



EDELWEISS PUBLICATIONS
OPEN ACCESS

<https://doi.org/10.33805/2638-8073.117>
Volume 3 Issue 1 | PDF 117 | Pages 6

Edelweiss: Psychiatry

Open Access

Research Article

ISSN: 2638-8073

Typifying and Characterizing Suicide and its Dynamics of Progression towards Completion: A Model

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Citation: Anand G. Typifying and characterizing suicide and its dynamics of progression towards completion: A model (2019) Edelweiss Psy Open Access 3: 14-19.

Received: Feb 08, 2019

Accepted: May 27, 2019

Published: June 3, 2019

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Abstract

Suicide has its own trends and path. An emotional set back may leads to suicide is seemed to happen instantly but it is not true, it takes times to complete. All most all of us have to experience death wishes but never reach to that point when said completed. Very few will reach to that point where assessed. This study has aim to decide the path by which completion occurs. Study has used the various discrete data of various studies freely available on internet. They were analyzed and arranged logically in sequence to set the path and trends.

Conclusion: Everyone in their life at least has to wish to die but very few complete it. It progress in certain path as wish further strengthen by idea following celebrate self-harm may repeat or accidentally completed if not further proceeded to take attempt. It may be completed or rest as further are risk of suicide.

Keywords: Suicide, Celebrate self-harm, Attempt and Completion.

Introduction

Lot of the people have suicidal ideation but few succeed. This behavior does not direct to its final destination. It has to proceed in succession. The aim of this study is to establish the successive stage and patternize the suicide in different form, require further statistical approval. The postulated model has four major components that pass through them as a) ideation b) threat c) attempt d) completion. Ideation may be situational or persistent. Threat can be seen without self-harm or with self-harm if it occurs with self-harm can be evident with self-mutilation or deliberate self-harm or self-throttling. In case if attempts are taken can be identified as true or threat. If truly taken with ideation which may be situation or momentarily with or without idea or accidental to proceed further to complete or incomplete. Completion of suicide may be associated with mental illness a) with psychotic symptoms b) without psychotic symptom c) under distress d) under substance influence e) adjustment problem and associated family conflict 2) without mental illness a) under serial forced circumstance b) accidental. These are the components that are identified in clinical practice. The only survivors are negotiable and those who are psychiatrically ill are assessed with precaution but those who are free from mental illness remained untouched, need further approval for wide acceptance.

Review of literature

Study of prevalence of suicide ideation across nine diverse nation has slight variation in life time prevalence rate of suicide rate pr 100 is ranged from 2.09 to 18.51 and attempt ranged from 0.72 to 5.93. Suicide ideation among female has marginally higher than male but

attempt is two to three folds higher than male each year 300000 death occurred every year and one million die due to suicide [1-3]. Trend of suicide ideation plan gesture or attempts are studied from between 1990-1992 and 2001-2003 has no significant changes found in this study suicidal ideation (2.8% vs 3.3%; $P=.43$), plans (0.7% vs 1.0%; $P=.15$), gestures (0.3% vs 0.2%; $P=.24$), or attempts (0.4%-0.6%; $P=.45$), whereas conditional prevalence of plans among ideators increased significantly (from 19.6% to 28.6%; $P=.04$), and conditional prevalence of gestures among planners decreased significantly (from 21.4% to 6.4%; $P=.003$). Treatment increased dramatically among ideators who made a gesture (40.3% vs 92.8%) and among ideators who made an attempt (49.6% vs 79.0%). Conclusions despite a dramatic increase in treatment, no significant decrease occurred in suicidal thoughts, plans, gestures, or attempts in the United States during the 1990s. Continued efforts are needed to increase outreach to untreated individuals with suicidal ideation before the occurrence of attempts and to improve treatment effectiveness for such cases. Suicide is one of the leading causes of death worldwide. As a result, the World Health Organization and the US surgeon general have highlighted the need [2].

The assumption that information on suicide-related behaviors, including thoughts, plans, gestures, and nonfatal attempts, is important for understanding completed suicides can be called into question because only a small fraction of suicide attempters eventually complete suicide. It is known stronger predictor of suicide at 5.4%, completed suicide prevalence in this community cohort of suicide attempters was almost 59% higher than previously reported [4-5]. An innovative aspect of this study explains the discrepancy: by including index

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Sample Size	Life time ideation	Life time plan	Gesture	Life time attempt	12 month Ideation	12 month Plan	12 month Attempt	6 month Ideation	6 month Plan	6 month Attempt
5877	13.5	3.9		4.6	---	---	---	---	---	---
1920	5.6	---		1.9	---	---	---	---	---	---
1157	14.3	---		5.3	---	---	---	---	---	---
1456	---	---		8.7	---	---	---	---	---	---
5181	11.7	---		4.4	---	---	---	---	---	---
5877	---	Gesture 1.69 with no intent		4.6	---	---	---	---	---	---
2554	10.1	-		4.4	---	---	---	---	---	---
4609	10	7		2	---	---	---	---	---	---
---	2.6	0.7		0.4	---	---	---	---	---	---
754	19.8	---		4.5	---	---	---	---	---	---
4746	24	---		8.8	---	---	---	---	---	---
5906	23.3	---		3.1	---	---	---	---	---	---
879	15	12		4.3	---	---	---	---	---	---
5995	22.2-23.8	5.7-6.2		1.7	---	---	---	---	---	---
10203	2.7			0.9	---	---	---	---	---	---
628	18.65			4.5	---	---	---	---	---	---
1362				3.4	---	---	---	---	---	---
10.1				0.2	---	---	---	---	---	---
521	33.3	10.4		2.6	---	---	---	---	---	---
	21.1	13.1		2.7	---	---	---	---	---	---
667	33	19.5		5.1	---	---	---	---	---	---
11577	10.4	4.4		4.2	---	---	---	---	---	---
25180				1.4	---	---	---	---	---	---
800		1		0.8	---	---	---	---	---	---
12992	15.7	5.5		4.5	---	---	---	---	---	---
101	8.9	1.1		0.4	---	---	---	---	---	---
4710	8.2			1.8	---	---	---	---	---	---
6752	3.2	1		0.7	---	---	---	---	---	---
5201	3.1	0.9		1	---	---	---	---	---	---
2300	1.2				---	---	---	---	---	---
5782	8.1	3.2		2.7	---	---	---	---	---	---
611					---	---	---	---	---	---
2404					---	---	---	---	---	---
7485					---	---	---	---	---	---
360				6.2	---	---	---	---	---	---
15695				12.1	---	---	---	---	---	---
4145				1.9	---	---	---	---	---	---
15586		3		1.5	---	---	---	---	---	---
1258				6.4	---	---	---	---	---	---
12206				8	---	---	---	---	---	---
				3.5	---	---	---	---	---	---
214	---	---	---	---	---	---	---	---	---	---
519	---	---	9.5	---	---	---	---	---	---	---
40000	2.1-18.5			3.6	---	---	---	---	---	---
69797	2.6-25.4	1.1-15.6		2.3	---	---	---	---	---	---
---	84850	3-15.9	0.7-5.6	2.75	---	---	---	---	---	---
214	---	---	---	---	---	---	---	---	---	---
519	---	---	---	---	---	---	---	16.1	---	9.5
9268	---	---	---	---	26	15	3	---	---	---
203	---	---	---	---	---	---	3.4	---	---	---
9268	---	---	---	---	---	---	3	---	---	---
2968	---	---	---	---	17.8	5.4	8.4	---	---	---
278	---	---	---	---	19.8	5	1.8	---	---	---
1197	---	---	---	---	18.4	---	---	---	---	---
16450	---	---	---	---	2.2	---	---	19.3	---	6
217	31.3	---	---	---	---	---	---	---	---	---
1362	---	---	---	---	---	---	---	---	---	---
RANGE	2.6-33	0.7-19.3	0.1-12.1	---	---	---	---	---	---	---
AVERAG E	17.8	10.5	6.1	2.47	12.7	8.4	4.9	17.7	---	7.75

Table 1: Showed life time 12 months and 6 months ideation, plan, and attempt [12-73].

attempt deaths-approximately 60% of total suicides- suicide prevalence more than doubled [6-11]. Several study has been conducted to estimate prevalence of suicide ideation planning and attempt for life time 12 months and 6 months of time has great focus on decreasing trends of these events from 6 months to 12 months and life time .The range and average of suicide ideation plan and attempt shown in table They showed decreasing trend but does not fix pattern [12-73].

Death wish	Life time ideation	Life time Plan	Gesture	Life time attempt	Death
34	17.8	10.5	6.1	2.47	0.07

Table 2: Showed the value of different phenomenon and its graph of their trend.

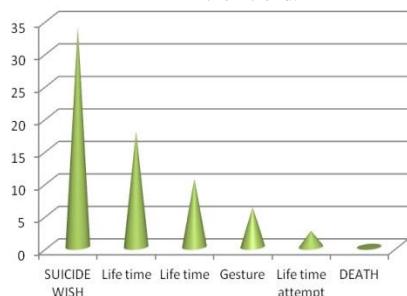


Figure 1: Showed the prevalence of different suicide phenomena in succession.

Life time ideation	Life time plan	Gesture	Life time attempt	12 month Ideation	12 month Plan	12 month Attempt	6 month Ideation	6 month Plan	6 month Attempt	Death
17.8	10.5	6.1	2.47	12.7	8.4	4.9	17.7		7.75	0.07

Table 3: Life event of suicide overall trends.

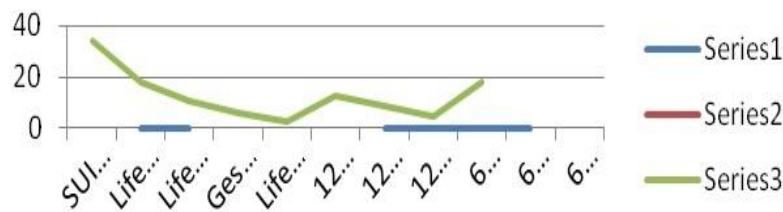


Figure 4: Showed trends of all phenomena in the span.

Aim and Objective

To find out path and progression of suicide.

Method

Selected more than 50 papers and documents available on different site study evaluated and analyzed logically and best suited data available across word wide on internet were sequential arranged. They were put in series may appear in the form of trends to reach completion were considered.

Observation

1. Prevalence rate/100 Suicidal ideation 2.09-18.51 Suicidal attempt 0.2-5.93
2. Suicide ideation; 2.8-3.3 suicide planner; 0.7-1.0; gesture; 0.3-0.2 suicidal attempt; 0.4-0.6
3. 247 relatives suicide completer matched with 171 relatives of matched group of community comparison AXIS 1 disorder 80% alcohol abuse=44% Depressive disorder 40%, 56%, 24% drug abuse and dependence AXIS II 56% ,Cluster B-52%, Cluster A-4% ,4% AXIS II in comparison group Linkage study relative of

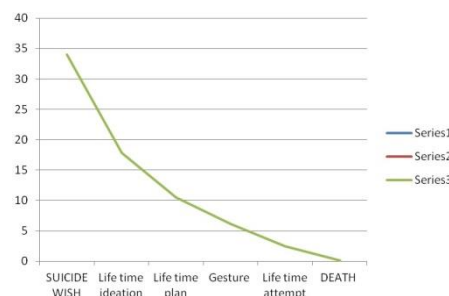


Figure 2: Showed the pattern of suicide forms and their stipness.

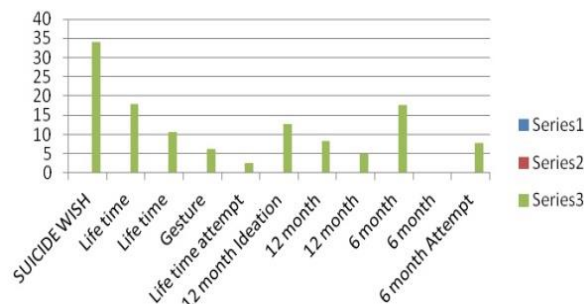


Figure 3: The overall graph of all significant phenomena in form of their intensity, Data for 06 month plan is missing in record which focused and pull attention to continue study and observation.

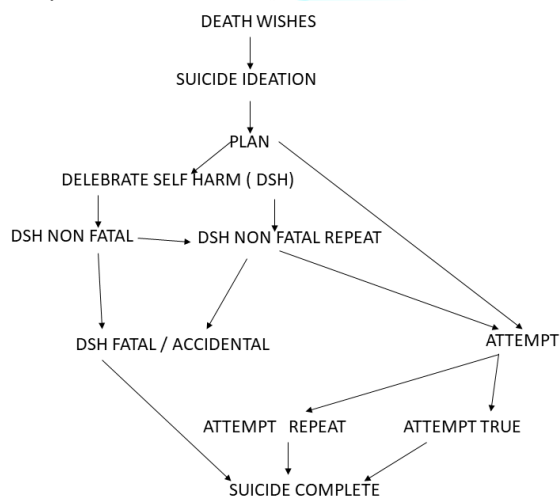
suicide completers has outnumber of prevalence of aggression depression childhood abuse and ideation than relatives of non-suicide

4. Suicidal attempt 148.8 per 100000 person per year and suicide ideation-449.9 per 100000 person years
5. Suicidal ideation 5.6%, suicidal planner 2.7%, 0.7% suicide attempt
6. N=4866 , suicide ideation 2.4% female, 2.3% male, Para suicide 0.9% in women and 1.1% in male
7. N=700 death wishes 34%, suicidal ideation 12.5%, attempt 2.6%
8. 11583 of DSH, repeated DSH 39%, RR 2.24% of suicide
9. 11583 DSH- Suicide in 5 yrs n=300, RR in 1st yrs e first year of follow-up was 0.7% (95% CI 0.6-0.9%), which was 66 (95% CI 52-82) times the annual risk of suicide in the general population. The risk after 5 years was 1.7%, at10 years 2.4% and at 15 years 3.0%.
10. DSH 16 % non-fatal, 2% fatal after 9 yrs 7% suicide.
11. N=11572 ratio between completed suicide and attempted suicide 1: 23

Discussion and Interpretation

The available data obtained from internet survey arranged in sequence and its proportion emphasized that death wishes are highest in ranking followed by attempt and suicide completion [7]. The ration of suicide attempt and suicide is 1:23 but there is always a gap exist to full fill in between the suicide ideation and completion [11]. The analysis and visual impact of data presume that celebrate self-harm fatal and non-fatal repeaters will have to full fill the gap [8,9,10]. The other factors associated to death completion in linkage study suggest aggression and impulsivity is force to complete suicide [3]. Psychiatric co morbid or psychiatric condition such as mood disorder, substance use traumatic experiences have role in transmission of ideation or death wishes to suicide.

Considering the average of life time prevalence, 12 month and 06 month prevalence of suicide as 17.8, 12.7 and 17.7% [3,12-73]. The most of suicide prevalence exist infinitival 06 month and remained high throughout the life span and most of the attempt were taken in initial first six months as mentioned in table above the plan were persistently high throughout the life span. In all these succession death wishes are 34% statistically it stand far before the prevalence of life time ideation [7]. DSH 16% non-fatal, 2% fatal after 9 yrs 7% suicide Deliberate self-harm stands somewhere in between ideation planning as and attempts [9,11]. The ratio of attempted suicide and completed suicide is 1:23 then it completion in attempted suicide of 2.43% is 0.07%. ($y=1 \times 2.43/23$).



Flow charts - Represents the successive path to complete suicide.

Conclusion

Everyone in their life at least has to wish die but very few complete it. It progress in certain path as wish further strengthen by idea following deliberate self-harm may repeat or accidentally completed if not further proceeds to take attempt. It may be completed or rest as further risk of suicide. Furthermore the life time plan and plan wit in the 12 months has to prolong further in their form. The earlier intervention in 06 months duration may decrease the incidence of suicide and also transition to continue as 12 month of life time prevalence, plan, and attempt towards completion, may be a possible explanation.

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