

СОЦІАЛЬНА ПСИХІАТРІЯ

UDC 616.89-008.441.44

Ya. Yu. Marunkevych

SOME FEATURES OF SUICIDAL BEHAVIOR IN THE MODERN CONTEXT

National Pirogov Memorial Medical University, Vinnytsya, Ukraine

yaroslavamarunkevych@gmail.com

Background. Suicidal behavior is one of the most important problems of modern psychiatry. Despite the general tendency towards reduction of the number of suicides around the world, the problem of suicide remains a live issue today because of its socio-economic, socio-psychological and medical significance.

The objective of the work was the study of the features of dynamics of completed suicides and suicidal behavior of patients with paranoid schizophrenia at the present time.

Materials and methods. We have studied the features of completed suicides that occurred in Vinnytsya (Ukraine) during from 1990 to 2017 on the basis of the registration documents of the Vinnytsya Regional Office of the Chief Medical Examiner. Also were studied the medical records (case-records, out-patient medical records, epicrisis) of 816 patients with paranoid schizophrenia (407 men and 409 women), who were in inpatient treatment in the Vinnytsya Regional Psychoneurological Hospital named after. acad. O. I. Yushchenko during from 1967 to 2017.

Results. It was concluded that 85.7 % of completed suicides were committed by men and 14.3 % by women. The maximum average monthly number of suicides was registered in 1991–1995 (11.6–12.0) reaching its peak of 12.2 in 1992. During 2000–2012 there was a relative stabilization of the number of suicides (6.3–8.8), a burst of suicidal activity in 2013 (10.0), and from 2014 – a rapid decrease in the number of suicides with the minimum value in 2016 (6.0) and 2017 (5.0). Also was found an uneven month-by-month dynamics of the number of completed suicides with the spring peak (9.5–10.0), relatively high activity in summer (8.9–9.3) and a decrease in the number of suicides in autumn and winter (6.5–7.7). It has been concluded that the main way of the implementation of a completed suicide is hanging (96.6 %), more rarely are observed gunshot wounds (1.2 %), sword-cuts (1.1 %), which are more often used by men, poisoning (0.6 %), which is more often used by women, fall from a height (0.3 %), the effect of electric current (0.1 %) and self-immolation (0.1 %).

It has been concluded that patients with paranoid schizophrenia are characterized by a high level of suicidal activity with a significant state of implementation of suicidal intentions: 18.8 % of men and 17.2 % of women had suicidal thoughts, and 15.6 % of men and 9.3 % of women had attempted suicides. The highest prevalence of suicidal tendencies was found among workers (34.8 % and 8.7 %) and entrepreneurs (25.0 % and 25.0 %), it was lower among employees (16.7 % and 16.7 %) and students (16.7 % and 0.0 %), unemployed (16.3 % and 8.2 %) and pensioners (17.5 % and 18.2 %).

It has been concluded that the highest suicidal activity is shown by married patients (26.9 % and 20.7 %), lower – by divorced patients (16.0 % and 9.2 %), by not married patients (15.2 % and 10.5 %), by widowed patients (8.7 % and 8.7 %); also there was found a tendency of the growth of suicidal activity of patients with paranoid schizophrenia with an increase in the number of children: 15.7 % and 11.2 % for patients without children, 17.8 % and 12.3 % for patients with one child, 23.3 % and 15.5 % with two children, 25.5 % and 17.0 % – three or more children.

Conclusions. The obtained data allows for the conclusion that there are certain features of suicidal behavior in the modern context.

Keywords:
suicidal behavior,
paranoid schizophrenia.

Background. Suicidal behavior is one of the most important problems of modern psychiatry [1–7]. Despite the general tendency towards reduction of the number of suicides around

the world, the problem of suicide remains a live issue today because of its socio-economic, socio-psychological and medical significance [8]. Suicidal behavior is closely associated

with mental illness, in particular, with schizophrenia: risk of suicidality in case of schizophrenia is significantly higher than that of population [9–11]. At the same time, a set of important questions related to suicidal behavior remain incompletely studied; the problem of suicidal activity of schizophrenics needs an additional research study [3–7, 12–15].

The objective of the work was the study of the features of dynamics of completed suicides and suicidal behavior of patients with paranoid schizophrenia at the present time.

Methods and materials of research

We have studied the features of completed suicides that occurred in Vinnytsya (Ukraine) during from 1990 to 2017 on the basis of the registration documents of the Vinnytsya Regional Office of the Chief Medical Examiner. Also were studied the medical records (case-records, out-patient medical records, epicrisis) of 816 patients with paranoid schizophrenia (407 men and 409 women), who were in inpatient treatment in the Vinnytsya Regional Psychoneurological Hospital named after acad. O. I. Yushchenko during from 1967 to 2017. The average age of patients was 44.3±11.5 years (male – 43.9±9.6 years, female – 44.7±13.2 years). The duration of the disease in schizophrenia in the examined patients was 19.5±9.0 years (in men – 20.7±7.8 years, in women – 18.3±9.9 years). The Statistical analysis of differences was carried out using Fisher’s exact test. As acceptable was considered the level of statistical significance of the discrepancies 95.0 % (p<0.05).

Results and discussion

Total in the investigated period 2327 cases of completed suicides were analyzed: 1995 – in men (85.7 % of the total amount), 332 – in women (14.3 %). Consequently the proportion of men and women among those who committed suicide was 6 to 1, so the overall dynamics of suicidal activity is almost completely determined by men.

The analysis of an average monthly suicide rate during the 27-year observation period allowed to detect uneven dynamics of suicidal activity, and the number of suicides in different years varied in 2–2.5 times (Fig. 1). So, in the dynamics there are periods of the growth of suicidal activity: in the early 1990’s (in 1990, the average monthly number of completed suicides was 10.8 cases, in 1991 – 11.8, in 1992 – 12.2, in 1993 – 12.0, in 1994 – 12.0). Beginning in 1995 there was a tendency towards a decrease in suicidal

activity with a minimum in 1999 (6.6 cases), with subsequent periods of moderate increase and decrease within 6.3–8.8 cases in 2000–2012 years. In 2013 was registered the maximum average monthly number of completed suicides in the 2000s – 10.0; and from 2014 – a rapid decrease in the number of suicides with a minimum value in 2016–2017 years (respectively 6.0 and 5.0).

The analysis of a month-by-month number of completed suicides made it possible to establish an uneven dynamics of suicidal activity during the year (Fig. 2).

The minimum level of suicidal activity was observed in autumn and winter: in these periods, the average monthly number of suicides ranged from 6.5 to 7.7 cases. In spring the number of suicides rapidly increases, crossing the border of 9.5 cases, and reaches a maximum in May (10.0 cases). In summer, suicidal activity remains at a rather high level (8.9–9.3 cases).

While analyzing the ways of implementation of completed suicides, it was discovered that the main way for both men and women is hanging (respectively 96.6 % and 96.4 %), in men are more rarely found sword-cuts and gunshot wounds (1.3 % each), and in women – poisoning (2.1 %). In some cases, in men were poisoning (0.4 %), fall from a height (0.2 %), the effect of electric current (0.1 %) and self-immolation (0.1 %), and in women – fall from a height (0.9 %), sword-cuts (0.3 %) and gunshot wounds (0.3 %) (Fig. 3).

The research study of the features of suicidal behavior in patients with paranoid schizophrenia allowed to establish a number of important regularities (Table 1).

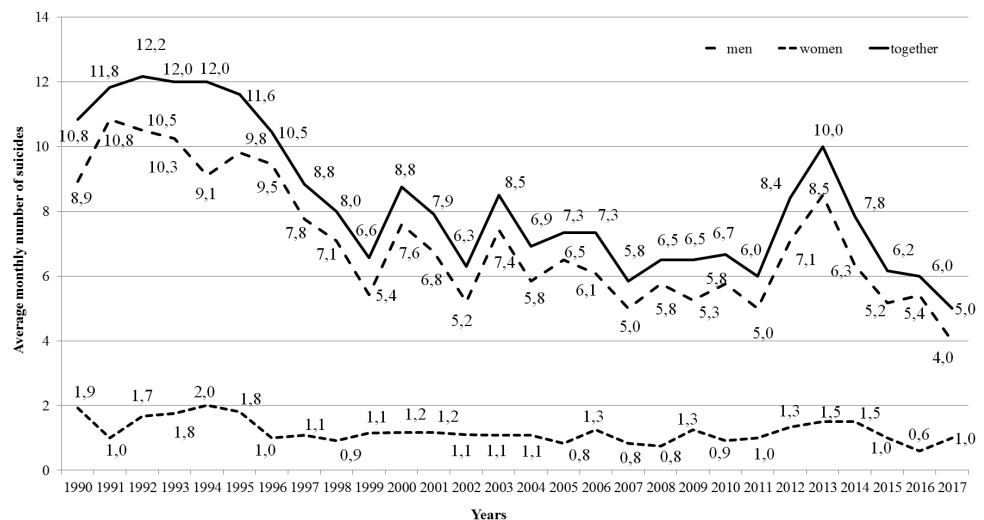


Fig. 1. The average monthly number of completed suicides in Vinnytsya in 1990-2017

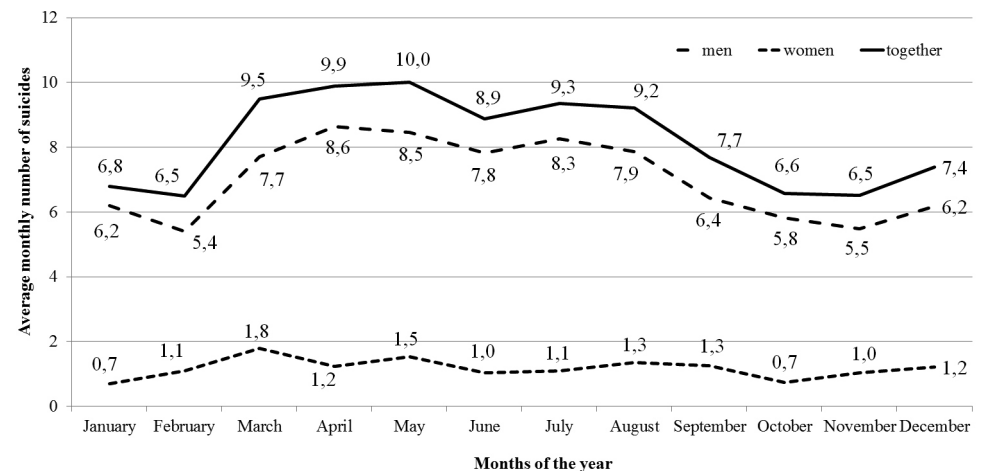


Fig. 2. Average month-by-month number of completed suicides in Vinnytsya in 1990-2017

Table 1. Prevalence of suicidal behavior among patients with paranoid schizophrenia

Variations	Suicidal thoughts		Attempted suicides		Variations	Suicidal thoughts		Attempted suicides	
	abs.	%	abs.	%		abs.	%	abs.	%
Gender					Place of living				
Men	77	18.8	64	15.6	Urban areas	81	18.9	57	13.3
Women	70	17.2	38	9.3	Rural areas	66	17.0	45	11.6
Education					Social status				
Lower secondary education	3	0.4	3	0.4	Workers	8	1.0	2	0.2
Secondary education	24	2.9	17	2.1	Employees	2	0.2	2	0.2
Technical and vocational education	58	7.1	34	4.2	Entrepreneur	2	0.2	2	0.2
Specialized secondary	28	3.4	22	2.7	Student	1	0.1	0	0.0
Incomplete higher	10	1.2	6	0.7	Unemployed	8	1.0	4	0.5
Higher	24	2.9	20	2.5	Pensioner	126	15.4	92	11.3
Marital status					Children				
Married	52	6.4	40	4.9	Without children	66	8.1	47	5.8
Not married	55	6.7	38	4.7	One	39	4.8	27	3.3
Divorced	38	4.7	22	2.7	Two	30	3.7	20	2.5
Widowed	2	0.2	2	0.2	Three and more	12	1.5	8	1.0

In general, schizophrenic patients have a high level of suicidal activity with a significant state of implementation of suicidal intentions: in past medical history 18.8 % of men and 17.2 % of women have suicidal thoughts, and 15.6 % of men and 9.3 % of women – attempted suicides (Fig. 1). Among all patients with suicidal thoughts, men made up 52.4 %, women – 47.6 %, with attempted suicides – respectively 62.7 % and 37.3 % (Table 2). In the analysis of suicidal activity of men and women, taking into account the proportion of each sex (Fig. 1), differences in the prevalence of suicidal tendencies between men and women are statistically not significant ($p>0.05$). Also insignificant are the differences in the place of living: 55.1 % of patients with suicidal thoughts live in a town, 44.9 % – in rural areas, with attempted suicides – respectively 55.9 % and 44.1 %; among all surveyed patients with suicidal thoughts, patients living in urban areas made 18.9 %, in rural areas – 17.0 % (Table 2, Fig. 4). Among

patients with attempted suicides urban residents made 13.3 %, rural – 11.6 %.

The majority of patients who showed suicidal activity had a low level of education: among patients with suicidal thoughts 39.6 % had technical and vocational education, 19.0 % had a specialized secondary education, 16.3 % had secondary and 16.3 % – higher, 6.8 % – incomplete higher, 2.0 % – lower secondary education (Table 2).

Based on social status, the vast majority of patients with suicidal thoughts are pensioners (85.7 %), far less – workers and the unemployed (5.4 % each), 1.4 % are employees and 1.4 % – entrepreneurs, 0.7 % – students. The same picture was found for attempted suicides: 90.1 % of the patients who committed them were pensioners, 3.9 % were unemployed, workers, employees and entrepreneurs – 2.0 % every (Table 2).

Among patients with suicidal thoughts the proportion of married and unmarried people is approximately equal (respectively 35.4 % and 37.4 %), less divorced (25.9%) and widowed (1.3%); similar patterns were found among patients with attempted suicides: married 39.2 %, not married – 37.3 %, divorced – 21.6 %, widowed – 1.9 % (Table 2).

Most patients with suicidal tendencies don't have children: 44.9 % of patients with suicidal thoughts and 46.1 % with attempted suicides; 26.5 % of patients with suicidal thoughts and 26.5 % of patients with attempted suicides have one child, 20.4 % of patients with suicidal thoughts and 19.6 % with attempted suicides – two children, and 8.2 % of patients with attempted suicides and 7.8 % with suicidal actions – three and more children (Table 2).

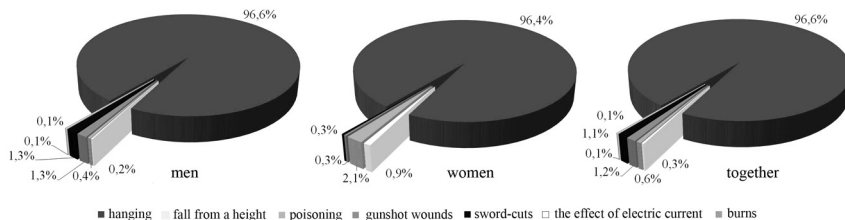


Fig. 3. Structure of the implementation methods of suicides in Vinnytsya in 1990-2017

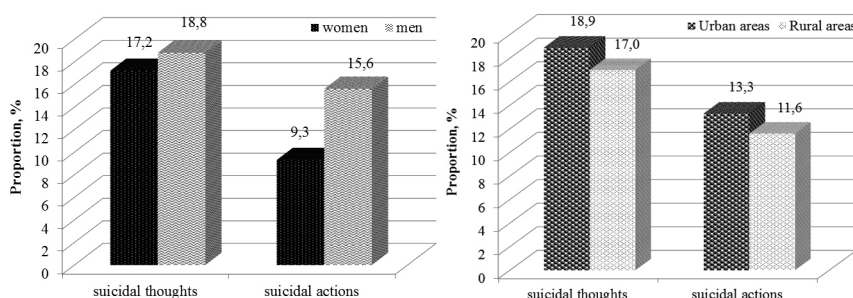


Fig. 4. Indicators of suicidal activity in patients with paranoid schizophrenia

Table 2. Basic social characteristics of patients with paranoid schizophrenia who showed signs of suicidal behavior

Variations	Suicidal thoughts		Attempted suicides		Variations	Suicidal thoughts		Attempted suicides	
	abs.	%	abs.	%		abs.	%	abs.	%
Gender					Place of living				
Men	77	52.4	64	62.7	Urban areas	81	55.1	57	55.9
Women	70	47.6	38	37.3	Rural areas	66	44.9	45	44.1
Education					Social status				
Lower secondary education	3	2.0	3	2.9	Workers	8	5.4	2	2.0
Secondary education	24	16.3	17	16.7	Employees	2	1.4	2	2.0
Technical and vocational education	58	39.6	34	33.3	Entrepreneur	2	1.4	2	2.0
Specialized secondary	28	19.0	22	21.6	Student	1	0.7	0	0.0
Incomplete higher	10	6.8	6	5.9	Unemployed	8	5.4	4	3.9
Higher	24	16.3	20	19.6	Pensioner	126	85.7	92	90.1
Marital status					Children				
Married	52	35.4	40	39.2	Without children	66	44.9	47	46.1
Not married	55	37.4	38	37.3	One	39	26.5	27	26.5
Divorced	38	25.9	22	21.6	Two	30	20.4	20	19.6
Widowed	2	1.3	2	1.9	Three and more	12	8.2	8	7.8

While analyzing the prevalence of suicidal behavior and taking into account the proportion of patients with this educational level were discovered interesting patterns (Fig. 5). The largest number of suicidal people among patients with paranoid schizophrenia have specialized secondary and higher education: respectively 21.9 % and 20.9 % for suicidal thoughts, for attempted suicides – respectively 17.2 % and 17.4 %. A little smaller is the suicidal activity of patients with technical and vocational education, incomplete higher and secondary education: for suicidal thoughts, respectively 19.0 %, 17.2 % and 14.4 %, for attempted suicides – respectively 11.1 %, 10.3 % and 10.2 %. Patients with lower secondary education have the lowest level of suicidal activity: 7.1 % for suicidal thoughts and 7.1 % for suicidal attempts (Fig. 5). Differences are statistically significant while comparing the prevalence of suicidal thoughts among the group of patients with lower secondary education with groups of patients with specialized secondary, secondary and higher education ($p < 0,05$). For attempted suicides, the differences among the groups are not statistically significant ($p > 0,05$).

Interesting patterns are found in the analysis of the prevalence of suicidal tendencies among patients with paranoid schizophrenia of different social groups (Fig. 6).

Thus, the most common suicidal thoughts are among workers and entrepreneurs: 34.8 % and 25.0 % respectively; in other social groups these tendencies appear with approximately the same proportion: employees and students – 16.7 % each, unemployed – 16.3 %, pensioners – 17.5 %. As for the attempted suicides, here we find somewhat different patterns: the highest is suicidal activity of patients – entrepreneurs (25.0 %), lower – employees (16.7 %), pensioners (12.8 %), workers (8.7 %) and the unemployed (8.2 %). Differences among groups are statistically not significant ($p > 0,05$).

Highly interesting were the results of the analysis of suicidal activity when taking into account the family status of patients (Fig. 7). Thus, the highest number of patients with suicidal thoughts were found among married (26.9 %),

far less among divorced (16.0 %), not married (15.2 %) and widowed (8.7 %). Differences are statistically significant while comparing the groups of married and not married ($p < 0,05$). Attempted suicides were also made more often by married patients (20.7 %), more rarely – by not married (10.5 %), divorced (9.2 %) and widowed (8.7 %). Differences among groups are statistically not significant ($p > 0,05$).

Also the results of the analysis of suicidal activity of patients with paranoid schizophrenia, when taking into account the number of children, turned out to be quite unexpected (Fig. 8). Thus, suicidal activity of patients increased in proportion to the number of children in the

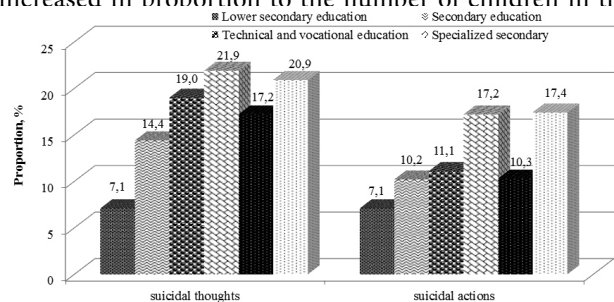


Fig. 5. Prevalence of suicidal behavior among patients with paranoid schizophrenia with different levels of education (It describes the percentage of people with suicidal behavior among all patients with this level of education)

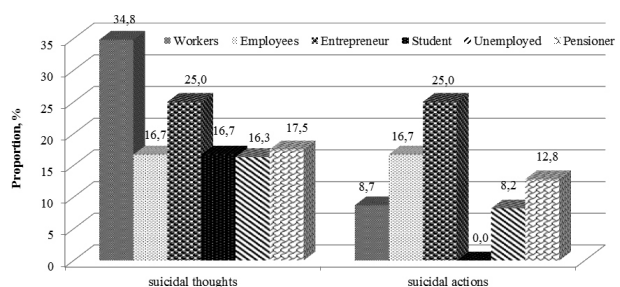


Fig. 6. Prevalence of suicidal behavior among patients with paranoid schizophrenia of different social groups (It describes the percentage of people with suicidal behavior among all patients of this social group)



Fig. 7. Prevalence of suicidal behavior among patients with paranoid schizophrenia with different family statuses (It describes the percentage of people with suicidal behavior among all patients with this family status)

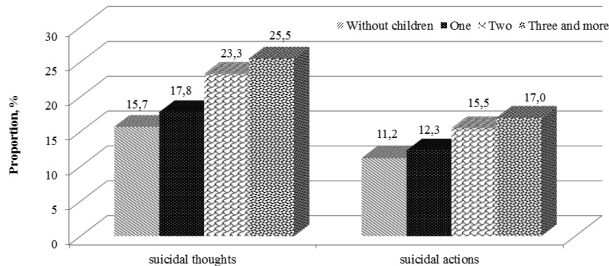


Fig. 8. Prevalence of suicidal behavior among patients with paranoid schizophrenia with a different number of children (It describes the percentage of people with suicidal behavior among all patients with this number of children)

family: for suicidal thoughts from 15.7 % in patients without children to 25.5 % in patients who have three and more children ($p > 0.05$); for attempted suicides – from 11.2 % in patients without children to 17.0 % in those who have three or more children ($p > 0.05$). It is evident that the revealed common factors require further in-depth research for cause identifications.

So, the study revealed a number of features of suicidal activity of the population, as well as suicidal behavior of patients with paranoid schizophrenia.

Conclusions

1. The conducted research allowed to establish a number of features of suicidal behavior of the population and patients with paranoid schizophrenia in the modern context.

2. The dynamics of completed suicides in Vinnytsya during the last 27 years was characterized by unevenness and was the highest in 1991–1995 and in 2013, and the lowest – in 1999, 2002, 2007–2011 and 2015–2017.

3. Patients with paranoid schizophrenia are characterized by a high level of suicidal activity, both at the level of suicidal thoughts, and at the level of implementation of suicidal intentions.

4. Higher suicidal activity of patients with paranoid schizophrenia is associated with specialized secondary and higher education, social status of a worker and an entrepreneur, marital status of married and more children.

References

- World Health Association (2017). *Suicide: Fact sheet*. Geneva: WHO, 32 p.
- World Health Association (2015). *Predotvrashchenie samoubijstv. Global'nyj imperativ* [Prevention of Suicide: Global Imperative]. Geneva, WHO, 102 p. (In Russian).
- Oquendo, M. A., & Bernanke, J. A. (2017). Suicide risk assessment: tools and challenges. *World Psychiatry*, vol. 16, issue 1, pp. 28–29. DOI: 10.1002/wps.20396.
- Murray, D., & Devitt, P. (2017). Suicide risk assessment doesn't work. *Scientific America*, vol. 3, pp. 27–28.

- Runeson, B., Odeberg, J., Pettersson, A., Edbom, T., Adamsson, I. J., & Waern, M. (2017). Instruments for the assessment of suicide risk: a systematic review evaluating the certainty of the evidence. *PLoS One*, vol. 12, issue 7, pp. 180–182. DOI: 10.1371/journal.pone.0180292.
- Large, M. M., Ryan, C. J., Carter, G., & Kapur, N. (2017). Can we usefully stratify patients according to suicide risk? *British Medical Journal*, vol. 359, pp. 462–467. DOI: 10.1136/bmj.j4627.
- Bolton, J. M., Gunnell, D., & Turecki, G. (2015). Suicide risk assessment and intervention in people with mental illness. *British Medical Journal*, vol. 351, pp. 497–498. DOI: 10.1136/bmj.h4978.
- Voloshyn, P. V., & Maruta, N. O. (2017). Suchasni uiavlennia pro chynnyky ryzyku ta preventsiiu samohubstv [Modern insights on risk factors and suicide prevention]. In P. V. Voloshyn & N. O. Maruta (Eds.), *Suchasni problemy suitsydolohii – Modern problems of Suicidology* (pp. 5–25). Kharkiv. (In Ukrainian).
- Hnatyshyn, M. S., & Belov, O. O. (2015). *Shyzofreniia: suchasnyi pohliad* [Schizophrenia: a modern view]. Vinnitsya: Konsol, 220 p. (In Ukrainian).
- Hettige, N. C., Bani-Fatemi, A., Sakinofsky, I., & De Luca, V. (2017). A biopsychosocial evaluation of the risk for suicide in schizophrenia. *CNS Spectrums*, pp. 1–11. DOI: 10.1017/S1092852917000128.
- Jakhar, K., Beniwal, R. P., Bhatia, T., & Deshpande, S. N. (2017). Self-harm and suicide attempts in schizophrenia. *Asian Journal of Psychiatry*, vol. 30, pp. 102–106. DOI: 10.1016/j.ajp.2017.08.012.
- Guloksuz, R. S., & van Os, J. (2017). The slow death of the concept of schizophrenia and the painful birth of the psychosis spectrum. *Psychological Medicine*, vol. 48, issue 2, pp. 229–244. DOI: 10.1017/S0033291717001775.
- Cassidy, R. M., Yang, F., Kapczynski, F., & Passos, I. C. (2017). Risk factors for suicidality in patients with schizophrenia: a systematic review, meta-analysis, and meta-regression of 96 studies. *Schizophrenia Bulletin*, vol. 9, pp. 21–23. DOI: 10.1093/schbul/sbx131.
- Fuller-Thomson E., Hollister B. (2016). Schizophrenia and Suicide Attempts: Findings from a Representative Community-Based Canadian Sample. *Schizophrenia Research and Treatment*, vol. 16, pp. 34–36. DOI: 10.1155/2016/3165243.
- Ventriglio, A., Gentile, A., Bonfitto, I., Stella, E., Mari, M., Steardo, L., & Bellomo, A. (2016). Suicide in the Early Stage of Schizophrenia. *Frontiers in Psychiatry*, vol. 7, pp. 116. DOI: 10.3389/fpsy.2016.00116.
- Pshuk, N. G., Markova, M. V., & Belov, O. O. (2017). Shchodo profilaktyky suitsydnoloi povedinky u studentskoi molodi z sotsialnymy fobiyami [On the prevention of suicidal behavior in students with social phobias]. In P. V. Voloshyn & N. O. Maruta (Eds.), *Suchasni problemy suitsydolohii – Modern problems of Suicidology* (pp. 220–241). Kharkiv. (In Ukrainian).
- Donker, T., Calear, A., Grant, J. B., van Spijker, B., Fenton, K., Hehir, K. K., ... Christensen, H. (2013). Suicide prevention in schizophrenia spectrum disorders and psychosis: a systematic review. *BMC Psychiatry*, vol. 1, issue 1, pp. 11–16. DOI: 10.1186/2050-7283-1-6.

Список використаної літератури

- Suicide: Fact sheet. – World Health Association. – Geneva, 2017. – 32 p.
- Предотвращение самоубийств. Глобальный императив. – Всемирная организация здравоохранения. – Женева: Всемирная организация здравоохранения, 2015. – 102 с.
- Oquendo M. A. Suicide risk assessment: tools and challenges / M. A. Oquendo, J. A. Bernanke // *World Psychiatry*. – 2017. – Vol. 16, issue 1. – P. 28–29. DOI: 10.1002/wps.20396.
- Murray D. Suicide risk assessment doesn't work / D. Murray, P. Devitt // *Scientific America*. – 2017. – Vol. 3. – P. 27–28.
- Instruments for the assessment of suicide risk: a systematic review evaluating the certainty of the evidence / B. Runeson, J. Odeberg, A. Pettersson [et al.] // *PLoS One*. – 2017. – Vol. 12, issue 7. – P. 180–182. DOI: 10.1371/journal.pone.0180292.
- Can we usefully stratify patients according to suicide risk? / M. M. Large, C. J. Ryan, G. Carter, N. Kapur // *British Medical Journal*. – 2017. – Vol. 359. – P. 462–467. DOI: 10.1136/bmj.j4627.
- Bolton J. M. Suicide risk assessment and intervention in people with mental illness / J. M. Bolton, D. Gunnell, G. Turecki // *British Medical Journal*. – 2015. – Vol. 351. – P. 497–498. DOI: 10.1136/bmj.h4978.
- Волошин П. В. Сучасні уявлення про чинники ризику та превенцію самогубств / П. В. Волошин, Н. О. Марута // *Сучасні проблеми суїцидології; під ред. проф. Волошина П. В., проф. Марути Н. О.* – Харків, 2017. – С. 5–25.
- Гнатишин М. С. Шизофренія: сучасний погляд / М. С. Гнатишин, О. О. Белов. – Вінниця: Консоль, 2015. – 220 с.
- A biopsychosocial evaluation of the risk for suicide in schizophrenia / N. C. Hettige, A. Bani-Fatemi, I. Sakinofsky, V. De Luca // *CNS Spectrums*. – 2017. – P. 1–11. DOI: 10.1017/S1092852917000128.
- Self-harm and suicide attempts in schizophrenia / K. Jakhar, R. P. Beniwal, T. Bhatia, S. N. Deshpande // *Asian Journal of Psychiatry*. – 2017. – Vol. 30. – P. 102–106. DOI: 10.1016/j.ajp.2017.08.012.
- Guloksuz R. S. The slow death of the concept of schizophrenia and the painful birth of the psychosis spectrum / R. S. Guloksuz, J. van Os // *Psychological Medicine*. – 2017. – Vol. 48, issue 2. – P. 229–244. DOI: 10.1017/S0033291717001775.
- Risk factors for suicidality in patients with schizophrenia: a systematic review, meta-analysis, and meta-regression of 96 studies / R. M. Cassidy, F. Yang, F. Kapczynski, I. C. Passos // *Schizophrenia Bulletin*. – 2017. – Vol. 9. – P. 21–23. DOI: 10.1093/schbul/sbx131.

14. Fuller-Thomson E. Schizophrenia and suicide attempts: findings from a representative community-based Canadian sample / E. Fuller-Thomson, B. Hollister // *Schizophrenia Research and Treatment*. – 2016. – Vol. 16. – P. 34–36. DOI: 10.1155/2016/3165243.
15. Suicide in the early stage of schizophrenia / A. Ventriglio, A. Gentile, I. Bonfinto [et al.] // *Frontiers in Psychiatry*. – 2016. – Vol. 7. – P. 116. DOI: 10.3389/fpsy.2016.00116.
16. Пшук Н. Г. Щодо профілактики суїцидальної поведінки у студентської молоді з соціальними фобіями / Н. Г. Пшук, М. В. Маркова, О. О. Белов // *Сучасні проблеми суїцидології*; під ред. проф. Волошина П. В., проф. Марути Н. О. – Харків, 2017. – С. 220–241.
17. Suicide prevention in schizophrenia spectrum disorders and psychosis: a systematic review / T. Donker, A. Calear, J. B. Grant [et al.] // *BMC Psychology*. – 2013. – Vol. 1, issue 1. – P. 11–16. DOI: 10.1186/2050-7283-1-6.

ДЕЯКІ ОСОБЛИВОСТІ СУЇЦИДАЛЬНОЇ ПОВЕДІНКИ В СУЧАСНИХ УМОВАХ

Я. Ю. Марункевич

Актуальність. Суїцидальна поведінка є однією з найважливіших проблем сучасної психіатрії. Попри загальну тенденцію до зменшення кількості самогубств у всьому світі, проблема суїциду залишається актуальною через її соціально-економічну, соціально-психологічну та медичну значущість.

Мета дослідження – вивчення особливостей динаміки завершених суїцидів та суїцидальної поведінки хворих на параноїдну шизофренію на сучасному етапі.

Матеріали та методи. Нами було вивчено особливості завершених суїцидів, які сталися у м. Вінниця у 1990–2017 роках, на підставі облікових документів Вінницького обласного бюро судово-медичної експертизи. Також було вивчено медичну документацію (історії хвороби, амбулаторні карти, епікризи) 816 хворих на параноїдну шизофренію (407 чоловіків та 409 жінок), які перебували на стаціонарному лікуванні у Вінницькій обласній психоневрологічній лікарні імені академіка О. І. Ющенка за період з 1967 по 2017 рік.

Результати. Встановлено, що 85,7 % завершених суїцидів скоєні чоловіками, і 14,3 % – жінками. Максимальна середньомісячна кількість суїцидів зареєстрована у 1991–1995 рр. (11,6–12,0) з піком у 1992 р. – 12,2. Протягом 2000–2012 років спостерігалася відносна стабілізація кількості суїцидів (6,3–8,8), у 2013 – сплеск суїцидальної активності (10,0), а з 2014 – стрімке зменшення кількості самогубств з мінімальними значеннями у 2016 (6,0) та 2017 (5,0) роках. Виявлено нерівномірну помісячну динаміку кількості завершених суїцидів з весняним піком (9,5–10), відносно високою активністю влітку (8,9–9,3) та зменшенням кількості суїцидів восени та взимку (6,5–7,7). Встановлено, що основним способом реалізації завершеного суїциду є повішення (96,6 %), значно рідше спостерігалися вогнепальні поранення (1,2 %), різані рани (1,1 %), які частіше використовують чоловіки, отруєння (0,6 %), яке частіше використовують жінки, падіння з висоти (0,3 %), дія електроструму та самоспалення (по 0,1 %).

Встановлено, що хворим на параноїдну шизофренію притаманний високий рівень суїцидальної активності зі значним станом реалізації суїцидальних намірів: 18,8 % чоловіків та 17,2 % жінок мали суїцидальні думки, а 15,6 % чоловіків та 9,3 % жінок – суїцидальні спроби.

Встановлено найбільшу поширеність суїцидальних тенденцій серед робітників (34,8 % та 8,7 %) і підприємців (25,0 % та 25,0 %), меншу – у службовців (16,7 % та 16,7 %) і студентів (16,7 % та 0,0 %), безробітних (16,3 % та 8,2 %) та пенсіонерів (17,5 % та 18,2 %).

Виявлено, що найвищу суїцидальну активність виявляють одружені (26,9 % та 20,7 %), меншу – розлучені (16,0 % та 9,2 %), неодружені (15,2 % та 10,5 %) і вдові (8,7 % та 8,7 %) жорі; встановлено також зростання суїцидальної активності хворих на параноїдну шизофренію зі зростанням кількості дітей: 15,7 % та 11,2 % у бездітних, 17,8 % та 12,3 % у хворих, які мають одну дитину, 23,3 % та 15,5 % – двох дітей, 25,5 % та 17,0 % – трьох і більше дітей.

Висновки. Одержані дані дозволяють зробити висновок про наявність певних особливостей суїцидальної поведінки в сучасних умовах.

Ключові слова: суїцидальна поведінка, параноїдна шизофренія.

НЕКОТОРЫЕ ОСОБЕННОСТИ СУИЦИДАЛЬНОГО ПОВЕДЕНИЯ В СОВРЕМЕННЫХ УСЛОВИЯХ

Я. Ю. Марункевич

Актуальность. Суицидальное поведение является одной из наиболее важных проблем современной психиатрии. Несмотря на общую тенденцию к уменьшению количества самоубийств во всем мире, проблема суицида остается актуальной из-за ее социально-экономической, социально-психологической и медицинской значимости.

Цель исследования – изучение особенностей динамики завершенных суицидов и суицидального поведения больных параноидной шизофренией на современном этапе.

Материалы и методы. Нами были изучены особенности завершенных суицидов, которые произошли в г. Винница в 1990–2017 годах, на основании учетных документов Винницкого областного бюро судебно-медицинской экспертизы. Также была изучена медицинская документация (истории болезни, амбулаторные карты, эпикризы) 816 больных параноидной шизофренией (407 мужчин и 409 женщин), находившихся на стационарном лечении в Винницкой областной психоневрологической больнице имени академика А. И. Ющенко за период с 1967 по 2017 год.

Результаты. Установлено, что 85,7 % завершенных суицидов совершены мужчинами, и 14,3 % – женщинами. Максимальное среднеемесячное количество суицидов зарегистрировано в 1991–1995 гг. (11,6–12,0) с пиком в 1992 году – 12,2. В течение 2000–2012 годов наблюдалась относительная стабилизация количества суицидов (6,3–8,8), в 2013 всплеск суицидальной активности (10,0), а с 2014 – быстрое уменьшение числа самоубийств с минимальными значениями в 2016 (6,0) и 2017 (5,0) годах. Вывявлено неравномерную помесечную динамику количества завершенных суицидов с весенним пиком (9,5–10), относительно высокой активностью летом (8,9–9,3) и уменьшением количества суицидов осенью и зимой (6,5–7,7). Установлено, что основным способом реализации завершеного суицида является повешение (96,6 %), значительно реже наблюдались огнестрельные ранения (1,2 %), резаные раны (1,1 %), которые чаще используют мужчины, отравление (0,6 %), которое чаще используют женщины, падение с высоты (0,3 %), действие электрического тока и самоожог (по 0,1 %).

Установлено, что больным параноидной шизофренией присущ высокий уровень суицидальной активности со значительной реализацией суицидальных намерений: 18,8 % мужчин и 17,2 % женщин имели суицидальные мысли, а 15,6 % мужчин и 9,3 % женщин – суицидальные попытки.

Установлено наибольшую распространенность суицидальных тенденций среди рабочих (34,8 % и 8,7 %) и предпринимателей (25,0 % и 25,0 %), меньше – у служащих (16,7 % и 16,7 %) и студентов (16,7 % и 0,0 %), безработных (16,3 % и 8,2 %) и пенсионеров (17,5 % и 18,2 %).

Обнаружено, что наивысшую суицидальную активность проявляют женатые (26,9 % и 20,7 %), меньшую – разведенные (16,0 % и 9,2 %), холостые (15,2 % и 10,5 %) и вдовы (8,7 % и 8,7 %) больные, установлен также рост суицидальной активности больных параноидной шизофренией параллельно увеличению количества детей: 15,7 % и 11,2 % у бездетных, 17,8 % и 12,3 % у больных, имеющих одного ребенка, 23,3 % и 15,5 % – двух детей, 25,5 % и 17,0 % – трех и более детей.

Выводы. Полученные данные позволяют сделать вывод о наличии определенных особенностей суицидального поведения в современных условиях.

Ключевые слова: суицидальное поведение, параноидная шизофрения.

Article received: 18.04.2018.

MARUNKEVYCH Yaroslava Yuriivna, MD, PhD, Associate Professor of the Department of Psychiatry, Narcology and Psychotherapy with the course of Postgraduate education in Vinnytsya National Pirogov Memorial Medical University, Vinnytsya, Ukraine; e-mail: yaroslavamarunkevych@gmail.com

МАРУНКЕВИЧ Ярослава Юріївна, к.мед.н., доцент кафедри психіатрії, наркології та психотерапії з курсом післядипломної освіти Вінницького національного медичного університету імені М. І. Пирогова, м. Вінниця, Україна; e-mail: yaroslavamarunkevych@gmail.com

МАРУНКЕВИЧ Ярослава Юрьевна, к.мед.н., доцент кафедры психиатрии, наркологии и психотерапии с курсом последипломного образования Винницкого национального медицинского университета имени Н. И. Пирогова, г. Винница, Украина; e-mail: yaroslavamarunkevych@gmail.com