

Differing correlates for suicide attempts among patients with schizophrenia or schizoaffective disorder in India and USA

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Abstract

Background: Suicide is one of the most common causes of death among persons with schizophrenia. Differing risk factors have been identified in published studies. The differences may have arisen because a uniform set of variables was not analyzed. Alternatively, the nature and effect of risk factors may vary in different settings. To test these possibilities, we investigated the same set of variables in two independent cross-national samples ascertained using identical protocols.

Methods: Patients with schizophrenia or schizoaffective disorder (DSM IV criteria) were recruited in India ($n=460$) and the USA ($n=424$).

Results: Consistent with earlier publications, a diagnosis of schizoaffective disorder, history of depression, pattern of symptoms and educational status were significantly associated with suicide attempts in the US sample. None of these variables were significantly associated in the Indian sample.

Conclusions: The impact of known risk factors for suicide attempts among patients with schizophrenia differs across ethnic groups. © 2006 Elsevier B.V. All rights reserved.

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1. Introduction

The lifetime suicide risk for suicide among persons with schizophrenia is estimated at about 9–13%, or 20–50 times higher than that of the general population

(Pinikahana et al., 2003). Suicide is one of the major causes of death among persons with schizophrenia (aggregated standardized mortality ratios of 9.6 for males and 6.8 for females), and accounts on average, for 28% of the excess mortality in this disorder (Mortensen and Juel, 1993). In a recent meta analysis, Palmer et al. (2005) have estimated that 4.9% of patients commit suicide during their lifetimes, usually around the time of onset of the illness. Suicidal risk increases with age (Bille-Brahe, 1993). On the other hand, Birchwood et al.

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(1998) concluded that the twenties age group represents the peak risk period for suicide in schizophrenia as compared to later periods. While most individuals with schizophrenia attempt suicide within the first ten years of illness, the risk of suicide remains elevated throughout the life span. Babidge et al. (2001) reported that men with schizophrenia committed suicide at significantly younger ages (in their twenties) than those without schizophrenia. However, other studies have reported equal rates (Modestin et al., 1992; Harris et al., 1996).

Correlations with psychopathology have also been suggested. Positive as well as negative associations between delusions (including “suspiciousness”) on one hand, and suicidal ideation and behavior on the other, have been reported (Kucharska-Pietura et al., 2000; Fenton et al., 1997). Radomsky et al. (1999) found a high rate of suicidal behavior among persons with psychosis, and observed that the rate of suicide attempts was higher among schizoaffective disorder patients and those affected with depression with psychotic features. Others concluded that increased severity of positive and depressive symptoms appears to increase suicidality, whereas the severity of negative symptoms appears to be inversely correlated with suicidality (Bralet et al., 2000) (Tandon, 2005).

Genetic factors may play an important and specific role in the etiology of suicide, regardless of co-morbid psychiatric illness (Turecki, 2001). Clinical studies of psychiatric patients suggest that the risk of suicide behavior is positively correlated with a family history of suicide attempts; an observation supported by twin and adoption studies (Roy, 1993). For example, the concordance rate for suicide attempts among monozygotic and dizygotic twin pairs was 13% vs. 0.7%, respectively, irrespective of any comorbid psychiatric disorder (Zalsman et al., 2002). Heritable factors accounted for approximately 45% of variance in suicidal thoughts and behavior (Statham et al., 1998). Baldessarini and Hennen (2004) reviewed seven available twin studies (including three reporting on individuals with psychiatric disorders). They found a higher average concordance for suicidal behavior among identical twins compared with fraternal twins or with relatives of other suicidal subjects. Suicide attempts are thus likely to reflect complex interactions between demographic, social and inherited variables (Turecki et al., 2001).

The lack of consistency in these studies likely reflects the multiplicity of relevant variables and the failure to take such factors into account in the course of analyses. Such complexity is also likely to be increased when suicide attempts among individuals with SZ/SZA are

considered. For example, variables specifically related to the illness, such as the presence of ‘positive’ symptoms also appear to be involved, as reviewed above. In the present study, we attempted joint analysis of selected clinical and demographic variables previously noted to be associated with risk for suicide attempts. These analyses were conducted between two independent samples from India and USA, recruited using identical procedures. We reasoned that the simultaneous analyses would enable us to understand correlates of suicidal risk in two very different environmental settings. Risk factors demonstrable in these samples would presumably be robust and likely to be present in other settings.

2. Methods

2.1. Clinical sample

The present work is a part of ongoing investigations into the genetic epidemiology of schizophrenia using identical designs, in Pittsburgh, Pennsylvania and New Delhi, India. Patients with a consensus diagnosis of schizophrenia or schizoaffective disorder (DSM IV) are recruited. Two types of families are recruited: (1) patients having siblings with one of these diagnoses (affected sib pairs, ASP), (2) patients with available parents.

2.1.1. Pittsburgh

Recruitment occurred primarily at Western Psychiatric Institute and Clinic, a University affiliated tertiary care center that also serves as a catchment area hospital for a defined region of Allegheny County, PA. Inpatients and outpatients have also been sought at 35 University hospitals, non-academic community centers, hospitals and state facilities located within a 500-mile radius of Pittsburgh.

2.1.2. New Delhi

The primary recruitment site was Dr. Ram Manohar Lohia Hospital (RMLH), a publicly funded tertiary care center providing inpatient and outpatient care. In addition, all major hospitals and psychiatric facilities in New Delhi were approached regularly for referral of eligible participants.

2.1.3. Assessment

Potentially eligible subjects were informed about the study by their clinicians. If agreeable, they were contacted by project staff. In order to improve the quality of information, participation by one other

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