

≈ ORAL PRESENTATIONS ≈

OP 018

Rate and Predictors of Intentional Self-Poisoning and Repetition of Intentional Self-Poisoning In Rural Sri Lanka

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Abstract

Objective: To calculate, incidence of intentional self-poisoning (ISP) and suicides, repetition rate of ISP. To find out the association of life-skills, help-seeking, mental health and contact history with repetition of ISP.

Method : Details of, ISP admission of 46 hospitals, and suicides in 28 police stations were collected in Kurunegala District (KD) from January 2011 for 3 years. Demographic details of cohort of ISP patients admitted to Teaching Hospital (THK) in 2011 were linked with THK admissions of next two years. Both parts of the name, sex, age, nationality and religion were considered as essential fields for linking. A sample of 435 ISP patients was selected randomly, by recruiting one in seven consecutive admissions using software, admitted to THK, for successive 18 months from June 2011. Structured Clinical Interview for DSM-IV-TR axis-I disorders-Research version, Beck's Suicide intension scale (BSIS), General and Actual Help-Seeking Questionnaire, Daily Living-Skills Questionnaire and culturally-based validated scenario self administered questionnaire for life skills were used for the assessments. Age and sex matched three groups (n=120); with a history of multiple (MA), single (SA) and no attempts of DSH, were compared using Mann Whitney U and Chi-square tests.

Result: There were 11,387 ISP cases and 1082 suicides (60.4% ISP). The annual incidence of ISP and suicides were 236 and 67 per 100,000 population respectively. THK received 5940 ISP admissions. In a cohort of 1958 (1044 males) ISP patient records, 83 (4.2%: 95% CI 3.35-5.13%), 45 males & 38 females, records were linked with all essential fields. Median period of repetition was 286 days. In the sample forty (9.2%: 95% CI 6.48-11.92%) were self-reported previous DSH, 37 one previous attempt and eight two previous attempts. And, 62.5% had attempted within a year. Major psychiatric illnesses were diagnosed in ten MA and five SA patients (OR 2.33, P 0.15). Average BSIS scores were not different. Life skills and help seeking were better among controls (P <0.0001). And, SA had higher average scores

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for them than MA. Problem solving ability was significantly different in three groups, controls>SA>MA (P <0.0001 and 0.03). Contact history for DSH significantly less among controls compared to SA (OR 9.7 P 0.01). More MA had Contact history for DSH compared to SA (OR 1.7 P 0.3).

Conclusion: Multiple attempters and single attempters were similar in life-skills, help-seeking, mental health and exposure to DSH. Problem solving skills were shown as a strong predictor of repetition. In-depth exploration on this is important.
