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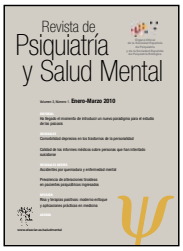

SCIENTIFIC LETTER

Tentative suicide in a psychotic patient admitted to a general hospital: presentation of a case

Tentativa autolítica en paciente psicótico ingresado en hospital general. A propósito de un caso

Patient is a woman, 36 years of age, born in an urban area, who is devoted to the care of a family member. Interconsultation was requested by the Traumatology Service for evaluation of an attempted suicide by falling from a height following drug overdose and slashing of the forearms. X-rays showed L1-L2, right tibial pilon, right calcaneus, and right ischiopubic ramus fractures, which required surgery following gastric lavage and suturing of both forearms.

Patient is by nature reserved, responsible, and worried about the opinion of others. Primary caregiver for her mother-in-law, who had passed away 3 months before. Over the past year, she had begun to show isolating behaviour in connection with interpreting and exaggerating comments made by neighbours. Major suspiciousness in the last 3 months, maintaining normalised routines within the family context. Major insomnia and anxiety in recent days.

Patient had no psychiatric history but did have a cousin who was diagnosed with schizophrenia and several with depression.

On the psychopathology examination in Traumatology, patient was oriented. She was cooperative, though she remained alone, and her suspiciousness increased when her roommate came in; she lowered her tone of voice, which made it difficult to understand her. Speech coherent, fluent. Intrapsychic auditory hallucinations of a commanding nature, which was the reason why she jumped from a height, as a way to avoid harm to herself and her family. Delusional ideas of harm and magical content focused on neighbours. Congruent affect. Behavioural impairment in connection with psychotic symptoms. Hypervigilant.

The following diagnoses were established: paranoid schizophrenia and intentionally self-inflicted injury by jumping from a high place and overdosing on drugs.

Three weeks after starting on antipsychotics at therapeutic dosages, she began to have partial insight into the auditory hallucinations, which continued to manifest, perhaps with more emotional distance, as well as insight into the suicide attempt. The decision was made to transfer her to the Psychiatry floor. Her progress was favourable, with partial insight into what had happened during the previous year. There was no sensory-perceptual impairment upon discharge; insight was maintained, as well as remorse for the suicide attempt. After her initial isolation, she showed steady improvement in interpersonal relations on the Unit.

There were no anomalies evident on ancillary tests performed, including brain neuroimaging.

Treatment consisted of paliperidone up to 12 mg/day, clonazepam up to 3 mg/day, quetiapine up to 200 mg/day, and flunitrazepam, apart from what she was given on the Traumatology Service, with orders for outpatient psychiatric follow-up after discharge.

Suicide is the leading cause of premature death among individuals with schizophrenia. The period of time between the appearance of psychotic symptoms and the first contact with mental health services may be a high risk period.[1]

Between 10% and 15% of psychotic patients die by suicide, and 20%55% attempt suicide.[2,3] This low ratio between attempts and completed suicides concords with the high lethality of attempts, methods that are more bloody, and less ambivalence in this population.[4]

According to the Harvey et al study (2008), it occurs with greater frequency in males of high social class, depressive symptoms, and lengthy periods of untreated psychotic symptoms, as well as with a high level of insight. Self-harm appears in response to the distress created by the symptoms and generally in the absence of intoxication with substances.[5]

According to Melle et al (2006), the duration of untreated psychosis may be reduced through early detection programs, so patients will have fewer symptoms when treatment is initiated and a lower risk of suicide.[6]

Preti et al (2009) conducted a study with a sampling of patients in the first schizophrenic episode and another sampling of patients at high risk for psychosis. Suicide attempts prior to the first contact with the Centre were 6.9% and 8.6%, respectively. Follow-up at 1 year revealed that, after treatment was initiated, none of the patients diagnosed with first schizophrenic episode attempted suicide, whereas 5.3% of the patients at high risk for psychosis had made another attempt. The conclusion was that assessment of suicide risk should be a priority in patients at high risk for psychosis.[7]

In our country, a large percentage of subjects who have attempt suicide visited their family doctor prior to the attempt. Suicidal behaviour prevention could be enhanced through programs that help to assess and identify patients at risk,[8] especially those with a history of attempts.

Improved detection of primary depression and initiation of appropriate treatment reduce the rates of suicide.[9,10] Early detection of psychosis and immediate referral to a specialist would also be required.

Our conclusion is that attempted or completed suicide may occur prior to the initial diagnosis of a psychotic disorder, and educating primary care physicians is essential to the prevention of suicide.

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