Seasonal Differences in Psychopathology of Male Suicide Completers

Caroline D. Kim, Alain D. Lesage, Monique Seguin, Nadia Chawky, Claude Vanier, Olivier Lipp, and Gustavo Turecki

Suicide is known to vary according to season, with peaks in the spring and troughs in the winter. The presence of psychopathology is a significant predictor of suicidality, and it is possible that the seasonal variation of suicide completion may be related to seasonality in the manifestation of psychiatric disorders common to suicide completers. In the current study, we evaluated 115 French-Canadian male suicide completers from the Greater Montreal Area for DSM-IV psychiatric disorders using proxy-based diagnostic interviews. Subjects were assessed for seasonal differences in the prevalence of DSM-IV psychiatric diagnoses just before their deaths. Diagnoses of major depressive disorder (MDD) without comorbid cluster B personality disorders, and schizophrenia were differently distributed between seasons. Most (63.4%) subjects with MDD committed suicide in the spring/summer (P = .038). However, closer examination revealed that depressed suicides with comorbid cluster B personality disorders did not show seasonality, while 83.3% of depressed suicides without comorbid cluster B personality disorders committed suicide in the spring/summer (P = .019). 87.5% of those suicides with schizophrenia committed suicide in the fall/winter (P = .026), and the only suicide with schizophrenia who died in the spring/summer was also the only one without positive symptomology. Our study is limited to male suicide completers, and results should not be generalized to women. We conclude that seasonal variation in suicide manifests itself differently in patients with different psychopathology. These findings indicate that assessment of suicide risk may need to include consideration of possible seasonal effects, depending on psychopathology.

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0010-440X/04/$-007.00/doi:10.1016/j.comppsych.2004.06.007

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to suicide completers. If this were true, the psychopathology of suicide completers (just before their deaths) would vary according to season. In the present study, we investigated this hypothesis by analyzing the seasonal distribution of psychiatric diagnoses in a sample of consecutively recruited French-Canadian male suicide completers.

METHOD

Subjects

Subjects were French-Canadian male suicide completers collected from the domiciled in the Greater Montreal area at the time of death. Subjects were steadily recruited throughout the year to the maximum of our recruiting capacity. We recruited subjects primarily in the morning, when most of the paperwork is carried out by the families at the Montreal Morgue, and therefore, we could not recruit cases that arrived at the Morgue in the afternoon and were released soon after or those that arrived over weekends. As our resources remained constant, we were unable to increase recruitment appropriately when case availability increased in the spring. However, we had a constant representation of cases throughout the year and the time of arrival at the Morgue (AM and PM) is not likely to correlate with any clinical feature, as it is dependent on time of body retrieval and not time of suicide event. Only males were investigated, as this study is part of a larger project attempting to investigate antipsychotic disorders or borderline personality disorder, 0.81. In our analyses for this study we used psychiatric diagnoses present during the last 6 months prior to the assessment or to death, with the exception of axis II disorders and childhood disorders. The former were used to assess the subjects’ state at the time of death or assessment, whereas the latter were used to identify more persistent problems and any manifestation thereof in childhood.

A number of subjects met most, but not all, criteria for either antisocial personality disorder or borderline personality disorder. These subjects are referred to collectively as subjects with “cluster B not otherwise specified (NOS),” and were considered as being diagnosed with cluster B personality disorders in our analyses.

Season of Death

Season of death was defined according to calendar month of death, “fall/winter” being from October to March, and “spring/summer” being from April to September. This classification corresponds well to perceived major weather changes in Quebec, with October being the beginning of cooler temperatures, and April the start of the spring thaw. Accordingly, in Montreal there are primarily two major seasons. For instance, in March and April, the average temperatures are, respectively, −2.4°C and 5.7°C with average snow precipitation of 35 cm and 12.4 cm, whereas in May daily temperatures commonly reach 20°C.

Statistical Analysis

DSM-IV axis I and II psychiatric diagnoses were included as variables in the analysis. Descriptive variables were age, level of education, marital status, and household income. Other variables included in the analysis were the number of comorbid diagnoses. Method of death (violent/nonviolent) was included as a descriptive variable for preliminary analyses. We classified as “violent” the following methods: hanging, firearms, cutting, jumping, drowning, gas. Drug intoxication was considered a nonviolent suicide method.

Pearson’s chi-squares, Fisher’s exact test, and t tests were used to test whether variables were significantly related to a particular season of death. The SPSS Statistical Package version
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