

Suicide in Children and Adolescent

ผู้ช่วยศาสตราจารย์แพทย์หญิงสุวรรณี พุทธิศรี

Epidemiology

- Age-mortality rate from suicide (National Center for Health Statistics, 2000)

10-14 yr.	1.6 : 100000
15-19 yr.	9.5 : 100000
Boy	15.2 : 100000
Girl	3.4 : 100000
20-24 yr.	13.6 : 100000

Male : Female

Gender: suicide rate 3:1
suicide attempt 1:3

Method male : firearms and hanging
female: lethal ingestion jump from height

Risk Factor

- Hypothesis both genetic and environmental contribution predispose an adolescent to ward suicide

1. Genetic -twin study

-adopted probands study

Biological -Growth hormone blunted GH response to a desipramine challenge

Adult -low concentration of 5-hydroxyin doleacetic acid in CSF in both attempt and complete suicide

-low concentration of presynaptic serotonin receptor
-dense concentration of postsynaptic serotonin receptor

2. Environmental -family conflict

-stressful life events
-cultural factor

3. Psychiatric Disorders

Girl : major depression

:previous suicidal attempt

:panic disorder

Boy :previous suicidal attempt

:depression

:substance abuse

:Disruptive behavior

4. Social-Psychological factor

- Media coverage of suicide lasts for approximately 2 week

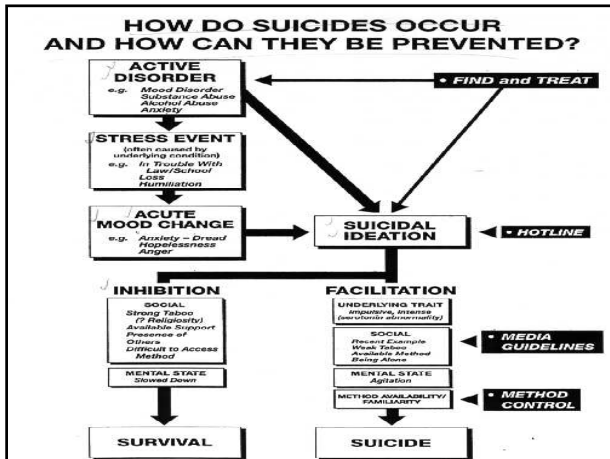
5. Cognitive pattern

- less flexible in generating solutions for problem
- low self esteem
- greater hopelessness
- poorer self concept

6. Family

: Family pathology and history of family suicidal behavioral

7. HIV + and AIDS ???



ASSESSMENT

- SUICIDAL BEHAVIOR
- RISK FACTOR FOR REPEAT
- UNDERLYING CONDITION

GREATEST RISK FOR SUICIDE

- Suicidal history
 - still thinking of suicide
 - previous suicide attempts
- Demographics
 - Male > 16 yr.
 - Live alone

GREATEST RISK FOR SUICIDE

- Mental state
 - Depressed, manic, hypomanic, severely anxious, or have a mixture of these states
 - Substance abuse alone or in association with a mood disorder
 - Irritable, agitated, threatening violence to others, delusional, or hallucination

Do not discharge such patients without psychiatric evaluation

TREATMENT

Acute management

- **Hospitalization -unpredictable**
 - serious risk
 - inability to form alliance
 - lack of truthfulness
 - inability to regulate emotion and behavior
 - psychotic thinking

-multiple previous suicide -attempts

-Diagnosis -major depression \bar{C}

irritability or impulsivity

-alcohol+substance abuse

-Social -lack of sufficient environmental support

AIM of the Intervention

- **Provide good experience between the family and emergency service**
- **set realistic expectations about follow-up treatment**
- **reduce staff perceptions “family was to blame for teenager behavior”**
- **helping family to identify potential precipitants**
 - **problem solve “has to prevent reoccurrence”**
- **closely spaced follow appointment, flexible in arranging appointment**