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# Psychiatric disorders and their comorbidity in subjects with parasuicide by intentional drug overdose: Prevalence and gender differences

Marie Tournier\*, Mathieu Molimard, Audrey Cougnard, Abdelilah Abouelfath, Annie Fourier, Helene Verdoux

*Université Victor Segalen-Bordeaux2, INSERM U657, IFR99 of Public Health, 146 rue Léo Saignat, 33076 Bordeaux, France*

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## Abstract

The aims of the present study were to assess the prevalence and comorbidity of psychiatric disorders in subjects with intentional drug overdose and to explore whether there were gender differences in prevalence and comorbidity. A standardized psychiatric evaluation was performed in 100 randomly selected subjects, 18 years old and older, with intentional drug overdose referred to an emergency department. The prevalences of psychiatric morbidity and comorbidity were very high in both genders: 88% presented with at least one psychiatric diagnosis, and three-quarters presented with comorbid psychiatric disorders. Affective and anxiety disorders were the most prevalent diagnoses. One patient out of three presented with alcohol or substance misuse. Compared to females, males suffered five times more often from substance misuse and three times more often from psychotic syndrome and were three times less likely to present with anxiety disorder. When subjects are referred to hospital for intentional drug overdose, medical management should systematically involve a psychiatric assessment in order to identify not only affective and anxiety disorders, but also alcohol and substance misuse, due to the high prevalence of these disorders, especially in male subjects.

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## 1. Introduction

Parasuicide is defined as deliberate self-harm that creates the risk of death with or without a clear intent to die (Platt et al., 1988; Maris, 2002). The most frequent method of parasuicide is intentional drug overdose (IDO) (Platt et al., 1988; Bland et al.,

\* Corresponding author. Hôpital Charles Perrens, 121 rue de la Béchade, 33076 Bordeaux cedex, France. Tel.: +33 556 56 17 32; fax: +33 556 56 35 46.

*E-mail address:* [mtournier@perrens.aquasante.fr](mailto:mtournier@perrens.aquasante.fr) (M. Tournier).

1994; Schmidtke et al., 1996; Dieserud et al., 2000), defined as substance ingestion in excess of the prescribed or generally recognized therapeutic dosage. There is no regular population-based monitoring of epidemiological data regarding parasuicide, but it is estimated to be 10 to 25 times more frequent than completed suicide. In the National Comorbidity Survey (NCS), 4.6% of the general US population reported a lifetime suicide attempt (Kessler et al., 1999). In New Zealand, nearly 8% of 21-year-old subjects have made at least one suicide attempt (Fergusson et al., 2000). As parasuicide is the strongest risk factor for suicide (World Health Organization, 1999; Maris, 2002), identifying risk factors for suicidal behavior that can be assessed and modified by therapeutic/preventive interventions is a major public health issue (American Psychiatric Association, 2003).

The strongest correlates of parasuicide relate to the subject's psychiatric state at around the time of the suicidal behavior (Kessler et al., 1999; Fergusson et al., 2000). A study assessing the prevalence of mental disorders in a sample of subjects with parasuicide referred to a general hospital ( $n=114$ ) found that 98% of cases presented with at least one DSM-III-R axis I diagnosis (Suominen et al., 1996). Studies on subjects with parasuicide reported that affective disorders were the most frequent psychiatric disorders (up to 90% of patients), followed by anxiety disorders (up to 65% of patients), then by alcohol or substance misuse (up to 25%) and psychotic disorders (up to 13%) (Rudd et al., 1993; Florequin et al., 1995; Suominen et al., 1996; Pawlak et al., 1999; Fergusson et al., 2000; Hawton et al., 2003). Comorbidity of psychiatric disorders is highly prevalent in subjects with parasuicide, as up to 82% of them present with such a condition (Suominen et al., 1996; Lecrubier, 2001; Maris, 2002). Psychiatric comorbidity has been identified as a risk factor for parasuicide (Hawton et al., 2003; Roy, 2003). In the NCS, there was a dose-response relationship between number of psychiatric disorders and risk of parasuicide: subjects with at least three DSM-III-R axis I diagnoses were 19.7 times and 3.8 times more likely to present with parasuicide than subjects with no psychiatric disorder and subjects with a single diagnosis, respectively (Kessler et al., 1999). A study comparing psychiatric morbidity in subjects referred to a general hospital for parasuicide and in

subjects from the general population found that subjects with at least two psychiatric diagnoses were much more likely to commit parasuicide requiring hospitalization than those with no psychiatric disorder (Beautrais et al., 1996).

Being female is also an important risk factor for parasuicide with a twice-higher risk in females than males (Kessler et al., 1999; Welch, 2001) and an overrepresentation of females in samples of subjects with parasuicide (Suominen et al., 1996; Chastang et al., 1997; Hawton et al., 2003). The relationships between parasuicide and presence or type of psychiatric disorders may vary with gender. In the NCS, significant interactions were found between gender and four disorders (major depression, dysthymia, mood disorder and simple phobia) regarding the risk of parasuicide, with larger effects of the disorders among men than among women (Kessler et al., 1999). In a non-clinical sample, anxiety disorders made a significant contribution to the risk of parasuicide for men but not for women, and substance misuse played a similar role irrespective of age and gender (Beautrais et al., 1996). To our knowledge, only two studies have investigated gender differences in the prevalence of psychiatric disorders in subjects with parasuicide referred to a general hospital. The first was conducted in the UK in 111 subjects (Hawton et al., 2003) and the second in Finland in 114 subjects (Suominen et al., 1996). Few differences were identified between genders. One study found that depressive syndrome was more frequent in females than males (Suominen et al., 1996) and two found that alcohol dependence was more often identified in males than females (Suominen et al., 1996; Hawton et al., 2003). However, the samples investigated in those studies might not be representative for estimating the prevalence of psychiatric disorders because only a third (Hawton et al., 2003) and half (Suominen et al., 1996), respectively, of the subjects asked to participate were actually interviewed. Lastly, there may be differences in prevalence of psychiatric disorders in subjects with parasuicide depending on the country, in particular regarding substance use.

The aims of the present study were to assess (i) the prevalence of psychiatric disorders in a representative sample of subjects with intentional drug overdose and (ii) gender differences in prevalence and comorbidity of psychiatric disorders.

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