

Suicidal attempts in the elderly.

Individual issues of specialized care and prevention.

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Summary

The problem of suicidal behavior among elderly patients remains relevant both for general somatic medicine and for psychiatric services. The article discusses suicidal actions from these two positions. The volume of psychiatric care provided at each stage is described, recommendations are offered for outpatient general somatic service as a link of first contact with patients.

Keywords: elderly patients, mental disorders, suicidal attempts

Introduction

Suicidal behavior is considered one of the markers of mental disorder. According to a number of authors, suicide mortality rates are increasing over the years, especially in industrialized countries, in addition, the risks are increased in patients with depressive disorders and with frequently recurrent or disabling somatic diseases. At the same time, depressive symptoms in older people are often not diagnosed or misinterpreted as a normal aging process. In old age, depression often accompanies the course of diseases such as diabetes mellitus, stroke, cancer, Parkinson's disease and others. The first contact of a patient with suicidal actions are somatic hospitals, but the role of general practitioners of polyclinic departments in the prevention of suicidal behavior in patients of the older age group should not be underestimated, as they often remain the only specialists with whom elderly people contact.

The aim of the study is to determine the clinical and socio-demographic characteristics of elderly people with suicidal attempts, to assess the volume of psychiatric care at the stages of a multidisciplinary and psychiatric hospital to develop recommendations for identifying suicidal risk by first-contact doctors.

Materials and methods

A two-center retrospective study was conducted, data collection was carried out in St. Petersburg State Medical University "I.I. Janelidze Research Institute" and St. Petersburg State Medical University "I.I. Skvortsov-Stepanov GPB No. 3". The study period is 2016-2020. A continuous method was used to study handwritten and electronic journals of receipts, in which patients who committed suicidal acts were identified. The analysis included primary documentation (directions of emergency medical care, neuropsychiatric dispensaries, conclusions of psychiatrists of somatic hospitals). Data from primary examinations of a doctor of the emergency department of a psychiatric hospital and a psychiatrist of a multidisciplinary hospital. The following information was collected: gender, age, the cipher of the diagnosis according to ICD-10, on the basis of primary documentation, the nature and causes of

suicidal actions were analyzed, indicators were compared with similar ones in patients under 60 years of age. When processing the material, the following were used: descriptive statistics (mean and standard deviation of the value and the fraction of the whole); Bartels criterion – to identify the trend of growth or decrease in the studied indicators; The frequency association was studied by criterion G; the intragroup structure and the ratio of objects were evaluated by constructing a 95% confidence interval of the multinomial distribution.

Results

After evaluating the data collected from the materials of the St. Petersburg State Medical Institution "I.I. Janelidze Research Institute", it was revealed that the total number of patients hospitalized with suicidal actions over the age of 60 in 2016-2020 amounted to 719 people (0.2% of all suicides). Average age 71.95 ± 10.2; male/female ratio – 26.8% (193 people)/ 73.2% (526 people). The Bartels criterion was used to identify a trend of growth or decrease in the studied indicators, when analyzing the ratio of the number of elderly patients hospitalized with suicidal actions to the total number of hospitalized due to suicidal actions, no significant fluctuations were detected for the period 2016-2020. Comparison of elderly patients by the method of committing suicidal actions also revealed no statistically significant differences. In both groups, self-poisoning was the most "popular" method. The percentages in the group of elderly patients, depending on the substance they used, were distributed as follows: X61- intentional self-poisoning and exposure to anticonvulsants, sedatives, hypnotics, antiparkinsonian and psychotropic drugs - 40.9%; X63 –intentional self-poisoning and exposure to other drugs acting on the autonomic nervous system - 25.0%; X64 - intentional self-poisoning and exposure to other unspecified drugs, medications and biological substances – 20.5%. The association of suicidal actions with alcohol factor was higher in young patients (the differences are statistically insignificant). Other methods of self-harm included gunshot wounds, falls from a height, sharp object damage, self-incineration, electric shock damage, drowning, as well as combined self-harm (more often sharp object damage and poisoning) totaled 13.6% (98 people). Comparison of the severity of suicidal intentions also showed no statistically significant differences; demonstratively blackmailing suicidal intentions were in 3.5% of patients under 60 years of age and in 0.6% in the age group over 60 years. In a multidisciplinary hospital, after carrying out the necessary medical measures aimed at eliminating the life-threatening and health-threatening consequences of suicidal actions committed by patients, the mental state was assessed, primary specialized medical and sanitary care was provided. Psychotherapeutic work was carried out with patients within the framework of short-term rational psychotherapy. In the presence of indications, patients were transferred to a psychiatric hospital, their share of the total number of hospitalized with suicidal attempts was 41% (295 people). In cases where there were indications for inpatient psychiatric care, but the severity of concomitant pathology (strokes, heart attacks, diabetes mellitus, surgical pathology, injuries, etc.) did not allow for the transfer, patients were treated in the somatopsychiatric department of the St. Petersburg State Medical Institution "I.I. Janelidze Research Institute". At the stage of a multidisciplinary hospital, based on the data of patients' medical histories,

an analysis of the causes of suicidal actions was carried out. A connection was found between serious intentions and loneliness, severe somatic illness and the presence of a difficult-to-stop pain syndrome (regardless of the diagnosis). During the study period (2016-2020), the total number of hospitalized in St. Petersburg State Medical Institution "GPB No. 3 named after I.I. Skvortsov-Stepanov" for suicidal behavior was 701 people. elderly (60 years and over) – 16.1% (113 people), 75.2% (85 people) were transferred from multidisciplinary hospitals. Not all of them were previously treated in St. Petersburg State Medical Institution "I.I. Janelidze Research Institute", some were transferred from other multidisciplinary hospitals, including children's, which is due to the peculiarities of routing patients in St. Petersburg during the study period. The analysis of the ratio of the number of elderly patients hospitalized with suicidal actions to the total number of hospitalized due to suicidal actions revealed no significant fluctuations (Bartels criterion). In a psychiatric hospital, patients were treated in accordance with the standards of psychiatric care according to the relevant nosologies.

In the group of elderly patients, the leading diagnoses were presented by the group F0, the second place was the category F3. Diagnoses from categories F2 and F4 had comparable proportions. According to anamnestic data, most patients had not previously sought psychiatric help, but had concomitant diseases, for which they were observed in the general somatic network.

Thus, the only specialist to whom all the examined people turned was a primary care outpatient doctor, who, if sufficiently qualified, can assume that the patient has psychiatric pathology and recommend seeking specialized help, and if there are suicidal tendencies, call an ambulance to organize medical evacuation.

We have formulated recommendations for outpatient specialists. We recommend paying attention to whether the patient has

- 1) severe somatic pathology (diseases of the cardiovascular system, oncological diseases, diabetes mellitus, etc.);
- 2) uncoupled pain;
- 3) depressive disorders (past and present);
- 4) changing the usual stereotype of life (dismissal from work, retirement, the presence of a traumatic situation, death or serious illness of one of the spouses, loneliness).

Conclusions

Based on the analysis carried out, it can be said that the main checkpoint where a doctor meets a patient with suicidal actions for the first time is a multidisciplinary hospital, already at this stage of assistance, the presence of a qualified specialist (a psychiatrist, a psychotherapist, a psychiatric service) is required. In addition, the connection of suicidal behavior with mental and somatic diseases revealed during the study allows us to conclude about the possibilities of suicide prevention in patients of the older age group through the interaction of specialists in various fields at the stage of outpatient care (general practitioners, family doctors, outpatient specialists, pre-medical care offices, etc.). Thus, special attention should be paid to attention is paid to the training of the above-mentioned medical professionals on the issues of early detection of suicidal tendencies in elderly patients.