



Journal Homepage: - www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/21929

DOI URL: <http://dx.doi.org/10.21474/IJAR01/21929>



RESEARCH ARTICLE

AGE AND GENDER RELATED ANALYSIS OF PSYCHOSOCIAL FACTORS IN ATTEMPTED SUICIDE PATIENTS ATTENDING IN A TERTIARY CARE HOSPITAL OF NORTH-EASTERN REGION

Anup Kumar Debnath¹, Priyajyoti Chakma², Bappaditya Roy³, Swapan Chandra Barman⁴ and Kamini Verma⁵

1. Medical Officer, Dept. Of Psychiatry, Modern Psychiatric Hospital Narsingarh, Tripura, India,
2. Associate Professor, Dept. Of Psychiatry Agartala Govt. Medical College and GBP Hospital Tripura, India
3. Senior Resident, Dept. Of Psychiatry, Agartala Govt. Medical College and GBP Hospital, Tripura, India.
4. HOD, Dept. Of Psychiatry, Modern Psychiatric Hospital Narsingarh, Tripura, India.
5. Assistant Professor, Dept. Of Psychiatry, AIIMS Kalyani, West Bengal, India.

Manuscript Info

Manuscript History

Received: 11 August 2025

Final Accepted: 13 September 2025

Published: October 2025

Key words:-

Suicide Intent Questionnaire (SIQ), ASI (Addiction Severity Index), PSE Present State Examination, ICD-10 (International Classification of Disease)

Abstract

Background: Suicide is a complex phenomenon with numerous influences including the individual's personality, biology, culture and social environment as well as the macro-economic and political context. Attempted suicide is a common clinical problem and makes heavy demands on psychiatric services. Clinical descriptive studies of suicide attempters do provide clinicians with important and useful information that may assist in the identification of risk factors in various age groups and different sex groups; thereby enabling appropriate clinical intervention to be implemented.

Aim: To evaluate the psycho socio demographic variable including family history, physical illness, psychiatric diagnosis, past suicide attempts, mode of attempts in individual who attempted suicide.

Methodology: The present study was conducted on 50 consecutive cases of attempted suicide attending Department of Psychiatry and cases referred from Emergency Services and other departments of Regional Institute of Medical Sciences Hospital (RIMS), during the study period. Various tools have been used for analysis 1. Semi structured Proforma 2. The ICD-10 classification of mental and behavioural disorders 3. Suicidal Intent questionnaire (SIQ).

Inclusion Criteria: Those patients who attended RIMS Hospital and Whose physical condition was stable and could undergo detailed assessment.

"© 2025 by the Author(s). Published by IJAR under CC BY 4.0. Unrestricted use allowed with credit to the author."

Corresponding Author:- Priyajyoti Chakma

Address:- Associate Professor, Dept. Of Psychiatry Agartala Govt. Medical College & GBP Hospital Tripura,

Exclusion Criteria: - Patients without a reliable informant and who were not communicable due to their serious illness from suicidal attempt. **Conclusion:** In the present study, the diagnosis of specific psychiatric morbidity was established by assessing subjects based on ICD-10. The study includes 50 (fifty) consecutive cases of attempted suicide attending Department of Psychiatry and various other departments of RIMS Hospital. The study finding shows most of the suicide attempters belong to 21-30 years age group and suicide rate is more in males compared to females. Suicide Intent Questionnaire (SIQ) has been widely used in a number of Indian studies. For statistical analysis, chi square test was used

Introduction:-

Suicide has been an age old phenomenon which has affected the lives of people from all spheres of life. Suicide is a complex phenomenon with numerous influences including the individual's personality, biology, culture and social environment as well as the macro-economic and political context. Today suicide is viewed as neither a random nor a pointless act; rather it is a way out of a problem or crisis that is invariably causing intense suffering. Suicide ranks among the most tragic events in human life, causing a great deal of serious psychological distress among the relatives of the victims at the family level as well as great economic problems for the whole society in a statistical sense. The World Health Organization, having declared that suicide is among the most important areas of public health, has been facilitating comprehensive strategies for suicide prevention. It is among the top three causes of death in the population aged 15-34 yrs. Suicidal behaviour or suicidality can be conceptualized as a continuum ranging from suicidal ideation to suicidal attempts and completed suicide.

"Attempted suicide" and "deliberate self-harm" are term used to describe behaviours through which people inflict acute harm upon themselves, poisons themselves or try to do so with non-fatal outcome. Attempted suicide is a common clinical problem and makes heavy demands on psychiatric services. Prospectively suicide attempters have a high risk of committing suicide. Between 10-15 percent eventually die because of suicide. Mortality by suicide is higher among suicide attempters who have made previous attempts. The risk of suicide after attempted suicide/deliberate self-harm for male is nearly twice the female risk; the risk being particularly high in the first year. Alcohol and drug abuse and related social deterioration are risk factors for subsequent suicide as are psychiatric diagnosis (affective disorders, schizophrenia, personality disorders) and a highly lethal non impulsive index suicide attempt. Clinical descriptive studies of suicide attempters do provide clinicians with important and useful information that may assist in the identification of risk factors in various age groups and different sex groups; thereby enabling appropriate clinical intervention to be implemented.

Methodology:-

This was a cross sectional study conducted in the Department of Psychiatry, RIMS, Imphal. In the present study, the diagnosis of specific psychiatric morbidity was established by assessing subjects based on ICD-10 clinical descriptions and diagnostic guidelines. This criteria was selected because, it is well established and well accepted diagnostic guidelines made by World Health Organisation, which enables research investigations to reliably identify a group of individuals, who have a definite psychiatric symptom pattern. The study includes 50 (fifty) consecutive cases of attempted suicide attending Department of Psychiatry and various other departments of RIMS Hospital. Present State Examination (Wing JK et al, 1974) was used to find out psychiatric symptoms. PSE was designed by W.H.O. which is well accepted and suitable to measure the symptoms. Suicide Intent Questionnaire (SIQ) (Gupta SC et al, 1983) has been widely used in a number of Indian studies. This questionnaire was used in this study to assess the suicidal intent among subjects. For statistical analysis, chi square test was used. The level of statistical significance was kept at $p < 0.05$. Ethical clearance was obtained from the institute ethics committee.

Results:-

The study was carried out in the Department of Psychiatry, Regional Institute of Medical Sciences, Imphal; on attempted suicide cases those who are attending RIMS Hospital during the study period. The study sample consisted of consecutive 50 (fifty) cases who attempted suicide. The results of the study are as follows:

Table 1. Distribution of the study sample by age:-

Age (years)	Total number of patient (n=50)	Percentage (%)
≤20	11	22%
21-30	28	56%
31-40	4	8%
≤ 41	7	14%
Total	50	100%

It is observed that the ages of the study samples were in range of 14 years to 56 years. Majority of the study samples which is 56% fall in the age group 21-30 years which is followed by that less than 20 years age group is 22%. 7 samples (14%) were belongs to more than 41 years age group.

Table 2. Distribution of the study sample by Gender:-

Gender	Total number of patients (N=50)	Percentage (%)
Male	32	64%
Female	18	36%
Total	50	100%

Table 2 shows the distribution of the patients by sex. It is observed that number of male is higher 32 (64%) as compared to the females 18 (36%) amongst the study samples.

Table 3. Distribution of the study sample by employment status:

Employment status	Total number of patients (N=50)	Percentage
Student	4	8%
Unemployed	29	58%
Employed	17	34%
Total	50	100%

Table 4 shows that most of the cases of attempted suicide belonged to unemployed group (58%), followed by that 34% of the patients were employed. Only 8% of the patients were students. Those unemployed were housewives, daily labourers and farmers amongst the study groups.

Table 4. Distribution of study sample according to marital status:

Marital Status	Total number of patient (n=50)	Percentage
Unmarried	25	50%
Married	21	42%
Divorced	2	4%
Widowed	2	4%
Total	50	100%

Table 5 shows that most of the patients in the study group were unmarried 25 samples (50%) followed by that married sample 42%, divorced 4% or widowed 4%. Taken together unmarried, divorced or separated constituted 58% of total study sample.

Table 5. Distribution of psychiatric diagnosis in study sample:

Present psychiatric Diagnosis	Total number of patients (n=50)	Percentage
Depressive episode	14	28%
Alcohol dependence syndrome/alcohol Harmful use.	9	18%
Adjustment disorder with brief/prolonged depressive reaction	7	14%
Schizophrenia	2	4%
No diagnosis	18	36%
Total	50	100%

In table 5 shows that 32 samples (64%) were diagnosed to have psychiatric diagnosis which meets the criteria of ICD-10. while amongst them majority of the patients 14(28%) were diagnosed with depressive episode; followed by that alcohol related disorder was 9 samples (18%), adjustment disorder with depressive reaction; either brief or prolonged was present on 7 samples (14%) and schizophrenia 2 sample (4%).

Table 6. Distribution of patients with past psychiatric illness:

Past psychiatric illness	Total number of patients (n=50)	Percentage
Depressive episode	7	14%
Alcohol dependence syndrome/harmful use	9	18%
Others (schizophrenia, anxiety disorders, affective disorders)	5	10%
No Diagnosis	29	58%
Total	50	100%

It shows that majority of the patient had past history of alcohol related disorder 9 samples (18%) followed by depressive episodes in 7 samples (14%) and other disorders (which include schizophrenia, anxiety disorder, affective disorders) in 5 samples (10%) of study groups.

Table 7. Distribution of study sample having family history of psychiatric illness:

Psychiatric illness in the family history	Total number of subject (n=50)	Percentage
Depressive episode	4	8%
Alcohol dependence syndrome	7	14%
Suicide/suicide attempt	2	4%
Others (psychotic disorder, bipolar affective disorder and Anxiety disorders	3	6%
No family history of psychiatric illness	34	68%
Total	50	100%

It is observed that majority of the patients 34 samples (68%) had no family history of psychiatric illness followed by that 16 samples (32%) had family history of psychiatric illness of which alcohol dependence syndrome 7(14%) is higher in comparison to depressive episode which was present in 4 samples (8%). 2 number of samples (4%) had family history of attempting suicide. 3 number of samples (6%) had family history of other diagnosis including schizophrenia, bipolar affective disorder and anxiety disorders.

Discussion:-

Attempted suicide is a common clinical problem and makes heavy demands on psychiatric services. Clinical descriptive studies of suicide attempters do provide clinicians with important and useful information that may assist in the identification of risk factors in various age groups and different sex groups; thereby enabling appropriate clinical intervention to be implemented. In the present study, the diagnosis of specific psychiatric morbidity was established by assessing subjects based on ICD-10. The study includes 50 (fifty) consecutive cases of attempted suicide attending Department of Psychiatry and various other departments of RIMS Hospital. The study finding shows most of the suicide attempters belonged to 21-30 years age group (56%). Number of male attempters are higher in compared to female.

Another finding suggestive of 48% of suicide attempters were low income group. While amongst the previous psychiatric illness which includes depressive episode (14%), alcohol dependence (18%) was present in 48% of suicide attempters. History of past psychiatric illness was found to be significantly more in those above 31 years of age ($P<0.01$) while past history of suicide attempt in 22% of cases observed. Study finding also shows that attempted suicide is much higher in unmarried, widow and divorced group (58%) in compare to married group (42%). Family history of psychiatric illness (schizophrenia, adjustment disorder anxiety disorder etc.) was found in 32% of cases; alcohol dependence (14%), depressive episodes (14%) and others (10%) which also have significant impact on suicidal attempt. Past family history of suicidal attempt was more commonly seen in females with suicidal attempts which was statistically significant ($P<0.01$).

Acknowledgement: Nil

Funding: Nil

Consent: Ethical approval was taken from institutional ethical committee. All written informed consent for medical procedures and the patient's medical information study was obtained from the patient legal guardian/informants to publish this paper.

Competing Interests: The authors declare that they have no competing interests.

References:-

1. Adams DA, Overholser JC and Spirito A: Stressful life events associated with adolescent suicide attempts, *Canadian Journal of Psychiatry*; 39: 43-49, 1994.
2. Ahrens B and Linden M: Is there a suicidality syndrome independent of specific major psychiatric disorder, *Acta Psychiatrica Scandinavica*; 94: 79-86, 1996.
3. Avery D and Winokur G: Suicide, attempted suicide and relapse rates in depression, *Archives of General Psychiatry*; 35: 749-753, 1978.
4. Balfoursclare A and Hamilton CM: Attempted suicide in Glasgow, *British Journal of Psychiatry*; 109: 609-615, 1963.
5. Bancroft JHJ, Skrimshire AM and Simkin S: The reason people give for taking overdoses, *British Journal of Psychiatry*; 128: 538-548, 1976.
6. Barraclough BM: The suicides in epilepsy, *Acta Psychiatrica Scandinavica*; 76: 339-345, 1987.
7. Beautrais AL: Suicide and serious suicide attempts in youth: a multiple-group comparison study, *American Journal of Psychiatry*; 160: 1093-1099, 2003.
8. Beck AT, Beck R and Kovacs M: Classification of suicidal behaviors: I. Quantifying intent and medical lethality, *American Journal of Psychiatry*; 132: 285-287, 1975.
9. Beck AT, Kovacs M and Weissman A: Hopelessness and suicida behaviour an overview, *Journal of the American Medica Association*; 234: 1146-1149, 1975.
10. Bille-Brahe U, Hansen W and Kolmos L: Attempted suicide in Denmark, *Acta Psychiatrica Scandinavica*; 71: 217-226, 1985.
11. Bland RC, Neuman SC and Dyck RJ: The epidemiology of parasuicide in Edmonton, *Canadian Journal of Psychiatry*; 39: 391-396, 1994.
12. Brent DA, Perper JA, Goldstein CE, Kolko DJ, Allan MJ, Allman CJ and Zelenac JP: Risk factors for adolescent suicide, *Archives of General Psychiatry*; 45: 581-588, 1988.
13. Brooksbank DJ: Suicide and parasuicide in childhood and early adolescence, *British Journal of Psychiatry*; 146: 459-463, 1985.
14. Chandrasekaran R, Gnanaseelan J, Sahai A, Swaminathan RP and Perme B: Psychiatric and personality disorders in survivors following their first suicide attempt, *Indian Journal of Psychiatry*; 45 (11): 45-48, 2003.