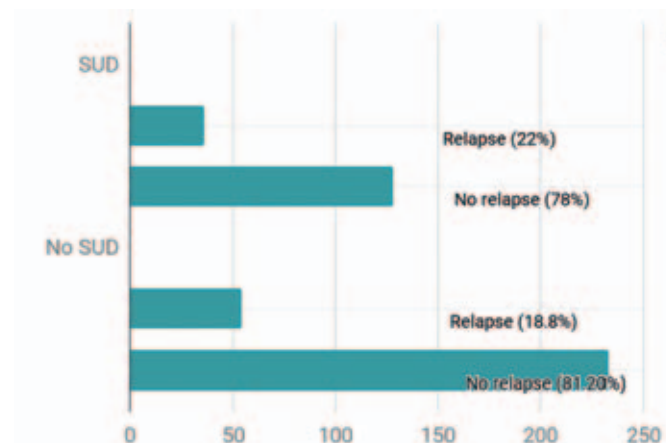


Figure 4: Suicide attempt relapse prevalence in patients with SUD vs without SUD



Conclusions

Relapse of the attempt were similar between patients with SUD and patients without SUD. However, patients with concomitant SUD were more likely to require hospitalization. Therefore, SUD appears to be an important target in suicidal attempts assessment. Further studies should evaluate the clinical relevance of exploring and treating SUD in order to prevent hospitalization.

Bibliography

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