

# **EPIDEMIOLOGICAL PROFILE OF SUICIDE ATTEMPTS DURING THE COVID-19 PANDEMIC**

## **Profile of suicide attempts during COVID-19**

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**Abstract:**

**Introduction:** Suicide is a prevalent public health problem and one of the leading causes of death worldwide. Thus, suicide is a multifactorial phenomenon and there may be an increase in the number of suicide attempts in a pandemic situation due fear, loneliness and social isolation. **Objective:** To evaluate the epidemiological profile of suicide attempting patients in a public hospital in Criciúma during the COVID-19 (coronavirus disease 2019) pandemic. **Methodology:** Cross-sectional study, with secondary data collection and a quantitative approach. Data were collected from medical records at a public hospital in Criciúma, SC. The study population consisted of attempted suicide patients from August to December 2020 in a public hospital in Criciúma/SC. **Results:** Fifty-four medical records of suicide attempt patients were analyzed. It was observed that 68.5% were female, 96.2% were white, mean age 37.44 and 55.6% were single. Exogenous intoxication was present in 77.8% of the cases with a mean hospitalization time of 16 hours. A statistically significant correlation between single marital status and male was observed. **Conclusion:** This study brings important data seeking to help in the recognition of suicide attempt patients, which can help in future prevention programs that are needed to decrease the rates of suicide attempts.

**Key-Words:** Suicide, Suicide attempt, COVID-19

**Introduction:**

Coronavirus, which causes severe acute respiratory syndrome, is a new coronavirus RNA of the same family as SARS-CoV and MERS-CoV, it was identified in January 2020 in the city of Wuhan, as the cause of an epidemic<sup>1,2,3</sup>. Transmission between people occurs mainly through respiratory droplets when a patient sneezes, coughs or speaks. The virus can be suspended in the air for three hours and remains contagious in the droplets<sup>4</sup>. According to LI et al.<sup>5</sup> the main clinical symptoms presented by patients with COVID-19 are fever, cough, myalgia or fatigue, expectoration and dyspnea. Some other symptoms include headache, diarrhea, nausea and vomiting. The preferred diagnostic method is the RT-PCR test by collecting samples from the upper respiratory tract using a swab<sup>6</sup>. The recommendations made in order to reduce the transmission of the virus are: stay at home and avoid contact with anyone else; respect the rules of social distance; wash your hands frequently and avoid touching your eyes, mouth and nose<sup>7</sup>. However, there may be a side effect caused by fear, distance and social isolation to people's mental health, leading to a possible increase in suicide rates during the COVID-19 pandemic<sup>8,9</sup>.

The COVID-19 pandemic represents a challenge to mental health, with implications for suicide rates during the pandemic<sup>10,11</sup>. In the fight against coronavirus 2019 (COVID-19), with the increase in the number of cases, strategies were started to reduce the spread of the virus, including physical distance and requests to stay at home<sup>11</sup>. Social isolation can impact social stability by spreading panic and anxiety among people<sup>12</sup>. Thus, the context of the pandemic associated with isolation, uncertainties, fear of losing loved

ones and the economic recession can make people more vulnerable to suicide<sup>13</sup>. Therefore, suicide will become an urgent concern, requiring the development of prevention programs<sup>10</sup>

Suicide is a prevalent public health problem and its among the leading causes of death around the world.<sup>14</sup> Regarding the definition of suicide, Posner et al<sup>15</sup>, defined as a fatal act of self-harm with some evidence of intent to die.

There are some factors that may precipitate the suicide attempt, among them: relationship problems, followed by chronic physical illnesses, unemployment, drug use, among others<sup>16</sup>. In addition, there are some factors that are present in patients who attempted suicide such as: chronic illness, financial difficulties, job loss, association with other illnesses such as depression and anxiety<sup>17</sup>. Although there are several predisposing factors for suicide attempts, the most important clinical predictor is a previous suicide attempt, reflecting the recurrence of suicide attempts<sup>18,19</sup>.

It was discovered that there is a behavior that predicts the suicide attempt, and thus, it is possible to initiate suicide prevention strategies, according to the risk factors presented by the patient<sup>20,21</sup>. From this perspective, patients with constant fatigue, sleep disorders, under heavy financial pressure, first-degree relatives with a history of depression, substance abuse are identified as a suicide risk population<sup>22</sup>.

Suicide attempt can be defined according to Posner et al<sup>15</sup>, as a potentially self-injurious behavior associated with some intention to die. The profile of patients who attempted, according to Callegaro et al<sup>23</sup> were mainly young adults, with low education, without

previous psychiatric hospitalization, in irregular use of psychiatric drugs, with previous suicide attempts.

There is a difference in the methods used in patients who attempted suicide and who had consummated suicide. Thus, consummated suicide was more present in men, with hanging being the most used method. Suicide attempts, on the other hand, were more observed in women, with exogenous intoxication being the most used method<sup>24</sup>. Thus, suicides committed are three times more common in men. In suicide attempts, women are the main population<sup>25</sup>. It is worth remembering that suicide is a multifactorial phenomenon and there may be an increase in the number of suicide attempts in the COVID-19 pandemic, due to: fear, isolation and loneliness<sup>11</sup>. Thus, the coronavirus pandemic in the year 2019 raised concerns leading to widespread panic and anxiety in individuals who are subject to the threat of coronavirus<sup>12</sup>

Suicide is a common public health problem and with the advent of the COVID-19 pandemic, we can have repercussions on patients' mental health, leading to a possible increase in suicide attempt rates during a pandemic. Thus, it is important to know the profile of patients treated for attempted suicide, with the objective of assisting health professionals in the prevention of suicide. Therefore, the objective of the present study was evaluating the epidemiological profile of suicide attempting patients in a public hospital in Criciúma during the COVID-19 pandemic.

## **METHODS**

### **Ethical aspects:**

The present study was approved by the Local Ethics Committee, Comitê de Ética em Pesquisa e Humanos da Universidade do Extremo Sul Catarinense-UNESC, Santa Catarina, Brazil, protocol number 4.649.448.

**Study design:**

This is a descriptive observational study, with secondary data collection and quantitative approach.

**Population of the study:**

Fifty-four medical records of patients seen at a hospital in Criciúma / SC with a suicide attempt from August to December 2020.

**Study location:**

The research was carried out in a hospital in the city of Criciúma / SC.

**Collection instrument:**

Data were collected from medical records obtained at a referral hospital in the Criciúma/SC/Brazil from patients seen from August to December 2020. The data collected were: medical record number, sex (female, male), age (complete years), color (white, brown, black, yellow, indigenous), marital status (single, married, divorced, widowed, stable union), method used (exogenous intoxication, self-mutilation, cold weapon, firegun, falling from a height, hanging, electricity, burn), hospitalization time (days).

### **Statistical analysis:**

The collected data was analyzed using the IBM Statistical Package for the Social Sciences (SPSS) version 21.0 software. Quantitative variables were expressed by median and interquartile range (with Tukey's correction) when they do not have a Normal distribution and by means and standard deviation when they follow this type of distribution. Qualitative variables were expressed through frequency and percentage. Statistical tests were performed with a significance level of  $\alpha = 0.05$  and, therefore, 95% confidence. The distribution of data regarding normality was assessed using the Shapiro-Wilk and Kolmogorov-Smirnov tests.

### **RESULTS**

Fifty-four medical records of suicide attempt patients obtained at a hospital in the city of Criciúma, Santa Catarina, were analyzed.

Table 1 presents the characteristics of the sample and descriptive analysis. In this table it can be seen that 68.5% of the patients were female, 96.2% were white, with a mean age of 37.44 years with a standard deviation of  $\pm 15.60$  and 55.6% of the patients were single. It is evident that the exogenous intoxication method was present in 77.8% of the cases, corresponding to the number of 42 patients. In addition, it is observed that the average hospitalization time was 16 hours.

Data on age, color, marital status and hospitalization time associated with the suicide attempt method were shown in table 2. It was observed that exogenous intoxication was the method of choice for 42 patients, with the mean age of the attempt of suicide when this method was used, was 36.62 years with a standard deviation of  $\pm 15.81$ .

Furthermore, patients who used exogenous intoxication as the method of choice were white in 95.1% of cases and were single in 56.1% of cases during the suicide attempt. It was also evidenced that patients who chose exogenous intoxication as a method of suicide attempt had an average hospitalization time of 16.5 hours. Another important fact was that patients who used the fall from height method had a hospitalization time of 187 hours.

In table 3, age and sex variables were compared, and no statistically significant difference was found. There was a statistically significant correlation between the marital status and male groups, and there was a greater number of single men who attempted suicide ( $p=0.014$ ). The variables methods of attempted suicide and sex were compared, and no significant difference was found between the two groups. A comparison was made between the hospitalization time in hours and the sex of the patients, but there was no significant evidence between the groups.

## **DISCUSSION**

In the present study, it was shown that suicide is more commonly observed in women, occurring in 68.5% of patients, when compared to males. This data agrees with what was presented in the study Bachmann et al., 2018, which shows that suicide is three times more common in women.<sup>25</sup> This fact may be related to exposure to interpersonal violence since one in four women suffer physical or sexual violence at some point in their lives<sup>26</sup> and up to 90% of women are victims of psychological violence<sup>27</sup>.—Thus, one of the most serious consequences of physical, psychological and sexual abuse are psychiatric illnesses<sup>28</sup> and the development of suicidal behavior<sup>29,30,31</sup> Therefore, women who have been exposed to interpersonal violence are at risk of death from



suicide<sup>32</sup>. In addition, a cross-sectional survey of 968 Chinese women in 2015 revealed that women with high job stress associated with high family stress have higher rates of suicidal ideation, with a 5 times increased risk of suicide. Thus, pronounced levels of stress at work and at home are associated with greater suicidal ideation among a female population.<sup>33</sup>

A statistically significant correlation was found between men and single marital status in the present study. Thus, single men were more likely to attempt suicide when compared to other marital status, agrees with what was found in the study of Freeman A et al., 2017 where it was exposed that in males, single marital status is considered a risk factor as well as unemployment and retirement<sup>34</sup>. A cross-sectional study in China was conducted with 1059 never-married men and 1066 married men aged between 30 and 40 years where it was evidenced that single male individuals were also financially poorer and had a lower level of education compared to married men<sup>35</sup>. In addition, single men were more likely to have lower self-esteem, higher prevalence of depression, higher rates of aggression and more likely to have suicidal thoughts<sup>36</sup>. Which is in agreement with the study done by Dush C et al., 2005 where older single men revealed that they felt failed, unhappy, lonely and depressed<sup>37</sup>. In addition, studies such as Zimmermann AC et al., 2006 associate marriage with greater mental well-being, with married individuals tending to have fewer psychological problems when compared to single individuals<sup>38</sup>. It is concluded that men with single marital status have a higher risk of depression, low self-esteem, suicidal desires and ideation<sup>34</sup>.

The data found in this study shows that the methods of suicide attempt considered aggressive were more used by male patients compared to females. This information

corroborates existing data in the literature that show that the use of violent methods of suicide is a behavioral marker of a higher level of impulsive-aggressive behaviors throughout life<sup>39</sup> and is more often used by men than women. Thus, the methods chosen for suicide attempt may be related to aggression and impulsivity. Studies have evidenced that there is an association between aggression, impulsivity and suicidal behavior thus, impulsivity has been revealed as a characteristic that may facilitate the transition between suicidal thoughts into suicidal behaviors and acts.<sup>40</sup>

In the present study it was found that women used exogenous intoxication as the main method of suicide attempt, corroborating the existing literature that shows that among the methods of suicide attempts the most used by women is drug intoxication<sup>41</sup>. A study conducted with 777 women between 2007 and 2011, analyzed the profile of drug exposures by women. Thus, this study revealed that in 90.5% of the cases the use of medicines was intentional and in 33.7% of the cases two to three medicines were used, highlighting in almost 60% of the cases the use of medicines that act on the central nervous system such as antiepileptics and the antidepressants<sup>42</sup>. Thus, the fact that benzodiazepines and antidepressants are widely prescribed classes of products means that this high accessibility generates a greater risk for excessive ingestion and overdose<sup>43</sup>. Thus, it is evident that in western countries, drugs are the agents used in poisoning suicide due to easy access and the popularization of this method<sup>44</sup>.

## **CONCLUSION**

The pandemic of COVID-19 brought new challenges to the population and many of these are related to mental health, bringing issues such as fear of the virus, social isolation, loss of family and close people. With this, issues such as suicide and suicide attempts are of great importance to the medical community and health professionals. Therefore, knowing the

profile of suicide attempt patients is an important factor for the care of these patients and for the prevention of suicide attempt. In the present study we found a higher number of women who attempted suicide and the most used method was exogenous intoxication, regardless of gender; most patients were single, with this marital status being very predominant in males (88.2% of patients), most patients were white, and the average hospitalization time was 16 hours. This study brings important epidemiological data seeking to help in the recognition and identification of suicide attempt patients, which can help in future prevention programs that are needed to decrease the rates of suicide attempts and completed suicide.

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Table 1. Sample characteristics and descriptive analysis

	Mean $\pm$ SD, Median (IQ), n (%) n = 54
Age ( in years)	37.44 $\pm$ 15.60
Sex	
Female	37 (68.5)
Male	17 (31.5)
Color	
White	51 (96.2)
Brown	2 (3.8)
None	1
Marital Status	
Single	30 (55.6)
Married	11 (20.8)
Stable union	7 (13.2)
Divorced	4 (7.5)
Widower	1 (1.9)
None	1
Methods	
Exogenous intoxication	42 (77.8)
Self mutilation	5 (9.3)
Falling from a height	3 (5.6)
Hanging	2 (3.7)
Burn	1 (1.9)
Cold weapon	1 (1.9)
Hospitalization time (hours)	16.0 (7.0 – 38.0)

Source: Search data, 2021.

Table 2. Age, color, marital status, hospitalization time associated with suicide attempt methods

	Suicide attempt methods, Mean $\pm$ SD, Median (min - máx), n (%)					
	Exogenous intoxication n = 42	Self-mutilation n = 5	Falling from a height n = 3	Hanging n = 2	Burn n = 1	Cold weapon n = 1
Age (in years)	36.62 $\pm$ 15.81	44.60 $\pm$ 8.14	32.67 $\pm$ 8.51	43.50 $\pm$ 36.06	22.00 $\pm$ 0.00	54.00 $\pm$ 0.00
Color						
White	39 (95.1)	5 (100.0)	3 (100.0)	2 (100.0)	1 (100.0)	1 (100.0)
Brown	2 (4.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
None	1	0	0	0	0	0
Marital status						
Single	23 (56.1)	2 (40.0)	2 (66.7)	1 (50.0)	1 (100.0)	1 (100.0)
Married	8 (19.5)	1 (20.0)	1 (33.3)	1 (50.0)	0 (0.0)	0 (0.0)
Stable union	5 (12.2)	2 (40.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Divorced	4 (9.8)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Widowed	1 (2.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
None	1	0	0	0	0	0
Hospitalization time (hours)	16.5 (2.0 – 197.0)	8.0 (2.0 – 30.0)	187.0 (9.0 – 419.0)	4.0 (2.0 – 6.0)	91.0 (91.0 – 91.0)	66.0 (66.0 – 66.0)

Source: Search data, 2021.

Table 3. Age, marital status, suicide attempt methods associated with sex.

	Sex, Média ± DP, Mediana (min - máx), n (%)		P-value
	Female n = 37	Male n = 17	
Age (in years)	39.86 ± 15.49	32.18 ± 14.93	0.078 <sup>††</sup>
Marital status			
Single	15 (41.7)	15 (88.2) <sup>b</sup>	0.014 <sup>†</sup>
Married	10 (27.8)	1 (5.9)	
Stable union	6 (16.7)	1 (5.9)	
Divorced	4 (11.1)	0 (0.0)	
Widowed	1 (2.8)	0 (0.0)	
None	1	0	
Methods			
Exogenous intoxication	31 (83.8)	11 (64.7)	0.194 <sup>†</sup>
Self mutilation	4 (10.8)	1 (5.9)	
Falling from a height	1 (2.7)	2 (11.8)	
Hanging	1 (2.7)	1 (5.9)	
Burn	0 (0.0)	1 (5.9)	
Cold weapon	0 (0.0)	1 (5.9)	
Hospitalization time (hours)	16.0 (2.0 – 113.0)	16.0 (2.0 – 419.0)	0.595 <sup>††</sup>

<sup>†</sup> Value obtained after applying the Likelihood Ratio test

<sup>††</sup> Value obtained after applying the Mann-Whitney u test

<sup>b</sup> Statistically significant value after residual analysis;

Source: Search data, 2021.