

Original Research Article

Study of patients with suicidal ideation with sleep disorders and depression in Karnataka population

Jayant Kumar¹, Rekha R.^{2*}

¹Department of Psychiatry, Kanchur Institute of Medical Sciences, Mangalore, Karnataka, India

²Department of Community Medical, K.S/ Hegde Medical Academy, Derlakte, Mangalore, Karnataka, India

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*Correspondence:

Rekha R.,

E-mail: jayanthae2009@gmail.com

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ABSTRACT

Background: 85, adult patients aged between 17 to 65 years of both sexes were studied with to know the etiology of suicidal ideation.

Methods: Applying methodical instruments like sleep habits questionnaires and Black scale for suicidal ideation to rule out etiology and types of suicidal ideation.

Results: Total 13(15.2%) had active suicidal ideation, 23(27%) specific plans for suicide 20(23.5%) had passive suicidal ideation, 29(34%) patients had previous history of suicidal attempts. Majority of the patients were under treatment of hypnotics and antidepressants, 11(12.9%) were on clonazepam 12(14.1%) were on lorazepam 9(10.5%) were on chlordiazepoxide, Antidepressants, 8(9.41%) were on sertraline, 14(16.4%) desvenlafaxine, 15(17.6%) Amitriptyline, 16(18.8%) were on duloxetine.

Conclusions: This pragmatic study highlights the suicidal ideation with sleep disorders and depression, will be quite helpful to psychiatrist, psycho-social worker to treat the patients efficiently.

Keywords: Depression, Ideation, Sleep disorder, Suicidal attempts

INTRODUCTION

Over 90% of suicide victims have a psychiatric disorder at the time of death.¹ However, most psychiatric patients do not commit suicide.² Therefore, a psychiatric disorder is genetically inherited but insufficient condition for suicide. To identify suicide risk factors, it is necessary to look beyond the presence of psychiatric syndrome.

A previous attempt for suicide is the best predictor of a future suicide or suicide attempt.³ However, since only 25 to 35% of those who commit suicide have made previous suicide attempt, most studies of suicide or suicide attempts are restricted to one domain of possible risk factors i.e. social, psychiatric, psychological or familial. Such studies are too narrowly focused to estimate the

relative importance of different types of risk factors or their interrelationship by using multivariate techniques.

Many studies have ignored the diagnosis of those who commit suicide such as major depression, schizophrenic, borderline personality disorder mania, panic disorder, alcoholism, who has sleep disorder and depressive illness. Hence attempt was made to study the various causes, like socially, psycho socially and psychiatric illness during psychiatric counseling and treated them accordingly.

METHODS

Total 85, adult patients aged between 17 to 60 years of both sexes and were regularly visiting psychiatry OPD

(outpatients Department) of psychiatry Kanchur institute of medical science Natekal, Mangalore -575018- (Karnataka)

Inclusion criteria

The patients having the history of sleep disorder, anxiety, depression and suicidal ideation were selected for study

The method of selection of patients was by applying methodical instruments like sleep habits questionnaires and Back scale for suicidal ideation. It contains 19 item to evaluation the suicidal ideation like active suicidal desire, specific plans for suicide, passive suicidal desire previous suicidal attempt.⁴ Each item is related on a scale from 0 to 2, and this from where group into four. Higher scores are grouped into active suicidal ideation and sleep assessment was conducted by using sleep habits questionnaires (SHQ).⁵ It contained protocols of 32 questions included health and disorder of sleep as well, sleep disorder included obstructive sleep or hypopnea syndrome, nightmares and restless leg syndrome, periodic limb movements in sleep insomnia, disrupted sleep, early morning awaking and insufficient quantum of sleep. The duration of study was about 3 years (September 2014 to September 2018)

Exclusion criteria

Drug addicted (dependent), epileptic post-traumatic stress, post-puerperal depression. Depression due to HIV, loss of Job or life partner were excluded from study.

Statistical analysis

The patients having different types of suicidal ideations were classified with percentage. The patients were also classified with percentage depending upon their treatment of antidepressant and hypnotic drugs. The ratio of male and females was 2:1.

RESULTS

Study of suicidal ideation in depressed patients - 13(15.2%) had active suicidal ideation 23(27%), specific plans for suicidal ideation 20(23.5%) passive suicidal ideation 29(34.1%) previous history of suicidal attempts (Table 1). In the present study patients having previous suicidal attempts were more 29(34.1%) and patients having Active suicidal ideation were least in Number-13(15.2%).

Study of depressive patients under treatment of anti-depression and hypnotics, 1- benzodiazepines 11(12.9%), on clonazepam, 12 (14.1%), on lorazepam 9(10.5%), chlorthalidone. Anti-depressants, 8(9.41%) sertraline, 14(16.4%) desvenlafaxine, 15(17.6%) amitriptyline, 16(18.8%) duloxetine (Table 2). In the present study the widely used hypnotics were Lorazepam 12(14.1%) and least used hypnotics were Chlorthalidone 9(10.5%). In

the usage of antidepressants Duloxetine was highest 16(18%) and least usage was Sertraline 8(9.14%).

Table 1: Study of types of suicidal ideation with percentage.

Particulars	No of patients	Percentage (%)
Active suicidal ideation	13	15.2
Specific plans for suicide	23	27.0
Passive suicidal ideation	20	23.5
Previous suicidal attempts	29	34.1

Table 2: Study of depressive patients under treatment of antidepressants' and hypnotic medications.

Particulars	No. of patients	Percentage (%)
Benzodiazepine		
• Clonazepam	11	12.9
• Lorazepam	12	14.1
• Chlorthalidone	09	10.5
Antidepressants		
• Sertraline	08	09.14
• Desvenlafaxine	14	16.04
• Amitriptyline	15	17.06
• Duloxetine	16	18.08

DISCUSSION

In The present study of patients with suicidal ideation with sleep disorders and depressive illness were studied. Types of suicidal ideation were 13(15.2%) had active suicidal ideation, 23(27%) had specific plans for suicide, 20(23.5%) had passive suicidal ideation, 29(34%) had previous history of suicidal attempt, (Table 1). These patients were under the treatment of anti-depression and hypnotics medication. Benzodiazepines 11(12.9%) had clonazepam's, 12(14.1%) had lorazepam, 9(10.5%) had chlorthalidone. Anti-depression were 08(9.41%) had sertraline, 14(16.4%) desvenlafaxine, 15(17.6%) had amitriptyline, 16(18.8%) had Duloxetine, (Table 2) This findings were more or less in agreement with previous studies.^{6,7}

Suicide patients often report problem with their sleep. Although sleep related complaints and EEG changes have been seen widely across the spectrum of psychiatric disorders Sleep complaints such as insomnia, hyperinsomnia, night mares and sleep panic attacks are more common in suicidal patients Sleep studies have reported various poly-somnographic findings including increased REM, timed and REM activity in suicidal patients with depression schizophrenic disorders.⁸

A trait factors aggression/impulsivity, assessing lifetime externally directed aggression and impulsivity was highly significant in distinguishing past suicide attempters from non-attempters. Hostility in association with major depression and other psychiatric condition have been reported to be linked to suicidal ideation or behavior.⁹

The patients with recurrent major depression are schizophrenia who has suicidal ideation and history of suicidal attempts as well.¹⁰ Moreover genetic or family factors contribute to suicide risk.

CONCLUSION

The present study of patients with suicidal ideation with sleep disorder and depression in Karnataka will be useful to psychiatrist to evaluate the different types of suicidal ideation associated with sleep disorder and major depression. But this study demands further genetic family history of suicide/ suicidal ideation, attempts because major depression. Schizophrenic, borderline personality disorders are genetic and endogenous diseases. As psychiatric patients can be easily identifiable and diagnosed but neurotic patients seems to be normal but suffering with multiple personality disorders, who ultimately end their life in suicide.

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Ethical approval: The study was approved by the Institutional Ethics Committee of Kanchur Institute of Medical Sciences, Natekal Mangalore, Karnataka, India

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