

STUDY OF SUICIDAL RISK FACTORS IN DEPRESSIVE ILLNESS

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SUMMARY

A statistical analysis was done to study the association of some environmental factors with Depressive illness, and suicidal tendency. All the factors studied were statistically significant.

Suicide, suicidal attempt and suicidal ideation are present in Depressive illness in all cultures. This is recognised by many workers. Suicide is either the first or the last symptom of depressive illness (Mayer-Gross *et al.*, 1969). Guilt feelings are associated with suicidal tendency in Western Countries, and suicides are less in Indian depressives due to infrequency of Guilt feelings. (Bhattacharya *et al.*, 1969; Venkobarao, 1970). There is no one to one relationship between depression and suicide (Venkoba Rao, 1966). The author has come across depressives who committed suicide, who attempted suicide, who harbour suicidal ideas and a group of depressives without suicidal thoughts. Some patients attempt suicide without warning. Many suicidal risk factors have been listed in patients with psychiatric illness and Non-psychiatric individuals. The author feels among others, that suicidal potentials are those that have association with the production of depressive illness and also suicidal tendencies. A study was therefore planned to determine such an association.

AIM

The aim of the paper is to study the association of early parental deprivation, recent bereavement and positive family history of suicidal behaviour with suicidal tendencies and Primary Affective disorder if any.

MATERIAL AND METHOD

Patients who attended my O.P.D. and/or admitted under my care in Mental

Hospital, Dharwad, Karnataka for a period of seven months from December 1978 were selected for study. I.C.D.8. was used as guideline for Diagnoses.

In the Depressive group, Unipolar and Bipolar depressive psychosis (296.2 & 296.3) and in Schizophrenia Hebephrenic and Catatonic types (295.1 & 295.2) were selected. Only the cases which were followed up were considered for study. All Depressives were given Hamilton Depressive scale. No attempt was made to study Unipolar and Bipolar depressive psychoses separately. Both types of Depressives were kept as single group and in Schizophrenia, Catatonic and hebephrenic were kept as single group for study. It is relevant to compare a psychotic group with another psychotic group, so Schizophrenics were selected for comparison.

In the present study there were 32 Depressives and 32 Schizophrenics. In the Depressive group there were 23 Males and 9 Females; 27 married and 5 Single; age ranged from 18 years to 55 years. There were 23 Unipolar depressives, and 9 Bipolar Depressives. In the Schizophrenic group there were 30 males and 2 females; 19 married, 13 single, age ranged from 18 to 34 years.

DEFINITIONS

Parental Deprivation—Loss of a parents by death before the individual has completed 12th year of life.

Recent Bereavement:—Loss by death of a first degree relative within 3 years.

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Suicidal Behaviour:—Suicide or suicidal attempt.

Suicidal Tendency:—Suicidal attempt or ideation.

RESULTS & COMMENTS

TABLE 1

	Depression N=32	Schizoph- renia N=32	Level of Signi- ficance
Parental deprivation	28%	19%	N.S.
Bereavement	31.2%	6.2%	$X^2=20.7$ d.f.=1 $p<0.01$
Suicidal Tendency in Patients.	72%	12.4%	$X^2=73.2$ d.f.=1 $p<0.01$
FH of suicidal Behaviour	22%	6.2%	$X^2=10.6$ d.f.=1 $p<0.01$

N.S. Not significant.

TABLE 2

	Parental Depriva- tion	Suicidal Tendency	Level of Signi- ficance
Depressive illness N=32	28%	72%	$X^2=3.8$ d.f.=1 $p<0.05$
Schizophrenia N=32	19%	12.4%	N.S.

EARLY PARENTAL DEPREVATION

Parental deprivation as an important and influential factor in Depressive illness has been stressed by many workers (Wig *et al.*, 1969; Bagadia *et al.*, 1976). Bagadia *et al.* (1976) have postulated social and cultural factors as psychopathological significance in Depressive illness, with parental deprivation in our patriarchal society. Present study does not show parental deprivation as statistically significant in Depressive illness when compared with Schizophrenic group (Table 1).

When parental deprivation and suicidal tendencies are compared parental deprivation is significant ($p<0.05$) in Depressive illness but not in Schizophrenia. This shows that early parental deprivation has association with suicidal tendencies and hence can be taken as a suicidal risk factor in Depressive illness.

TABLE 3

	Bereave- ment	Suicidal Tendency	Level of signi- ficance
Depressive illness N 32	31.2%	72%	$X^2=33.6$ d.f.=1 $p<0.01$
Schizophrenia N 32	6.2%	12.4%	N.S.

RECENT BEREAVEMENT

31% of Depressives were recently bereaved as against 6% of schizophrenic (Table 1), this is statistically significant (at 1%). The finding in the present study shows that recent bereavement is associated with Depressive illness. In Schizophrenic patients, only 2 out of 32 experienced bereavement within 3 years of the inception of Psychotic illness. Patients of Schizophrenia who experienced recent bereavement are negligible (6%) and may be considered as Chance occurrence. The same is not true with regard to depressive illness. Recent bereavement has been associated with Depressive illness (Venkoba Rao and Nammalvar, 1977). Table 3 shows that recent bereavement and suicidal tendency is again statistically significantly represented in depressive illness. Association between recent bereavement and suicide or suicidal ideas has been stressed by Parkes (1975). The present study highlights the fact that recent bereavement is significantly associated with Depressive illness and suicidal attempts or suicidal ideas. Hence, recent bereavement in Depressive illness is a suicidal risk factor (Goel 1975).

TABLE 4

	Family h/o suicidal behaviour	Suicidal tendency in probands	Level of significance
Depressive illness N=32.	22%	72%	$X^2=50.1$ d.f.=1 $p<0.01$
Schizophrenia N=32	6.2%	12.4%	N.S.

Many workers have come to the conclusion that positive family history of suicide or suicidal attempt is a risk factor of suicide or suicidal attempt in the probands (Mayer-Gross, 1970). From the statistical analysis (Table 1 & 4) it becomes evident that positive family history of suicidal behaviour is positively associated with Depressive illness and suicidal tendency in probands. ($p<0.01$ & $p<0.01$). Hence, positive family history of suicidal behaviour can be considered as suicidal risk factor in Depressive illness.

The present study has brought out positive and significant association between depressive illness and suicidal tendencies with early parental deprivation, recent bereavement, and positive family history of suicidal behaviour.

In Depressive illness, feeling of hopelessness, and helplessness have been considered as suicidal potentials. Somatic symptoms in Depressives were recognised as suicidal risk factor (Venkoba Rao, 1978).

The present study adds three more suicide potentials, namely, Early parental deprivation, Recent Bereavement and Positive family history of suicidal behaviour.

Suicide prevention is to be aimed at in Depressives who show the above mentioned "Potentials".

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