Suicide in psychiatric patients: two case reports

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Abstract

Suicide is when hostility and aggression is directed towards self. In Nigeria, suicide among young men may appear to be on the increase especially among individuals suffering from psychiatric disorders. We hereby present two patients of the department of behavioural medicine of a Teaching Hospital in Nigeria who recently committed suicide.

Key Words: *suicide, psychiatric disorders*

Introduction

Suicide has been described as hostility and aggression directed towards self[1]. Suicide among young men has been reported to be on the increase and this is becoming a major concern to mental health professionals worldwide[2]. However, the observed increase in suicide rates was reported to be due to better documentation in the advanced countries[3]. Among the risk factors documented to be responsible for young males committing suicide include unemployment, poverty, economic hardship, low socio-economic status, separation or divorce, family and relationship problems, social withdrawal and loss of social contacts[4-5]. However, one of the prominent reasons noted in the literature among individuals who commit suicide was adduced to psychiatric disorders[5]. Among the documented psychiatric disorders that can lead to suicide are personality disorders, alcohol and substance dependence, unipolar depression and schizophrenia[6]. Lesage[7] reported that 80% of people who committed suicide compared with 37% of the control had DSM III- R axis I disorders. The observed methods that are frequently used to commit suicide include hanging, jumping off high buildings, ingestion of poison, overdose of drugs and firearms [8-10]. In the Nigerian society, suicide rates maybe higher than what is reported in the literature and it may also appear to be on the increase. In this light, we hereby report two cases of suicide that occurred recently among two patients of the department of Behavioural Medicine, Lagos State University Teaching Hospital (LASUTH), Ikeja, Lagos, Nigeria.

Case Report I

Mr. O.B. was a 28-year-old unemployed, young male who had been receiving treatment for schizophrenia at our department since August 2000. He had had four previous admissions in various psychiatric hospitals in Lagos (2002, 2004, 2006 and 2007). He had an episode in March 2008 and was admitted at the departmental ward for a period of four weeks. Before he was discharged, he showed good signs of recovery and the schizophrenic symptoms had subsided. On his discharge home, he was placed on Risperidone tablets 2mg twice daily, Chlorpromazine tablets 100mg nocte and monthly intra-muscular injection of 50mg of Fluphenazine Decanoate. After his discharge, he visited the clinic regularly and also claimed to be adhering to his medications. He was observed by his wife and parents to be relatively stable mentally. In June 2008, he registered for a year long Bible programme in one Bible school. On the 13th August 2008, he was in the middle of a lecture at the Bible school when he took an excuse to use the conveniences; however, he went instead to the balcony of the three storey building and leaped down. On landing, he sustained multiple fractures and also had a head injury. He was subsequently brought in dead to the emergency department of our hospital.

Case Report II

Mr. K. B. was a 29-year-old graduate accountant who had been receiving treatment for schizophrenia at the department since February 2003. He had his first episode in 1998. He had not been quite productive as an accountant because he was employed as an accounts clerk in one of the sister's private company. He visited the outpatients' clinic regularly and also claimed to be adhering to his medications. Nonetheless, in October 2007, he drove his car to a bridge in Lagos at night, packed the car beside the railings of bridge, stood on one of the railings and leaped into the Lagos lagoon. He was however rescued by some fishermen who where fishing nearby the area. He was brought for admission at the department the following morning. While on admission, he was remorseful and cooperated with the ward nurses. After six weeks of admission and a

couple of days to his discharge, he carefully avoided the nurses on duty, went into one the consulting rooms on the ward, used his bed sheet as a noose and hung himself using the ceiling fan of the consulting room. He died immediately before the nurses could rescue him.

Discussion

Suicide rate which was once reported to be low in Nigeria[9] may, however, be on the increase. The literature shows that suicide by jumping off a height is relatively an uncommon method of suicide and it has accounted for only 5% of documented suicide cases[10]. In the two reported cases, both patients leaped from high places; one from the top of a bridge into the Lagos lagoon and the other from a three-storey building. De Moore and Robertson[10] found that individuals who leaped from high places were observed to have suffered from severe psychiatric disorders such as severe depressive illness or schizophrenia. This observation was also in line with the two reported cases as both of them were receiving treatment for schizophrenia. However, hanging has been documented to be the most common form of suicide[1,3,6.] The second reported case (case II) committed suicide by hanging after being unsuccessful at the first attempt from leaping from a bridge. The literature shows that those who attempt suicide and were unsuccessful may likely attempt suicide again within a period of one year[11]. The reported case II successfully committed suicide within eight weeks of his first attempt. Suicide attempters have been documented to be predominantly person less than 30 years of age[1]. Akhiwu, Nwosu and Aligbe[12] reported that 69.1% of suicide cases that took place in Benin, Nigeria were below the ages of 30 years. Other workers in Nigeria also reported suicide in their patients to be in those less than 30 years of age[6,13]. The sex ratio of individuals who commit suicide was also observed and reported to be more in the male sex with a ratio of 4:1[14]. In our reported cases, both of them were males. As regards prevention, men especially young men were recognized and reported as being resistant to health promotion messages[14]. Briddle, Brock, Brookes and Gunnell[14] observed that young men often times wait till crisis point before seeking for help. Nigerian clinicians and family physicians should take special care in assessing suicide risk behaviour among those with psychiatric disorders because studies show that the number of visits to family physicians increased significantly in the period before suicide and more than half of those

who commit suicide have had contact with psychiatric services just before committing the act[15]. Nonetheless, Anderson[16] suggested that psychiatric ward nursing staff should also receive special training to avoid reacting negatively to admitted patients who had attempted suicide.

Conclusion

Based on the aforementioned reports, clinicians are advised to pay more attention to the prevention of suicide, especially in psychiatric patients. There is also the need for family physicians to acquire the skills for assessing and recognizing suicidal risk behaviour especially in patients with psychological disorders. Psychiatric ward nurses should also receive special training to further avoid reacting negatively to those with suicidal ideas so as not to reinforce feelings of rejection.

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