

Sociodemographic and Clinical Profile of Deliberate Self-Harm Syndrome in Jordanian Patients

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Objective: To study the sociodemographic and clinical characteristics of deliberate self-harm syndrome among Jordanian patients. **Patients and method:** The study was carried out prospectively between Jan 97 and Dec 2000 at two peripheral hospitals in Jordan and it included all patients presented to the psychiatric out-patient clinic with (DSM IV) based diagnosis of deliberate self-harm syndrome, a total of 188 cases were collected.

Results: DSH is more common among females (110) than males (78) with a sex ratio F:M of 1.4:1. The majority of patients (85.1%) were aged between 10-29 years with a mean age of 23.69 years, (46.3%) were married and (46.3%) were single. The majority of the patients (87%) did not go beyond secondary school education and unemployment compromised (17.0%). The majority of the patients had self-poisoning (92.6%) rather than self-injury (7.4%). Analgesics and benzodiazepine were the most common substance ingested. The most common source of stress was related to family (30.9%) and spouse (19.7%). The majority of patients was referred from medical/surgical wards (54.3%), ICU (23.4%), emergency rooms (13.3%). Only one third wished to die, (12.2%) seeking escape and (17.6%) were uncertain about their motives. (21.6%) of the patients had a history of previous DSH and (11.2%) had a history of past psychiatric treatment and about one fourth of the patients had concurrent psychiatric disorder mostly being depression and personality disorders. The most common emotion experienced during the act was anger (26.1%) and frustration (26.1%) followed by depressed mood (17.6%) and despair (14.4%).

Conclusion: DSH is more common among young people of low educational attainment with slight excess among females; past psychiatric treatment and previous attempts are risk factors.

Introduction

Attempted suicide, parasuicide and deliberate self-harm (DSH) are terms which are often used interchangeably; they all describe non-fatal acts of self-

harm which arise for a variety of reasons. In 1952, Stengel (1) proposed the terms suicide and attempted suicide to distinguish the two forms of behavior which may overlap, but in the 1960s it was recognized that most attempted suicide

Age						
< 10	0	0.0%	1	0.53%	1	0.53%
10-19	32	17.02%	49	26.06%	81	43.08%
20-29	35	18.61%	44	23.40%	79	42.02%
30-39	9	4.78%	12	6.38%	21	11.17%
40-49	1	0.53%	3	1.59%	4	2.12%
> 50	1	0.53%	1	0.53%	2	1.06%
Social Status						
Married	32	17.02%	55	29.25%	87	46.27%
Single	43	22.87%	44	23.40%	87	46.27%
Divorced	2	1.06%	10	5.31%	12	6.38%
Widowed	1	0.53%	1	0.53%	2	1.06%
Education						
Illiterate	1	0.53%	4	2.12%	5	2.65%
Primary school	7	3.72%	10	5.31%	17	9.04%
Secondary school	26	13.82%	47	25%	73	38.82%
College	8	4.25%	10	5.31%	18	9.57%
University	5	2.65%	1	0.53%	6	3.19%
Occupation						
Students	27	14.36%	28	14.89%	55	29.25%
House wife	-	-	58	30.85%	58	30.85%
Military	12	6.38%	0	0.0%	12	6.38%
Unskilled laborer	20	10.63%	10	5.31%	30	15.95%
Skilled laborer	1	0.53%	0	0.0%	1	0.53%
Unemployed	18	9.57%	14	7.44%	32	17.02%
Total	78	41.48%	110	58.51%	188	100%

Table 1 - Sociodemographic variable

	Male (78)		Female (110)		Total (188)	
	Number	%	Number	%	Number	%
Poisoning						
Analgesic	32	17.02%	38	20.21%	70	37.23%
Antidepressant	3	1.59%	6	3.19%	9	4.78%
Benzodiazepine	13	6.91%	21	11.17%	34	18.08%
Others	19	10.10%	42	22.34%	61	32.44%
Self-injury						
Cutting	4	2.12%	2	1.06%	6	3.19%
Jumping	2	1.06%	0	0.0%	2	1.06%
Gunshot	3	1.59%	0	0.0%	3	1.59%
Others	2	1.06%	1	0.53%	3	1.59%
Total	78	41.48%	110	58.51%	188	100%

Table 2 - Method of the act

had performed their acts in the belief that they were comparatively safe and for this reason Kessel (2) proposed that attempted suicide should be replaced by deliberate self-poisoning and deliberate

self-injury. The term parasuicide was introduced by Kreitman(3) to refer to a non-fatal act in which the individual deliberately causes self-injury or ingests a substance in excess of any prescribed

or generally recognized therapeutic dose and finally Morgan(4) suggested the deliberate self-harm to provide a single term covering deliberate self-poisoning and deliberate self-injury, 90% of the acts involve self-poisoning(5). DSH is one of the top five causes of acute medical admissions for both men and women(6); deliberate self-poisoning accounts for 100 000 hospital admis-

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sions in England and Wales every year, and its incidence is increasing. Parasuicide is conservatively estimated to be 10 to 20 times more frequent than successful suicide(8); research studies have demonstrated that there is a high risk of suicide following parasuicide, which is 100 times greater than the expected rate in the general population, in the year following DSH(9). The highest risk of suicide appears to be in the first years following DSH(9). In 30-47% of suicide cases, the individual has a history of parasuicide and 3%-10% of individuals who commit parasuicide commit suicide within 10 years of their attempted suicide(9). The act is predominantly undertaken by young patients, females, singles, lower social class and persons with previous suicidal attempts. The aim of the study is to identify the sociodemographic profile and clinical characteristics of the act in Jordan.

Patients and method

The study was carried out prospectively at two peripheral hospitals in Jordan and it included all patients diagnosed with deliberate self-harm syndrome between

Jan 98 and June 1999 with a total of 188 cases. Diagnosis was based on DSM IV criteria and each patient was interviewed by the attending psychiatrist who collected information from relatives, friends, witnesses, medical records and the patients themselves. Medical data were collected with respect to sociodemographic variables, method and motives of the act, stress circadian variation, previous attempts, associated psychiatric disorders, source of referral, and main emotion experienced during the act. The results were statistically analyzed using the SPSS (statistical package for social science).

Results

The clinical evaluation shows that DSH is more common among females (110) than males (78) with a sex ratio F:M of 1.4:1. The majority of patients (84.0%) were aged between 10-29 years with a mean age of 23.69 years and SD=6.14 {mean age of 23.56 years (SD= 6.05) (men) and 23.79 years (SD= 6.24) women. (17.0%) of males and (29.3%) of females were married. About (87%) of the patients did not go beyond secondary school education, and about

The main findings in our study is that DSH affects a younger age group of people and inversely related to age which is in agreement with other Western studies and non-westernized

(30.9%) of the females were housewives Table (1). The majority of the patients had self-poisoning (92.6%) rather than self-injury (7.4%). the latter was significantly more common among males

Source of stress	Male (78)		Female (110)		Total (188)	
	Number	%	Number	%	Number	%
Relationship with spouse	2	1.06%	35	18.61%	37	19.68%
Relationship with family	29	15.42%	29	15.42%	58	30.85%
Relationship with friend	1	0.53%	6	3.19%	7	3.72%
Financial	17	9.04%	3	1.59%	20	10.63%
Legal	2	1.06%	0	0.0%	2	1.06%
Loss	2	1.06%	6	3.19%	8	4.25%
Study	17	9.04%	30	15.59%	47	25%
Employment	4	2.12%	1	0.53%	5	2.65%
Sexual	1	0.53%	0	0.0%	1	0.53%
Alcohol/drugs	3	1.59%	0	0.0%	3	1.59%
Total	78	41.48%	110	58.51%	188	100%

Table 3 - Source of stress

	Male (78)		Female (110)		Total (188)	
	Number	%	Number	%	Number	%
Emergency room	8	4.25%	17	9.04%	25	13.29%
Medical/surgical wards	45	23.92%	57	30.31%	102	54.25%
ICU	18	9.57%	26	13.82%	44	23.40%
Referral from G.P	3	1.59%	4	2.12%	7	3.72%
Self-report	4	2.12%	6	3.19%	10	5.31%
Total	78	41.48%	110	58.51%	188	100%

Table 4 - Source of Referral

	Male (78)		Female (110)		Total (188)	
	Number	%	Number	%	Number	%
Wish to die	20	10.63%	37	19.68%	57	30.31%
Seeking escape	9	4.78%	14	7.44%	23	12.23%
Uncertain	15	7.97%	18	9.57%	33	17.55%
Mixed	17	9.04%	21	11.17%	38	20.21%
Influence others	6	3.19%	15	7.97%	21	11.17%
Denial of the act	11	5.85%	5	2.65%	16	8.51%
Total	78	41.48%	110	58.51%	188	100%

Table 5 - Motives of the Act

(5.9%) than females (1.59%) ($\chi^2 = 8.568$, $df = 1$, $P = 0.003$), analgesics and benzodiazepine were the most common substances ingested Table (2). The most common source of stress was related to family (30.9%) followed by, relation to study (25%), relation to spouse (19.7%) which was significantly more common among female (18.6%) ($P = 0.000$) and financial reasons (10.6%) Table (3).

The majority of patients was referred from medical/surgical wards (54.3%), ICU (23.4%), emergency rooms

(13.3%) and only (5.3%) was self-report Table (4). Only one third wished to die, (12.2%) seeking escape, (17.6%) were uncertain about their motives, about, (20.2%) had mixed motives and (11.2%) their motives were influencing other people Table (5). (26.06%) of the patients had a history of previous DSH of whom only (11.2%) had history of past psychiatric treatment ($\chi^2 = 5.70$, $df = 1$, $P = 0.017$) and about one fourth of the patients had concurrent psychiatric disorder ($\chi^2 = 7.34$, $df = 1$, $P = 0.007$) mostly depression and

	Male (78)		Female (110)		Total (188)	
	Number	%	Number	%	Number	%
Previous attempts						
Yes	17	9.04%	32	17.02%	49	26.06%
No	61	32.44%	78	41.48%	139	72.93%
Past psychiatric treatment						
Yes	9	4.78%	12	6.38%	21	11.17%
No	69	36.70%	98	52.12%	167	88.82%
Associated psychiatric dis.						
Neurosis	6	3.19%	18	9.57%	24	12.76%
psychosis	2	1.06%	3	1.59%	5	2.65%
Personality disorder	9	4.78%	7	3.72%	16	8.51%
Alcohol/drug abuse	1	0.53%	0	0.0%	1	0.53%
Normal	60	31.91%	82	43.61%	142	75.53%
Total	78	41.48%	110	58.51%	188	100%

Table 6

Source of stress	Male (78)		Female (110)		Total (188)	
	Number	%	Number	%	Number	%
Depression	13	6.9%	20	10.6%	33	17.6%
Anger	24	12.8%	25	13.3%	49	26.1%
Frustration	18	9.6%	31	16.5%	49	26.1%
Despair	12	6.4%	15	8.0%	27	14.4%
Mixed	9	4.8%	12	6.4%	21	11.2%
Do not know	2	1.1%	7	3.7%	9	4.8%

Table 5 - Emotion experienced during the act

personality disorders Table (6). The most common emotion experienced during the act was anger (26.1%) and frustration (26.1%) followed by depressed mood (17.6%) and despair (14.4%) Table (7).

Discussion

In our study, the patients sample was a hospital-based one, which underestimates the true rate because parasuicide patients do not come to hospital unless they are critically ill due to social stigma and legal problems because in our country parasuicide is considered an offence and for the same reason some of the parasuicide patients present themselves as cases of accidental poisoning which lead to an exaggerated rate of accidental poisoning (8, 12).

The main findings in our study is that DSH affects a younger age group of people and inversely related to age which is in agreement with other Western studies(2,4,13) and non-westernized(10,12,14,15), which could be due to acute stresses or sudden critical changes of different forms related to

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political, social and economic changes. Females were more affected than males which is also in accordance with other studies (5,14,16-18). Finland is the only

Predictors of parasuicide repetition include previous suicidal attempts, depression, unemployment, personality disorders, hopelessness about the future and socioeconomic deprivation

country in Europe where males seem to have a slightly higher incidence of parasuicide than females(19). Similar find-

ings have been found in Addis Ababa, Ethiopia(15) as well. Rates were higher for divorced females and separated males compared to married and other marital status(20). While in males, the opposite has been found and there had been an inverse association with education(13). Unemployment accounted for (17%) of the cases; many previous studies had reported a positive correlation between parasuicide and unemployment for both males and females(22). The majority of our patients had deliberate self-poisoning while only a small percentage had deliberate self-injury; the latter was more common among males than females which is in agreement with other studies(22, 23).

Interpersonal conflicts with the opposite sex and intrafamily conflict as well as marital and/or financial problems were the most frequent reasons for attempted suicide, (23-27). In our study, marital problems are more common among females than males because marriage is a source of stress for women more than it is for men (23). Anxiolyt-

ics, hypnotics, and analgesics were the drugs most commonly used for parasuicide(23,28). Predictors of parasuicide repetition include previous suicidal attempts, depression, unemployment, personality disorders, hopelessness about the future and socioeconomic deprivation(9,29-33). Other contributing factors of parasuicide is that most of parasuicide patients show reduced positive thinking about the future (34,35).

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