433 Teams

PSYCHIATRY

Lecture (9)

Suicidal & aggressive patients

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❖ Suicide- definitions:

- *Suicide:* Self inflicted death with evidence (either explicit or implicit) that the person intended to die
- *Suicidal ideation:* Thoughts of engaging in behavior intended to end one's life
- *Suicide plan:* Formulation of a specific method through which one intends to die
- *Suicide attempt:* Engagement in potentially self-injurious behavior in which there is at least some intent to die
- *Suicidal intent:* Subjective expectation and desire for a self destructive act to end in death
- *Deliberate self harm:* Willful self-inflicting of painful, destructive or injurious acts without intent to die

Suicide: (international self-murder) Sui=self, cide=murder

- **Common Underlying Factors:**

Depressive disorder - Substance abuse - Schizophrenia - Personality disorder - Serious chronic physical disease - Social isolation and lack of support - Financial problems.

- **Suicide Methods:**

Hanging / Shooting / Burning / Poisoning / Rushing in front of running vehicles / Jumping from high places.

- **Who requires suicide evaluation?**

- Has recently attempted suicide.
- Presents with suicidal ideation.
- Reveals suicidal ideas only when asked.
- Has behavior indicating possible suicidality.

- **Risk Factors for Suicide:**

- Age > 45 years old.
- Male > Female.
- Separated, divorced, widow > single > married.
- Previous suicide attempts or behavior.
- Family history of suicide behavior.
- Current psychopathologic conditions: Severe depression / Substance abuse / Psychosis / Personality disorder.
- Concurrent serious or chronic medical condition.
- Lack of social support.
- Suicide note.
- Planning with precautions against discovery.
- Strong intent to die.
- Feelings of hopelessness
- Impulsive or aggressive tendencies

- Note: Major depressive disorder has the highest rate of suicide of any disorder

❖ Suicide- protective factors:

- Children in the home
- Sense of responsibility to the family
- Pregnancy
- Religiosity
- Life satisfaction
- Reality testing ability
- Positive coping skills
- Positive problem solving skills
- Positive social support
- Positive therapeutic relationships

Assessment of Suicide Risk:

1. **Evaluation of intentions:**

Asking about suicidal intentions is very important. It will not make suicide more likely.

Sympathetic approach, which also helps the patient feel better understood and hence may reduce the risk of suicide. Systematic enquires (thought/feeing >> intention >> act):

Thoughts whether life is worth living / hopeless towards the future >> any wishes to die >> suicidal ideation >> suicidal intent >> suicidal specific preparatory acts (e.g. planning with precautions against discovery) >> actual suicidal trial.

2. **History of intentional self-harm:**

Serious deliberate self-harm. Repeated dangerous attempts. Continuing wish to kill or harm self. Writing a farewell suicidal note.

3. **Presence of mental disorders:**

Severe depression with guilt feelings hopelessness and helplessness.

Depressed patient may not be able to plan and commit suicide while severely depressed. However, it was found that suicide might occur during recovery from severe depression.

Schizophrenia: on recovery from acute phase or in chronic schizophrenic illness.

Substance abuse with psychiatric and physical complications.
Personality disorders (e.g. borderline personality disorder; these patients have poor impulse control and chronic emotional instability).

4. **Presence of adverse social and medical conditions:**

Social factors (e.g. home, work, finances...) should be assessed. Medical problems (especially if they are painful disabling or rapidly deteriorating in spite of medical interventions).

5. **Presence of homicidal ideation:**

E.g. to kill the spouse, children or parents, in order to spare them intolerable suffering after committing suicide (some severely depressed suicidal patients have homicidal ideas).

- **Management of suicidal patient :**

- Proper assessment of suicidal risk.
- Every suicidal ideation, impulse, gesture or attempt should be taken seriously.

- **Hospitalization**: for patients with serious suicidal risk.
  - Prevent access to all means of harm (sharp objects, ropes, drugs...). Search the patient thoroughly.
  - Appropriate close one to one observation: vigilant nursing staff with good communication.
  - Treat any psychiatric disorder (ECT / antidepressants / antipsychotics).

- If the **risk does not seem to require hospitalization**:

- Counseling / Problem solving / Ensure good support & positive view of the future.
- Relatives: responsible, reliable and understanding.
- Treat underlying psychiatric condition and keep regular follow up visits.

For only limited periods suicidal persons remain suicidal, thus the value of early detection and restrain.
Whatever carefully the correct procedures have been followed, some patients commit suicide.

❖ Parasuicide: القتل دون بما الذات ايذاء

Definition:

any act of self-damage carried out with the apparent intention of self-destruction; yet ineffective, half-hearted and vague.

Etiology:

- **Impulsive behavior**: seen commonly in borderline personality disorder.
- **Unconscious motives:** to influence others, a signal of distress or a cry for help seen commonly in histrionic personality disorder.
- **Failed suicide**: 25 % of cases.
- **Risks Factors:** young (15 – 35 years), commoner in females, personality problems (e.g. borderline personality disorder) and situational stress (e.g. arguments with parents, spouse...).

Methods:

- Drugs overdose (e.g. paracetamol) is the most common method.
- Self-injury e.g. laceration of wrist.
- Jumping from heights.

Management:

- Each case should be assessed thoroughly;

- Thoughts / intentions / plans / psychosocial stresses / personality problems / available support/ possibility of repetition.

- Treat any psychiatric disorder

- Inpatient or outpatient depending on the case.

- Problem solving and counseling

- To resolve current difficulties.
- To deal better with future stresses.

- Prolonged follow up is required for some cases who are at risk of repetition of self-harm and suicide those with personality disorders and long-term adverse psychosocial situations.

Aggressive patient:

agitation:

Tension state in which anxiety is manifested in psychomotor area with hyperactivity.

Seen in depression, schizophrenia & mania.

Aggression:

feeling of anger or antipathy resulting in hostile or violent behavior, readiness to attack or confront.

The aggressive patient usually presents as a danger to others, to property and sometimes to himself.

Aggression could occur in the A/E, OPD either psychiatry or others, the hospital ground or the wards, therefore the policy applies to all these situations accordingly.

Usually the majority of psychiatric patients are not hostile, dangerous or aggressive, BUT occasionally psychiatric illness presents with Aggressive Behavior.

DDX of causes:

• Brief psychosis / schizophreniform disorder / acute schizophrenia.
• Substance abuse (intoxication / withdrawal).
• Acute confusional state (e.g. delirium), brain conditions and dementia.
• Mood disorders; mania - severe agitated depression.
• Personality disorders (e.g. borderline personality disorder).

Approach:

• Arrange for adequate help.
• Appear calm and helpful.
• Avoid confrontation.

Take precautions:

- Never attempt to evaluate an armed patient.
- Other persons should be present (security guards or police officers).
- Keep the door open for an unavoidable exit. ☺ رجلك تحط عشان
- Restraints if needed by an adequate number of people using the minimum force.
- Carefully search for any kind of offensive weapon.
- Aim to save patient and others.
- Anticipate possible violence from hostile, threatening behavior and from restless, agitated abusive patient.
- Do not bargain with a violent person about the need for restraints, medication or psychiatric admission.
- Reassure the patient and encourage self-control and cooperation.

Managements:

1- Medications:

• **Major Tranquilizers** e.g. Olanzapine 5-10mg IM, (Haloperidol 5 - 10 mg IM or Chlorpromazine 50 - 100 mg IM).

• **Benzodiazepines:** e.g. diazepam 5-10 mg (slow IV infusion to avoid the risk of respiratory depression).

2-Hospitalization:

For further assessment and treatment.

3- Restraint technique

• One team member to patient's head and each extremity.
• Humane but firm, and do not bargain, start together to hold the patient and accomplish restraint quickly.

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