



IDENTIFICATION OF HIGH RISK GROUPS AND PSYCHOPATHOLOGICAL PICTURE AFTER UNCOMPLETE SUICIDES IN ANDIJAN REGION

Djuraev Nodirbek Nematzhonovich

Department of Psychiatry and Narcology

Andijan State Medical Institute

Andijan, Uzbekistan

<https://doi.org/10.5281/zenodo.6528911>

ARTICLE INFO

Received: 01st April 2022

Accepted: 10th April 2022

Online: 14th April 2022

KEY WORDS

Psychopathological states,
Republican Scientific
Center for Emergency
Medical Care

ABSTRACT

The number of suicides is constantly increasing all over the world, including in Uzbekistan. The aim of the study was to study the clinical picture of psychopathological conditions after incomplete suicides and the characterological features of the personality of suicides (premorbid and their nature). We studied 210 patients (male-76, 36.2%; female-134, 63.8%) with incomplete suicides. The examination of suicides was carried out by psychopathological, pathopsychological, clinical-psychological, anamnestic and clinical-catastomestic methods. As a result of the research, it was revealed that different variants of asthenic, depressive and phobic conditions were most often observed. And also emergency care was higher in the group of patients who received complex therapy in combination with psychotherapy.

Suicide in mankind is one of the most eternal actual problems. According to researchers, the phenomena are purely anthropological [1,2]. The number of suicides in Uzbekistan in 2020 was 7.4 per 100,000 people, and the total number of women who committed suicide was more than 900. The increase in suicides among women in our republic indicates the relevance of this problem and the need for further study. Over the past five years, the number of suicides among young people and women in the Andijan region has increased 3 times. This is not only a problem of psychiatry, but also a problem of the Andijan branch of the Republican Scientific Center for Emergency Medical Care.

Premorbid personality traits, as one of the risk factors for auto-aggressive behavior, have been studied quite deeply by both psychiatrists and psychologists and psychotherapists [8,11]. We conditionally called the complex of biological and social characteristics of the personality of suiciders in premorbid a complex of "social premorbid" personality characteristics [2,6]. This complex included: characterological features of the personality, hereditary burden, education, marital status and age of suicides at the time of suicide. [3,7].

Psychopathological states after incomplete suicides were discussed extremely rarely, and were not found in the literature available to us.

Since practically healthy people and people with borderline disorders predominated among suicides, it is of particular interest to study the psychological characteristics of the personality of suicides [9,12]. This is explained by the fact that suicide is an individual behavioral response, due not only to social and environmental factors, but also to the psychological and pathopsychological characteristics of the individual in extreme life circumstances. [5,10].

Purpose of the study: to study the significance of a complex of biological, social factors and psychopathological conditions after incomplete suicides and the characterological features of the personality of suicides (premorbid and their nature).

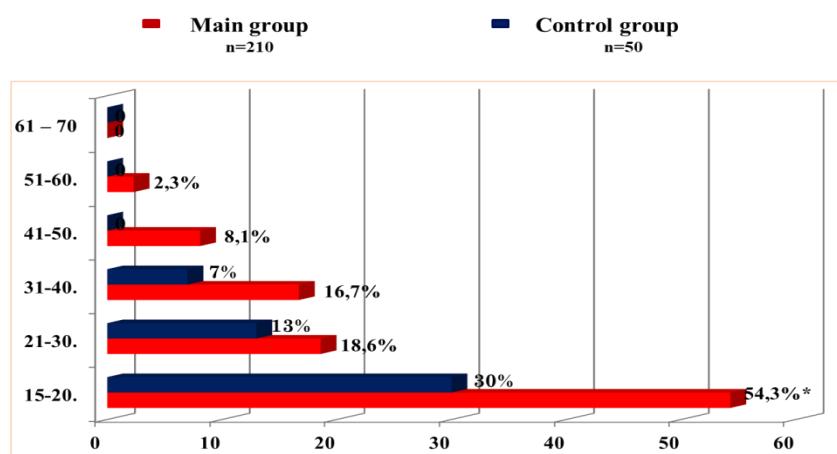
Material and research methods: To solve the tasks set, the persons who were after a suicide attempt in the toxicological, burn, neuro-reanimation and surgical departments of the Andijan branch of the RCEM were examined. We studied 210 patients with incomplete suicides. Of these, only 2 repeated a suicide attempt. According to our data, 210 suicides who attempted suicide were not under

dispensary observation. The control group consists of 50 persons (healthy people - volunteers, workers, employees, students). The examination of suicides was carried out by clinical-psychological, pathopsychological, anamnestic and clinical-catastrophic methods.

Research results: As the analysis of suicidal actions in the suicidal subjects we examined shows, the suicidal behavior of most of them was associated with the impact of real objectively and subjectively severe psychotraumatic environmental factors that cause frustration of the vital needs of the individual and its socio-psychological maladaptation. The ratio of men and women in the main group who committed suicidal consequences, therefore, was 76 (36.2%) and 134 (63.8%). An analysis of the age and sex characteristics of persons who committed a suicidal mission shows the dominance of men in the age group of 22-29 years (29.7%), women in the age group of 19-29 years (42.8%). The suicides that we used were not performed in the dispensary observation. When applied, they are diagnosed with situational reactions in practically healthy individuals and in individuals with character accentuations.

Diagram 1.

Distribution of examined persons depending on age.



The next studied indicator is the way of leaving life. WHO lists 80 ways to die.

Since ancient times, mankind has known such methods of suicide as self-drowning, self-hanging, self-immolation. Ancient warriors who were defeated on the battlefield, in order not to surrender to enemies and not to endure the humiliation and disgrace of captivity, killed themselves with their own weapons, for such a death was equated with heroic death from the weapons of the enemy.

Different authors distinguish from 8 to 16 possible ways of suicide. Farewell notes were left by the faces of 15% of people laying hands on themselves; they are addressed to "everyone" - 5%; close to 10%.

According to our study, the methods of suicide and attempts were noted by the frequency of their use. At suicides they

were distributed as follows; incision of blood vessels (opening of veins) 43-20.5%, hanging 50-23.9%, sedatives 62-29.6% it is this method (drug overdose) of ending life that most suicides choose. Acetic acid 13-6.2%, rat poison 2 - 0.9%, self-immolation 2 - 0.9%, other drugs (phenobarbital, tubazide, diphenhydramine, alcohol) 26 - 12.4%, throwing under transport 4-18 %, others 8 - 3.8%.

Farewell notes were left by 5, they are addressed to loved ones. Two of the suicides repeated it twice. Moreover, women often used self-poisoning. It was 15-19 year old suicides who chose this method of suicide. This method is considered acceptable for women. Most suicides pretend to choose this particular method in the expectation that they will have time to be saved. Here they are right.

Table 1.
General characteristics of the types of suicides

№	Types of suicide	Main group						P	
		Men		Women		Total			
		Ab s	%	Ab s	%	Ab s	%		
1.	Sedatives and antihistamines	3	1,4	59	28,2	62	29,6	<0.05	
2.	Acetic acid.	2	0,9	11	5,3	13	6,2	>0.05	
3.	Rat poison.	-	-	2	0,9	2	0,9	<0.05	
4.	Other medicines.	6	2,9	20	9,5	26	12,4	>0.05	
5.	Self-immolation.	-	-	2	0,9	2	0,9	>0.05	
6.	Hanging	36	17, 3	14	6,6	50	23,9	<0.05	
7.	Incision of blood vessels (opening of veins)	25	11, 9	18	8,6	43	20,5	>0.05	
8.	Throwing under transport	2	0,9	2	0,9	4	1,8	>0.05	

9.	Other types.	2	0,9	6	2,9	8	3,8	>0.05
	Total:	79	36, 2	13 4	63,8	21 0	100, 0	

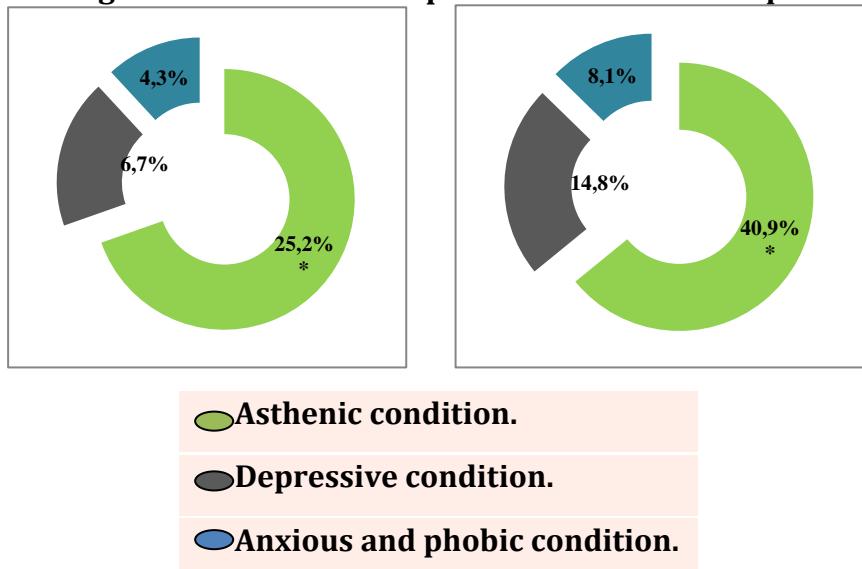
Many had failed marriages, some divorced. The largest number of suicides were unmarried and unmarried. The age of the studied patients at the time of the examination ranged from 15 to 60 years. The bulk of the suicides were 15-30 years old. A study among suicidal people shows that people with a high level of education are less likely to commit suicide. The most dangerous group is people with incomplete secondary education and engaged in unskilled labor, and women are housewives. Undoubtedly, an important indicator is belonging to rural or urban residents. Our research has shown that suicide occurs more frequently in cities. It should be noted that 78% of all suicides occur in summer and spring. Maybe because it is during this period that the contrast between the flowering of nature and the immutability of the internal state is especially noticeable. The study showed that the main reason leading to suicide is personal-family conflicts and interpersonal and intrapersonal relationships. The immediate reasons that pushed them to give up life, as a rule, are closely related to their immediate environment - the family. The examination revealed that genetic and constitutional-biological factors increase the risk of suicidal behavior. Among the examined patients in their families there

were cases of suicidal attempts. Most of the character is of the hysterical type. At the same time, hyperthymic, labile and unstable types of accentuations were often observed. The majority of suicidal people often chose the method of ending life - self-poisoning. From an overdose of drugs, 69.5% of suicides committed suicide. In case patients, psychopathology lasted from 2 to 5 days.

Among suicides, the most common were persons with hysteroid 34 (16.2%), hyperthymic 33 (16.0%) and emotive-labile personality traits 32 (15.2%). Schizoid, epileptoid and psychasthenic personalities were much less common.

As can be seen from the data, a depressive syndrome was noted in a person with emotional instability, a tendency to phobic-anxiety reactions in anxious and suspicious individuals, a tendency to pathological and psychological reactions in hysteroid personalities, infantile and socially underdevelopment of the personality were prone to astheno-subdepressive states.

When studying the psychopathological state of thematic patients after an incomplete suicide, an asthenic state was detected more often in 139 (66.1%), a depressive state in 45 (21.5%) and a phobic state in 26 (12.4%).

Diagram 2.
Psychopathological state of thematic patients after an incomplete suicide.


In 66.1% of patients, an asthenic condition developed after an incomplete suicide. They noted general weakness, irritability, incontinence, lethargy, fatigue, sleep disturbance (superficial). The mood was lowered with a hint of anxiety and tearfulness. Patients in an asthenic state after waking up complain of fatigue, lack of a sense of rest.

Hypersthenic phase. The intensity of asthenia increases gradually. The mildest form is asthenia with hypersthenia, characterized by a predominance of irascibility, explosiveness, impatience, i.e. symptoms of irritation. If the clinical picture begins to be determined equally by the symptoms of irritation and fatigue, they speak of asthenia with irritable weakness syndrome.

Hyposthenic phase. In the most severe - hyposthenic form of asthenia, fatigue and a feeling of impotence dominate, which may be accompanied by spontaneity, passivity, apathy.

Asthenia is the most common and common mental disorder. It can be found in any mental and many somatic diseases.

In 21.5% of patients, after an incomplete suicide, a depressive state may develop, which is manifested by a depressed mood, lack of interest, indifference to the environment, to relatives and oneself, strive for unity. The expression of the face is melancholy, sad. The dream is broken. In a conversation, questions are answered in monosyllables, and they refuse to talk about suicide. Depressive states themselves contribute to the occurrence of suicidal thoughts and suicidal attempts in patients. And therefore, the depressive state that has arisen after an incomplete suicide requires even more increased attention, observation and complex treatment, which includes antidepressant and psychotherapeutic treatment.

Depression has a variety of clinical variants:

Apathetic depression - lethargy, lack of initiative, indifference, indifference to

the environment prevail. External manifestations of depression are pale, inexpressive.

Depression with obsessive phenomena (anankastic depression) - obsessive ideas are of a diverse nature - nosophobia, mysophobia (fear of infection), etc. Obsessive fears for the fate of loved ones may prevail.

Anxiety-phobic state in 12.4% of suicides is characterized by an uncontrollable feeling of anxiety, fear, hopelessness, which completely takes over the patient's consciousness. Accompanied by sleep disturbance, loss of appetite.

Obsessive fears (phobias) - a strong and overwhelming fear, covering the patient, despite the understanding of its meaninglessness. Their content is varied: agoraphobia - fear of space, open spaces, wide streets; anthropophobia - fear of the crowd; hypsophobia - fear of heights; claustrophobia - fear of enclosed spaces; oxyphobia - fear of sharp objects.

Our studies have shown that suicides are most common in adolescents and women. Women are the ones who committed more than half of all suicides. The family played a significantly important role in suicidal risk. Conflicts in the personal and family spheres were the predominant motives for suicidal acts. These include unfair treatment from loved ones, lack of attention, care from others. In women, in most cases, suicidal attempts were demonstrative.

In the surveyed, situational non-pathological reactions proceeded in the form of pessimistic reactions, reactions of disorganization, emotional imbalance and demobilization. Situational reactions arose in the conditions of a psychological crisis as a formalized, structured response to a

conflict situational load, they were characterized by the presence of negatively colored emotional experiences and a decrease in habitual adaptive stereotypes.

Lack of independence, infantilism and immaturity of these personalities led to suicide. Suicides who attempted suicide, the study showed low psycho-emotional stability, infantilism, a tendency to impulsiveness - all these are manifestations of immaturity.

It should be noted that the main causes of suicide are family and microsocial factors. The study of suicidal motives has shown that family conflicts play an important role in the genesis of suicidal behavior. We know that women have a very high suicide rate - they are the ones who commit more than half of all suicides. The most frequently noted: incomplete family, weak social support of relatives and friends.

Suicide after an incomplete suicide were in an unconscious state of stupor, coma. They were provided with emergency assistance in the form of detoxification treatment, sedative treatment, antidepressants (amitriptyline, zoloft, xel) and tranquilizers (phenozeepam, sibazon). The use of these drugs proved to be more effective, and psychotherapy was subsequently carried out.

All patients were divided into two groups. The first group of 140 (66.6%) patients: who received a complex of drug therapy without psychotherapy. The second group of 70 (33.4%) patients: patients who received a combination of drug therapy (antidepressants, tranquilizers) with psychotherapy (rational, hypnotherapy).

In the complex of this treatment, the psychopathological symptoms quickly

disappeared and the terms of treatment were shortened.

Conclusion: Suicide is a strong psycho-traumatic factor, after which psychopathological disorders develop: asthenic, depressive, anxiety-phobic.

A significant role is played by the combination of hereditary burden (psychopathy and depression) with the

presence in the premorbid of hyperthymic and unstable character traits in men, and hysteroid and emotive-labile in women. In the treatment of thematic patients, complex therapy, combined with psychotherapy, is of great importance, in particular, options for rational psychotherapy: family psychotherapy, hypnotherapy and autogenic training.

References:

1. Abdrikhimova, R. G. Infantilism of adolescents and statistics of adolescent suicides in Russia / R. G. Abdrikhimova // Approbation. 2014, No. 11. - p. 79-81.
2. Bannikov, G. S. Potential and actual risk factors for the development of suicidal behavior in adolescents (literature review) [Text] / G. S. Bannikov, T. S. Pavlova, K. A. Koshkin [et al.] // Suicidology . - 2015, - V.6, No. 4 (21). - with. 21-33.
3. Dmitrieva, N. V. Psychological characteristics of the personality of suicidal adolescents [Text] / N. V. Dmitrieva, Ts. P. Korolenko, L. V. Levina // Bulletin of the Kemerovo State University. - 2015, No., 1-1 (61), p. 127-134.
4. Zotov, P. B. Suicidal behavior: the role of the "external key", as an element of suicidal dynamics and an object of psychotherapy [Text] / P. B. Zotov // Russian Medical and Biological Bulletin named after Academician I.P. Pavlova. -2015, - No. 4, - p. 133-137.
5. Kogan B. M., Yashin A. A. Influence of parent-child relationships on the level of cognitive rigidity of adolescents [Text] / B. M. Kogan, A. A. Yashin // Bulletin of the Moscow City Pedagogical University. Series: Pedagogy and psychology. - 2017, - No. 1 (39), - p. 45-53.
6. Kravchenko, N. E. Features of mental pathology and behavior in male adolescents urgently hospitalized due to suicidal behavior [Text] / N. E. Kravchenko, S. A. Zikeev // Modern therapy in psychiatry and neurology. - 2014, - No. 3, - p. 20-23.
7. Krasnova, P. V. Reflection of the problems of suicide and suicidal behavior at the 22nd European Congress of Psychiatrists [Text] / P. V. Krasnova, M. M. Denisenko // Bulletin of Psychiatry and Psychology of Chuvashia. - 2015, - No. 1, - pp. 112-126.
8. Krivulin, E. N. Socio-demographic and clinical and psychological characteristics of children and adolescents with completed suicides and suicidal behavior [Text] / E. N. Krivulin, O. E. Krivulina // Tyumen medical journal. - 2014, - Vol. 16, no. 1, - p. 6-8.
9. Kudryavtsev I. A. Psychological violence and suicide / I. A. Kudryavtsev // Tyumen Medical Journal. - 2014, - Vol. 16, - No. 1, - p. 8-9.
10. Panchenko E.V. A. The family factor in the genesis of suicidal behavior [Text] / E. A. Panchenko // Fundamental aspects of mental health. - 2015, - No. 3, -p. 33-35.
11. Huang, X., Ribeiro, J.D., Musacchio, K.M., Franklin, J.C., Demographics as predictors of suicidal thoughts and behaviors: A meta-analysis -2017, p.5.
12. Holly C. Wilcox, Peter A. Wyman Suicide Prevention Strategies for Improving Population Health \\ Child and Adolescent Psychiatric Clinics of North America\\ -2016, - p. 219-233