



Stressful Life Events for Suicide. Suicide in Intensive Care Units and in Primary Care Units



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Abstract

Background: As a stressful life event characterized and is considered an event that periods preceding the occurrence of a disease and / or a self-destructive behavior, which results in a change or imbalance in the level of the individual's adaptation to its environment. The impact of stressful life events such as death, divorce, etc or the various changes of life such as change house, retirement, etc on the mental and physical health of a person it has been investigated by several researchers worldwide. The article reviews the impact of the stressful life events for suicide and suicide in Intensive Care Units and in Primary Care Units.

Methods: Literature review studies, articles have been recovered for review of computer searches. No time limit was set. Used those articles written in Greek and English.

Conclusion: The involvement of stressful life event plays an important role in suicide event. Nursing and medical staff in the Intensive Care Units must be aware of their attitudes towards the patients that have committed suicide. Future surveys must focus on the prevention, treatment and development protocols of suicide in Primary Care.

Keywords: Suicide; Stressful life events; Intensive care unit; Primary care

Introduction

The impact of stressful life events (stressful life events, eg, death, divorce, etc.) or the various changes of life (eg, change house, retirement, etc.) on the mental and physical health of a person, it has been investigated by several researchers worldwide. The term stressful life events (stressful life events), it is frequently found in the literature of the science that deals with suicide and negative life events (negative life events), as well as adverse life events (adverse life events) [1,2].

As a stressful life event characterized and considered, an event that periods preceding the occurrence of a disease and / or a self-destructive behavior, which results in a change or imbalance in the level of the individual's adaptation to its environment without it the definition excludes events occurring in past tense, which may carry long stressful effect on the individual. A stressful event can be independent of the personal responsibility of the individual (eg, loss of loved one) or to be dependent directly and / or indirectly to the person (eg, job loss). Particular issues in research of stressful life events are

the concept of change occurring in the person's life after the existence of such an event, the desirability or not of the fact, the gravity, and the address of the person [3]. Accepting the importance of stressful life events and their association with adverse health dimensions in person, led several researchers to develop questionnaires and semi structured interviews for more detailed information and recording of the person's living conditions. Quantitative assessment of stressful life events initiated by Holmes and Rahe (1967) who created the Social Readjustment Rating Scale (SRSS), and then internationally similar questionnaires was presented by several researchers, while in Greece built by Madianos [4].

As far as that concern the gender and specifically for men, the main reason for admission to the ICU was car accidents (64.4%) followed by the pathology problems (12%), postoperative monitoring (6.2%), work accidents (5.6%), crimes (5.3%), drugs (3.6%), and finally the suicide attempt (2.9%) [5]. Surveys have shown that as many as 83% of suicide attempters are not

identified as a danger to themselves by healthcare providers, even when examined by professionals in the months before their suicide attempt [6].

Stressful Life Events in Suicide

An extensive body of psychological autopsy studies during the last half century, says that almost all suicides had experienced at least one stressful life event (usually more than one), within the last year before their death. They have play role in recent months and/or weeks before the self-destructive behavior [7]. Specific events seem to have a special weight and increase the risk of suicide of a person, such as interpersonal conflicts (family or relationships with third parties), separation/divorce, physical illness, unemployment, problems at work, financial problems, serious injury or attack, mourning the person loss, domestic violence, problems with the law (imprisonment). In men suicides, presented more frequent stressful life events such as separation/divorce, physical illness, unemployment, problems at work, financial problems, and grief. In younger persons, seems to precede suicidal behavior stressful events such as interpersonal problems/loss, family relationship problems, rejection, unemployment/employment problems, violation of law, economic problems, change of residence/move, and events that are the result of personal their behavior, while in older people physical diseases is most often a predisposing factor [8,9].

However, most research on the nature and effect of stressful life events on suicide have been conducted in developed countries. Vijayakumar, John, Pirkis, and Whiteford (2005) support that a variation is observed as to which events are related to subsequent suicide of a person in developing countries. Problems in marriage and other family problems recorded in India and Taiwan, while events such as a social change occurs only in developing countries. In particular, data from mainly descriptive studies, indicate that modernization in many Asian countries has resulted the birth of cultural tensions, the presence of socio-economic stressors, and the collapse of the traditional family system. These facts led some people in suicidal behavior [10].

However, Yufit & Bongar [11] support that although the recent stressful events may be plays an important role for the subsequent suicide of a person, these events should be seen in a broader context, and examine the structure of the personality, and the ability to address (or is vulnerable) stress, failure and loss. Moreover, Maris et al. [12] argued that most people do not commit suicide because of anxiety and stressful life events, but those that commit a suicide or make an attempt are particularly sensitive and vulnerable to face a stressful event and fail to cope. They point out that all people have a pain threshold, beyond which the individual can not cope with the stress and then the self-destructive behaviors are the last resort.

Suicide in Intensive Care Unit

A study conducted on the medical intensive care unit of the university hospital in Germany, between January 1993 and December 1999 showed that because of the excellent care in the prehospital phase and in the emergency room the number of patients requiring treatment on the intensive care unit was rather low [13].

The aim of a study that took place in Greece was to explore the attitudes of Greek nurses' working in surgical, medical, orthopedic, Emergency department and Intensive Care Units towards attempted suicide. Nursing staff frequently encounter suicidal patients and therefore must be aware of their attitudes towards this group of patients as part of their therapeutic role. A nurse's positive attitudes towards attempted suicide can play an important role in preventing a future suicide attempt or a fatal suicide [14].

Suokas and Lonqvist, compared emergency department nursing staff attitudes to self-harming clients with intensive care staff and found that emergency nursing staff to be more negative towards these clients than the intensive care staff [15].

Suicide in Primary Care

Craig et al. in a in a survey that took place in primary care a novel contextual rating of the potential of stressors in to produce symptoms for 'secondary gain'. In the 38 weeks before symptom onset, psychologisers and somatisers were more likely to have experienced at least one stressful event. Prevention programs have recommended for the improving detection of depression by primary care professionals and this may reduce suicides among women [16].

According to Goodwin et al. [17] supports that some physical disorders may be associated with increased suicidal ideation and may also play an important role in the relationship between suicidal ideation and depression among patients in primary care. Doctors in Primary care may wish to attend an in depth evaluation of psychiatric problems, especially current suicidal ideation, among patients with determinate physical illnesses.

Moreover, Maniou et al. [18] in a primary care survey conducted in Crete say that suicide committed the 4.4% of the general population that took part in the research. Moreover, in the same survey the 1% thinks to hurt himself and the 11.8% says that no one deserves to live.

Conclusion

The involvement of stressful life event plays an important role in suicide event. Nursing and medical staff in the Intensive Care Units must be aware of their attitudes towards the patients that have committed suicide. Future surveys must focus on the prevention, treatment and development protocols of suicide in Primary Care.

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