Demographic Study and Personality Assessment in Parasuicide in Sharkia

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This work was conducted with aim of studying some demographic profiles in additon to personality assessment in parasuicide. 60 subjects who attempted suicide were collected from both casualty department and psychiatric outpatient clinic in Zagazig University Hospital within two years period (From Oct. 1993 to Sept. 1995). Middlesex Hospital Questionnaire (MHQ) for personality assessment and scale for risk assessment in attempted suicide were used, in addition to thorough history taking. The results revealed that suicidal attempts were more encountered among single subjects and separated spouses. Also, attempters were usually under 30 years old and living in urban areas. Both high and low risk groups scored pathological levels on anxiety, depressive, obsessive and somatic scales of MHQ. Only, as regard the phobic scale, the low risk group scored pathologically. Unexpectedly hysterical traits were found to be inversely proportionate with suicidal risk.

(Egypt.J. Psychiat., 1996, 19:91-100).

Introduction

Parasuicide is deliberate self injury whether or not the motive is suicide, but which does not result in fatal outcome. (Kreitman, 1977). Another term is attempted suicide, Stengel, (1968) in using the term attempted suicide presupposed an intent of self destrcution, however vague and ambiguous.

Salkovekis et al. (1990) reported that 36.5% out of 140 patients attending emergency and accident departments had psychiatric disturbances. Aslo, psychiatric diagnosis was made in 37% of patients admitted to surgical and medical emergency and accident ward (Bell et al., 1991).

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Research efforts have concentrated on assessment and intervention in attempted suicide. Knowledge of psychiatric status for the attenders of accident and emergency is restricted to those patients referred to consultation liaison services as psychiatric emergencies (Tarbuck, 1990).

Aim of the work

Tha aim of the work was to determine some demographic profiles in additon to assessment of personality in parasuicide.

Subjects and Method

In this work, 60 subjects who attempted suicide were randomly collected from both causalty department and psychiatric outpatient clinic in Zagazig University Hospital within two years period (From October 1993 to September 1995). They were subjected to the following.

* Thorough history taking with special stress on personal data

* Psychometric investigations, including

1- Personality assessment by Middlesex Hospital Questionnaire (MHQ), (Gawad et al., 1972).

2- Assessment of suicide risk by scale for Risk assessment in Attempted suicide (Tuckman and Youngman, 1968).

Results

1- Relation of some Demographic Data to Suicidal risk (Table 1,3)

a) Age:

The mean age for the high-risk group was slightly higher than that of the low-risk group, being 25.92 and 24.94 respectively. On the other hand, the mean scoring of those below 25 years on the risk assessment scale was 3.23±2.07) while that of the other group was 4 ±

Table 1
Some Sociodemographic Data

Item	Number		Percentage		Percentage	
	No	%	No	%	No	%
*Age						
15-20y	4	13.34	8	26.66	12	20
12-25y	14	40.66	8	26.66	22	36.66
26-30y	8	26.66	12	40	20	33.34
31-35y	4	13.34	2	6.68	6	10
*Marrital status						
- Single	12	40	12	40	24	40
- Engaged	2	6.68	2	6.68	4	6.67
- Married	12	40	8	26.66	20	33.33
- Separated	2	6.68	6	20	8	13.36
- Divorced	2	6.68	0	0	2	3.32
- Widowed	0	0	2	6.68	2	3.32
*Residence						
Urban	16	53.34	22	73.34	38	63.34
Rural	14	34.33	8	26.66	22	36.66
*Socioeconomic standard						
-Below averege	16	53.34	16	53.34	32	53.34
-Average	12	40	14	46.66	26	43.33
-Above averge	2	6.66	0	0	2	3.33
*Occupation						
- Students	4	13.34	6	20	10	16.66
-Labourers	18	60	4	13.34	22	36.66
-Clerks & professronals	4	13.34	6	20	10	16.66
-Unemployed	4	13.34	14	43.66	18	30
*Habituation & Addiction						
-Non or mild smoker	8	26.66	28	93.32	36	59.98
-Heavy smoker	16	53.34	0	0	16	26.66
-Drugs & smoker	6	20	2	6.68	8	13.36
-Drugs & hashish						
*Religion						
-Strictly religious	6	20	6	20	12	20
-Moderate	12	40	12	40	24	40
-Non	12	40	12	40	24	40

Table 2
Scale for Assessment of Suicidal Risk in Attempted Suicide

	No	%	Mean score ± S.D	T.	P.
High risk (> 4)	26	43.33	5.2 + 1.3	6.77	Signifcant at 0.001
Low risk (> 4)	34	56.57	2.3 + 1.2		

Table 3
Relation of Some Demographic Data to Suicidal Risk

Scale	Demographic data	high-risk		Low-risk		Mean ± S.D.	T.	P
		No.	%	No.	%			
Age	Above 25	12	14.15	14	41.17	4 ± 1.63	1.45	insignificant
	Under 25	14	53.84	20	58.82	3.23± 2.07		
	Mean age	25.92		24.49				
Sex	Male	18	69.23	12	35.29	4.5 ± 1.64	3.96	significant at 0.001
	Female	8	30.77	22	64.71	2.6 ± 1.68		
Residence	Urban	14	53.85	24	70.59			
	Rural	12	46.15	10	29.14			
Marital Status	Single	8	30.77	16	47.05			
	Engaged	2	7.69	2	5.88			
	married	10	38.46	10	29.41			
	Separated	2	7.69	6	17.65			
	Divorced	2	7.69	0	0			
	Widowed	2	7.69	0	0			
Socioeconomic standard	Below av.	12	46.15	20	58.82			
	Average	12	46.15	14	41.18			
	above av.	2	7.69	0	0			
Occupation	Students	2	7.69	8	23.53			
	Labourers	10	38.46	12	35.29			
	Clerics & Professionals							
	Unemploy. & Houswives	2	7.69	8	23.53			
Habituation & Addicition	Non	12	46.15	6	17.65			
	Heavy smoker	8	30.77	28	82.35			
	Drugs, Opiates & Hashish	10	38.46	6	17.65			
		8	30.77	0	0			
Religion	Strictly Religious	6	23	6	17.65			
	Moderate	10	38.5	14	41.17			
	Non	10	38.5	14	41.17			

Table 4
Middlesex Hospital Questionnaire

Scale		High-risk		Low-risk		Total			
		No.	%	No.	%	No.	%	T.	P.
Anxiety	0 +	4	15.38	8	23.53	12	20	0.89	
	8 +	10	38.46	6	17.65	16	26.67		Insign.
	12 +	12	46.15	20	58.82	32	53.33		
	Mean	12.47		11.78					
	S.D	± 4.1		± 4.4					
Phobia	0 +	16	61.54	18	52.94	34	56.67	1.14	Insign.
	8 +	8	30.77	12	35.29	20	33.33		
	12	2	7.69	4	11.76	6	10		
	Mean	8.35		8.59					
		± 2.94		± 2.7					
Obsession	0 +	12	96.15	12	35.29	24	40	0.47	Insign.
	8 +	8	30.77	16	47.06	24	40		
	12	6	23.08	6	17.65	12	20		
	Mean	9.30		9.88					
	S.D.	± 4.29		2.55					
Depressive	0 +	6	23.08	12	35.29	18	30	0.75	
	8 +	16	61.54	16	47.06	32	53.33		Insign.
	12 +	4	15.38	6	17.65	10	16.67		
	Mean	9.61		9.05					
	S. D.	± 3.5		3.96					
Hysteria	0 +	20	76.92	18	52.94	38	63.33	2.57	
	8 +	6	23.08	14	41.18	20	33.33		Sig at 0.05
	12 +	0	0	2	5.88	2	3.33		
	Mean	6.30		8					
	S. D.	+ 2.56		3.24					

1.63; the difference between both scores is showed to be statistically insignificant.

b) Sex

Whereas 69.23% of the high risk group were males, a near ratio of famales (64.17%) constituted the domain of the other group. Also, both sexes showed major difference in their scoring on the risk assessment scale being 4.5 ± 1.64 and 2.6 ± 1.68 for men and women respectively, a difference which is statistically significant (P. at 0.001).

c) Residence

In both groups, the majority was formed by urban citizens, although this was much more obvious in the low-risk group where 70.59% were from urban areas, while the ratio was 53.85% in the high-risk group

d) Marital status

married subjects constituted the higher ratio (38.46%) among the high-risk group, while the single subjects presented 47.05% of the low-risk group.

e) Socio-economic standard

No major differences were found between the 2 groups, except that the above average standard was presented as 7.69% of the high-risk group (Just two

subjects), while it was not presented at all in the other group

f) Occupation

The group of unemployed (Including house wives) formed the major portio of the high-risk group (46.15%), with a clear difference from its ratio in the low-risk group (17.65%). To the contrary, students constituted 23.53% of the low-risk group and only 7.69% of the higher risk

g) Habituation and Addiction

Heavy smokers were presented in the high-risk group more than in the low-risk group (38.4% and 17.65% respectively, while Drugs and Hashish habituation as well as opiates addiction were presented only in the high-risk group in the percentage of 30.77

1- Religion

23% of the high-risk group and 17.65% of the low-risk seemed to be strictly religious. Moderately and non-religious were equally presented in both high and low risk groups

2- Scale for Assessment of Suicidal Risk in Attempted Suicide (Table 2)

26 subjects (43.33%) gave scores higher than 4 indicating high risk, and the mean scoer for them is 5.2. the other 56.67% scored 4 or less and thus they were categorized as low-risk goup their mean score is 2.3.

3- Middlesex Hospital Questionnaire (Table 4)

Anxiety scale

53.33% of the whole sample scored above 12 indicating severe degree of anxiety, while 26.67% gave also pathological scores but between 8 and 12. The mean scores of high and low-risk groups were 12.47 and 11.78 respectively (SD:± 4.1 and 4.4).

Phobia scale

The majority of the group (56.67%) showed no pathological scores, while 10% only showed severe phobia. The high risk group have a mean score slightly lower than that of the low-risk group being 8.35 and 8.59 respectively (S.D. : ± 2.94 and 2.7).

Obsessive scale

60% of the group scored patholgical levels: 20% severe, and 40% moderate, while the other 40% showed no pathological scores. The mean scores are 9.54 (S.D. _ 4.29) and 9.88 (S.D. ± 2.55) for the high and low-risk groups respectively.

Somatic scale

Only 30% didn't score on pathological level, while 56.67% showed moderate degree and 13.33% scored above 12 indicating high somatisation. the mean scores for both groups were nearly equal: 9.30 and 9.24 (S. D. : ± 2.36 and 3.1 for the high and low-risk respectively)

Depressive scale

70% of the whole group gave pathological records, but severe degree was shown in 16.67% only. The mean scores for high and low-risk group are 9.61 (S. D. ± 3.5) and 9.05 (S.D. ± 3.97) respectively

Hysteria scale

Unexpectedly, 63.33% didn't score pathologically on the hysteria scale, and only two subject (3.33%) from the low risk-group scored above 12. The mean score for the high risk group is lower than of the other group being 6.30 (S. D. ± 2.56) and 8 (S. D. ± 3.24) respectively.

Discussion

1- Age Distribution

It was widely proved that attempted suicide is much more common amongst the young subjects e.g. 70.22% of Nadim's sample (1983) were under 25 years old. Also, Shaheen (1983), reported that 78.3% of the sample were under the age of 30. Our results confirms the previous findings in this concern, as 86.6% of the sample were under 30 years old. The mean age is found to be 25.06 which is coinciding with those reported by Shaheen (1983), and Nadim et al. (1983), as 25.54 and 24.04 respectively. The preponderance of attempted suicide among the young age could be explained by the ambitious tendencies of the youth versus the frustrating environment. Also, immaturity and frequent crisis which characterize this age may play a role.

2- Sex Distribution

The female to male ratio among suicide attempters was shown to be variable. In western countries, the females were usually presented much more than males; Myers 91982), recorded the ratio as 2:1 while it was recorded as 4:1 in Canada by Kehoe and Abott (1975).

On the other hand, in the developing countries, the ratio seems to be equalized or even reversed. In Nigeria, For example, the female to male ratio was recorded as 1:2 (Asuni, 1967) while in this research, both sexes were equally presented.

The variation in sex distribution between the developing countries including Egypt, and the western countries, is either due to higher males ratio or lower females ratio the higher male attempters ratio may be due to the male's role in our culture, asked of him (Shaheen, 1983). Secondly, the female attempter's ratio may be lower in developing countries secondary to the earlier age of marriage for them with subsequent, protection. Also, the females, chances for education and work are still limited and hence they are less exposed to stresses.

3- Marital Status

Single subjects usually constitute the highest ratio of attempters. Allgulander and Fish (1990) reported that 63% of patients with deliberate self poisoning were single, also Shaheen (1983), reported that 67.3% of the selfpoisners were single, while Okasha (1979) reported the rate of 53% in this concern, in our sample, this ratio is relatively lower, being 46.68% (40% single and 6.68% engaged). this could be explained by the cultural differences between the samples taken as our sample included more rural and less educated subjects.

However, among the married group, more than one-third of them have a history of broken home due to separation. The relative high ratio of separation among suicide attempters elaborated the question of whether suicidal acts took place secondary to separation, or if separation itself is an indication of the general inadaptibility and maladjustment that usually characterize the sucicidal person.

4- Religion

Only 20% of our series were strictly religous. This finidng, conincides with Shaheen's ratio (1983) of 11.8%, and his view about religion as a deterent against sucide. Depressed Muslims may passively wish they were dead or pray to God to take their life away, rather than trying this by themselves (El-Islam, 1984). Moreover, most of the whole group expressed a feeling of "relief" as a result of being saved from this sinful way of dying.

Faithful believers who used to seek help from God only, are less likely to react with stresses by trivial suicidal behaviours which aim at seeking attention

and help from the others. This may explain the higher presentation of the strictly religious subjects in the high-risk group than the lower-risk (23% and 17.56% respectively)

5- Residence

In this work, about two-thirds of the group were coming from urban areas. This preponderance of urban citizens than rurals coincides with most studies carried on attempted suicide: e.g. Shaheen (1983) recorded the percentage of 92.7%. This may indicate the hazards of overcrowding of urban areas with subsequent social deprevation and weak family ties.

6- Occupation

Hawton (1983) recorded the ratio for unemployment among the suicide attempters as 50%; while it was reported as 13% Eferkeya (1984). The present study revealed the ratio of unemployed attempters as 13.34% of the male group. These variations seem to be the reflection of the differences in unemplyment ratios among the different countries.

As regards the females group, 46.66% of them were housewives. This ratio is higher than those reported by Eferekeya (1984) as 13%. However, this relative high incidence of housewives among our group of suicide attempters, is propably still lower than the ratio of housewives among the general Egyptian population.

As regards students, they were usually found to constitute high ratio among suicide attempters, e.g. 60% by Hawton et al. (1982), 40% by Okasha (1979), and 30% by Shaheen (1983). In our study, they conform only 16.6%, and this variation may be due to the differences between the samples taken in these researches.

7- Socio-economic Standard

Kennedy et al. (1974), observed a steep upward gradient in rates of parasuicide according to descending social class, at least for men.

Our sample showed the same manner, as the socioeconomic distribution of men from low to high standard was 53.34%, 40% and 6.66%. This findings is still going with the general concept of increasing stresses among the low social classes.

8- Habituation and Addiction

53.34% of the male group were heavy smokers indicating severe anxiety. The remaining were moderate to mild smokers, heavy smoking have been implicated in association with major depressum with subsequent suicide attempts (Mester et al., 1993). Alcholism and drug abuse were feequently recorded in the background of suicidal subjects (Myers, 1982). However alcholism was not presented in our sample secondary to its limited prevalence in Egypt as t is prohibited in the Islamic religion.

On the other hand, 20% of the male group and 13.36% of the whole group have history of Hashish habituations, drug abuse or opiates-addiction. In fact, those subjects seem to lack the ability of facing stresses adquately, but instead, they used to escape from this facing through addiction or even through suicidal behaviours.

II-Psychiatric Assessment

1-M.H.Q.

Looking at the results of the test as a whole, it will be clear that both high and low-risk groups recorded pathoogical levels on the anxiety, obsessive, somatic and depressive scales (12.44, 9.45, 9.30 and 9.61 for the high risk, and 11.78, 9.88, 9.24 and 9.05 for the low risk respectively). The highest record observed was on the anxiety scale.

As regards phobic scale, the mean score of high risk group was under the

pthological level (7.83), while that of the lower risk exceeded it (8.59). This finding agrees with that of Shaheen (1983) who found that the majority of the group of self-poisoners recorded low on this scale, and he explained this finding by the role of phobia as a defense against suicide.

The results of the hysteria scale has elaborated two points for argument: the first is the unanticipitated relative low scores of both high and low-risk groups on the hysteria scale than the other scales, except for the phobic scale (mean score 6.3 and 8 for high and low-risk respectively). However, this finding although differs from the general clinical attitude towards suicidal subjects, yet, it agrees with many objective studies of personality assessment which had been done on suicide attempters. Pallis and Birtchnell (1977) and Farberow (1950) found no significant difference between records of attempted suicide patients and non-suicidal psychiatric patients on the M.M.P. I. hysteria scale. Also, using the Hysteroid-obsessoid questionnaire, Goldney (1981) found that suicidal subjects recorded more towards obsessoid direction.

The second point to be discussed, is the difference in scoring between the high and low risk groups. In this study, only 23.08% of the high risk group showed pathological hysterical records, while among the low-risk, the percentage was raised to 47.06%; also, the mean score for them were 6.30 and 8 respectively (this difference is found to be statistically significant). This means that, suicidal risk is found to be conversely proportionate to hysterical traits, a finding which coincides with that of Goldney (1981)

On the other hand, Shaheen (1983), in his work on self-poisoning compared between the records of the repeaters and non-repeaters on the hysteria-scale of M.H.Q., and he found that 90.5% of the repeaters and 53.9% of the first-time attempters showed pathological records. This figure is to a great extent differing with that established in this work, specially when we take in consideration that repeaters are usually more risky than the first-time attempters. This may be due to the differences between both samples.

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Étude démographique et évaluation de personalité sur l'attentation de suicide au gouvernerat du Charkaya

Cette étude discuté les facteurs démographiques et aussi psychologiques sur 60 malades (tenter de se suicider), et aussi, cette étude essaye de démonstrer qu'il ya des differences remarquables entre les groupes divisées au suject de danger et le sévèrement.

دراسة ديموجرافيه وتقييم للشخصية
فى محاولات الإنتحار بمحافظة الشرقية

لقد أجريت هذه الدراسة بهدف دراسة بعض السمات الديموجرافيه بالإضافة إلى تقييم الشخصية فى الحالات التى حاولت الإنتحار بمحافظة الشرقية. أجريت هذه الدراسة على ٦٠ حالة فى قسم الحوادث والعيادة الخارجية بقسم الطب النفسى بمستشفيات جامعة الزقازيق خلال عامين (من أكتوبر ١٩٩٣ إلى سبتمبر ١٩٩٥) وتم قياس الشخصية بإستخدام إختبار مستشفى ميدل سيكس وإستخدمنا لتقييم محاولة الإنتحار من حيث الخطورة والجدية مقياس تقييم عوامل خطر الإنتحار لتكمان ويونج مان، بالإضافة إلى التاريخ المرضى. وقد أوضحت النتائج أن محاولات الإنتحار كانت أكثر إنتشاراً فى غير المتزوجين والمطلقين فى كلا الجنسين حيث لم نجد أى فرق بين الرجال والنساء فى معدل محاولة الإنتحار بعكس الدراسات السابقة، وكان أغلب المحاولين تحت سن الثلاثين ومن بين سكان المدن. وقد تساوت المجموعة الأكثر خطورة والأقل خطورة على مقياس ميدل سيكس من حيث إرتفاع مستوى القلق والإكتئاب والوساوس والأعراض الجسمية إلى حد مرضى، أما من ناحية الخواف المرضى فقد كان أوضح فى المجموعة الأقل خطورة. وعلى غير المتوقع وجدنا السمات الهستيرية تتناسب عكسياً مع جدية محاولة الإنتحار وخطورتها.