Social ,Clinical & Behavioral Characteristics of deliberate self-Harm

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Abstract

Total of(128) nonfatal deliberate self harm (D.S.H) were screened for sociodemographic, clinical and behavioral characteristics . All the number were received at accident and emergency department at Diwania teaching Hospital in the period between 1st march 2001 to 28 Feb,2005 The data were collected cases using detailed structured questionnaires, and was diagnosed by using I.C.D-10 mental and behavioral criteria. Females constituted about two third of the cases and a about 76.6% of all subjects were below 30 years . 52.3% diagnosed of either adjustment or personality disorders. The most frequent method used was drug overdose. D.S.H seems in most cases to be a form of maladaptive personality & inadequate problem solving skill and unhealthy socio-environmental background.

Introduction

Morgan(1979) suggests the term deliberate self harm to provide a single term covering deliberate self-poisoning and deliberate self-injury .(1) In recent years a large proportion of admission to medical wards has been people who have deliberately taken drug overdoses or harmed themselves in other ways.(2) It has become clear that only a small minority of these patients intend to take their lives ; the rest have other motives for their actions .(3) most of them are facing difficult social problems.(4)
Non-fatal deliberate self-harm is potentially serious and frequently recurring. (5) It is a major clinical problem in psychiatry .It's prevalence seems to be increasing. (6)

Definition & D.S.H

Non fatal act in which an individual deliberately causes self injury or ingests a substance in excess of any prescribed or generally recognized therapeutic dose.(7)

Methods

128.one hundred twenty eight D.S.H patients who were received at the accident and emergency department of Diwania Teaching Hospital referred for psychiatric consultation were routinely examined, using detailed structured questionnaires one is composed of 43 socio-demographic and clinical variables and the other of 15 D.S.H variables including; method, circumstances, nature of the act.

Data are calculated and tabulated and taken in percentage.

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Result

Table (1) Female constitute about two third of the cases number of patients

Total subjects	Male		Female	
	No.	%	No.	%
128	47	36.7%	81	63.3%

Table (2) Above 76.6% of the subjects were below 30 years Age group

Age	Total subjects		Male		Female	
	No.	%	No.	%	No.	%
Below 20 years	31	24.2%	9	19.2%	22	27.2%
20-30 years	67	52.4%	26	55.4%	41	50.6%
30-39 years	21	16.4%	7	14.8%	14	17.2%
40-49 years	5	3.9%	3	6.4%	2	2.5%
Above 50 years	4	3.1%	2	4.2%	2	2.5%

Table (3) Above three-quarter of the subjects had simple education level of Educatio

Education	Total subjects		Male		Female	
	No.	%	No.	%	No.	%
Illiterate	18	14%	6	12.7%	12	14.8%
Primary school	34	26.6%	10	21.3%	24	29.7%
Intermediate school	33	25.8%	12	25.5%	21	25.9%
Secondary school	28	21.8%	9	19.2%	15	18.5%
University	15	11.7%	10	21.3%	9	11.1%

Table (4) Most of the subject were derived from urban area especially females Residence

Residence	Total subjects		Male		Female	
	No.	%	No.	%	No.	%
Rural area.	42	23.8%	19	40.4%	23	28.4%
Urban area	86	67.2%	28	59.6%	58	71.6%

Table(5) Half of the subjects were single, and about third were divorced Marital status

Marital status	Total subjects		Male		Female	
	No.	%	No.	%	No.	%
Single	64	50.2%	20	42.5%	44	54.4%
Married	29	22.3%	12	25.5%	17	20.9%
Divorced	31	24.4%	14	29.8%	17	20.9%
Widowed	4	3.1%	1	2.2%	3	3.8%

Table(6) Self-poisoning was the most common method of D.S.H. Self injury occupied the second place. Self-poisoning was over represented in females while self-injury was in males. Methods of D.S.H

Methods	Total subjects		Male		Female	
	No.	%	No.	%	No.	%
Self injury	29	22.6%	17	36.1%	12	14.8%
Burn	9	7.2%	3	6.4%	6	7.4%
Jumping	5	3.8%	3	6.4%	2	2.4%
Over dose	85	66.4%	24	51.1%	16	75.4%

Table(7) The most Frequently used drug was paracetamol, followed by psychotropic drugs mainly anxiolytic & antidepressants Ingested substances

Ingested substances	Total subjects		Male		Female	
	No.	%	No.	%	No.	%
Paracetamol	48	56.5%	12	50%	39	63.9%
Psychotropic	22	25.9%	7	29.2%	12	19.7%
Other medicines	15	17.6%	5	20.8%	10	16.4%

Table(8) The table show that the subjects had different motives to express anger, manipulate or punish other. Less than half of subjects genuinely intended killing themselves goals of D.S.H

goals of D.S.H	Total subjects		Male		Female	
	No.	%	No.	%	No.	%
Solve problem	17	13.3%	5	10.6%	12	14.8%
Punish one self	14	10.9%	6	12.8%	8	9.9%
Kill one self	55	42.9%	31	65.9%	24	29.6%
Manipulate other	22	17.2%	3	6.4%	19	23.5%
Punish other	20	15.7%	2	4.3%	18	22.2%

Table(9) About 35.2% of the subject had one or more repetitions Repetition of the act

Repetition of the act	Total subjects		Male		Female	
	No.	%	No.	%	No.	%
No repetition	83	64.8%	29	16.7%	54	66.7%
One repetition	30	23.5%	13	27.7%	17	21%
Two or more	15	11.7%	5	10.6%	10	12.3%

Table(10) This table show that females performed their act immediately after the provoking stimulus, while males did their D.S.H act after more than a day of the provoking stimulus Lateney of act

Latency of act	Total subjects		Male		Female	
	No.	%	No.	%	No.	%
Immediate	72	56.3%	13	27.7%	59	72.8%
Hours	35	27.3%	19	40.4%	16	19.8%
Days	16	12.5%	11	23.4%	5	6.2%
Weeks	5	3.9%	4	8.5%	1	1.2%

Table(11) Most of the act take place at the afternoon or evening in both sexes Time of act

Time of act	Total subjects		Male		Female	
	No.	%	No.	%	No.	%
Morning	11	8.6%	5	10.6%	6	7.4%
Afternoon	54	42.2%	20	42.6%	34	42%
Evening	63	49.2%	22	46.8%	41	50.6%

Table(12) The table shows that nearly half of the subject had diagnosis of adjustment & personality disorders. Most of the male subject had dissocial type, while female mostly had histrionic type Males were significantly over-represented in substance-related disorder, where as females have higher rates of depression Clinical diagnosis

L.C.D 10 diagnosis	Total subjects		Male		Female	
	No.	%	No.	%	No.	%
Substance use F1x	9	7%	8	17%	1	1.2%
Schizophrenia F20x	5	3.9%	3	6.3%	2	2.5%
Persistent delusional disorders F22x	4	3.1%	2	4.3%	2	2.5%
Schizo-affective disorders F25x	2	1.6%	1	2.1%	1	1.2%
Bipolar affective disorders F31x	4	3.1%	1	2.1%	3	3.7%
Depressive episode F32x	24	18.8%	7	14.9%	17	21%
Anxiety disorders F41x	13	10.2%	4	8.5%	9	11.1%
Adjustment disorders F43x	31	24.2%	9	19.2%	22	27.2%
Specific personality disorders F60x	36	28.1%	12	25.6%	24	29.6%

Discussion

Deliberately self-harm subjects are coming from a disrupted family background, suffering from personality or adjustment disorders, and prone to stressful life events (8), (9)They are more frequently females, because they react more dramatically to stressful stimulation Particularly high rates are found among females aged between 15-30 years, while in males the peak age is older than females (10) Deliberate self-harm is more prevalent in the urban area, especially the lower social class due to unemployment and over crowding (11).

Males significantly more frequently wanted to kill themselves had their conflict with their own selves, did their D.S.H. act after more than a day of the provoking stimulus, did it in complete absence of others. While females are more frequently wanted to punish other, had conflict with other, their D.S.H. act immediately after the provoking stimulus, did it in front of other.

The motives for deliberate self harm are usually mixed and difficult to identify even if the patient knows his own motives, he may try to hide them from other people, but mostly the motives to kill oneself, manipulate and punish others are the most common (12).

Most of D.S.H. acts take the form of self- poisoning predominantly with common drugs, particularly paracectmol and psychotropic medication mainly anxiolytic and antidepressants drugs(13).

Various authors have noted the higher frequency of D.S.H. in females(14), adolescents and young adults(15), those coming from disrupted family (16), unemployment(17), and lack of social support (18).

This study is in agreement with such result.

Conclusion

D.S.H. is that common problem, potentially serious repetitive (19), it deserve adequate social psychotherapeutic interventions more epidemiological and long-term follow up studies are needed for identification of high risk groups for primary prevention Improving health education, reducing the availability of means of self-harm and problems, will decrease the D.S.H. and its repetition.

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