# **Original Research Article**

DOI: http://dx.doi.org/10.18203/2349-3933.ijam20195224

# Study of suicides in Mangalore region of South Karnataka, India

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Received: 15 June 2019 Revised: 11 October 2019 Accepted: 01 November 2019

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## **ABSTRACT**

**Background:** To evaluate the various causes of suicides and mental illness of different age groups which enables the patients to commit suicide in both sexes.

Methods: The data of suicides was collected from medical records of the different Hospital in Mangalore region of South Karnataka.

**Results:** Total 32 cases of suicides in adults were studied at Mangalore city and district as a whole. The history of suicide was 6(18.7%) was alcoholic, 4(12.5%) were drug addicted (dependent), 5(15.6%) were HIV infected, 3(9.37%) had infertility 4(12.5%) had loss of job, 2(6.25%) had sudden loss of property, 8(25%) had failure in love affair. The clinical manifestations of suicides were (8.25%) had major depression 5(15.6%) had multiple personality disorder. 11(34.3%) were schizophrenic, 6(18.7%) had mood disorders, 2(6.25%) were epileptic.

**Conclusions:** This study of suicides of young adults will be quite helpful to psychiatrist and medico-social workers to take preventive measures to prevents such suicides because suicide is not only social problem, but it is due to abnormal mental state too.

Keywords: Drug dependence, Major depression, Multiple personality disorder, Schizophrenic

# INTRODUCTION

Suicide is best understood as a multidimensional malaise. It occurs in an individual who experiences on unfulfilled need, which may be material, emotional social or combination of these. Suicides in India is prevalent especially in young is likely to involve hanging and ingestion of pesticides or poison. Several biological happenings are related to the phenomenon where events acts on a predisposed individual to cause certain cognition and effect, which lead to an act of suicide.

About 800,000 people die by suicide worldwide every year, of these 1,35000(17%) are resident of India.<sup>4</sup> It is useful thought that, society exists only in the minds of individuals, but being more than the minds of any individual or even the minds of all individuals taken together it exists almost entirely him as an external force

even though, this can only internally. Hence history of suicides and their clinical manifestation were also studied so that, prevention to suicides can be done in due course of time by proper psychiatric counseling and treatment.

## **METHODS**

As Mangalore city is cosmopolitan city and being a district place majority of rural patients visit to Mangalore because of super- specialty medical faculties, with number medical colleges too. deaths aged between 23 to 48 years, were studied including rural and urban areas.

### Inclusion criteria

 Suicidal deaths were registered in different medical colleges of Mangalore city were included in the study. The various, social- economical psychiatric

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causes were studied thoroughly in both sexes at different age groups and in different occupations, mental status.

#### Exclusion criteria

 The motor and road drank and drives accidents, Dowry deaths were excluded from the study.

History and cause, habit was collected from their family members, colleagues and friends. The duration of study was from 2012 to 2018.

This research work was approved by ethical committee of Kanchur Institute of Medical Sciences, Natekal Mangalore -575018, Karnataka.

#### Statistical analysis

Various cause if suicides and clinical were manifestation classified with percentage.

#### **RESULTS**

Table 1 shows causes of suicide 6(18.7%) Alcoholism, (Chronic alcoholism instead of anti-depressant or hypnotics) 4(12.5%) drug addiction (dependence started as enjoyment but ends in suicide), 5(15.6%) HIV infection (Due to extra marital affairs or non-using condoms) 3(9.37%) infertility (May be oligospermia, Azospermia, in females non-patency of fallopian tube) 4(12.5%) loss of Job (Due to Irregularity and non-obedience to seniors) 2(6.25%) sudden loss of property (Due to un-expected fire, flood), 8(25%) love failure (Unilateral love or opportunistic friend).

Among the causes of suicides failure in love affair 8(25%) was highest and second highest cause was alcoholic 6(18.7%) and least cause was sudden loss of property 2(6.25%) (Figure 1).

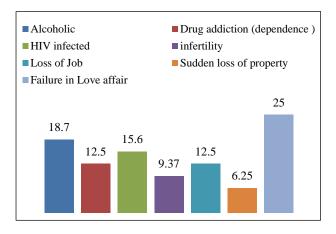


Figure 1: Causes of suicides in south Karnataka.

Among the causes of suicides, the highest clinical manifestation was schizophrenic 11(34.3%) and second

highest cause was Major depression 8(25%) least manifestation was epileptic 2(6.25%) (Table 2).

Table 1: Causes of suicides in south Karnataka.

Particulars	No of patients	Percentage (%)
Alcoholic	6	18.7
Drug addiction (dependence)	4	12.5
HIV infected	5	15.6
infertility	3	9.37
Loss of Job	4	12.5
Sudden loss of property	2	6.25
Failure in love affair	8	25

Table 2: Clinical manifestation of suicide in South Karnataka.

Particulars	No of patients	(%)
Major depression	8	25
Multiple personality disorder	5	15.6
Schizophrenic	11	34.3
Mood disorder	6	18.7
Epileptic	2	6.25

#### DISCUSSION

Study of suicides in Mangalore, (South Karnataka). The causes of suicides were 6(18.7%) were alcoholism, 4(12.5%) had drug abdication (dependence) 5(15.6%) were HIV infected, 3(9.37%) had infertility, 4(12.5%) had loss of job 2(6.25%) had sudden loss of property, 8(25%) were failure in love affair (Table 1). Clinical manifestation were 8(25%) had major depression, 5(15.6%) had multiple personality disorder, 11(34.3%) were schizophrenic 6(18.7%) had mood disorder, 2(6.25%) had epileptic (Table 2). These findings were more or less in agreement with previous studies.<sup>5-7</sup>

Majority of the patients who commit suicide have mood disorders and alcoholic or drug dependent. Moreover, schizophrenic was also rare in history of suicide. As it is rare in the children, but its incidences rise rapidly in adolescence suicide is the third leading causes of death in adolescent after accident and homicides. Males are much more likely to commit suicide then females. Most of the suicide patients have history of previous attempts.<sup>8</sup>

Suicide occur in schizophrenic due to the associated depression, command hallucination (commanding patients) to commit suicide, impulsive behavior, anhedonia or return of insight in the illness. A part from the major depression martial dispute, or family dispute, failure in goal achievement occupational or financial difficulties, social isolation also encourage or abatement to suicide. Suicide overall viewed as self-destruction in any given society paradoxically, too much controlled by society may also increase the chances of suicide. A strongly integrated person in a high solidarity culture is particularly vulnerable to

commit suicide moreover intense frustration felt when people expect so much of themselves in other, who are also human result in the suicide.

#### **CONCLUSION**

The present study of suicide in South Karnataka population will be quite useful to clinician psychiatrics, medico- social workers to take precautionary measures early detection of suicidal ideation and treatment of causative condition is the best way to prevent suicide. The degree of risk of suicide should be assessed in every case where the history of suicidal ideas, whether the patients has or has not thought of a plan to kill himself. The patients having ideation or discussing about killing himself /herself should not be left alone. Co-operation, sympathy of the family members and consulting psychiatry regarding his mental illness will definitely prevent suicide. This study warrants further genetic, nutritional, behavioral study in such patients having suicidal ideation or who attempted for suicide previously.

Funding: No funding sources Conflict of interest: None declared

Ethical approval: The study was approved by the

Institutional Ethics Committee

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Cite this article as: Kumar J, Rekha R. Study of suicides in Mangalore region of South Karnataka-India. Int J Adv Med 2019;6:1771-3.