

Depression in Deliberate Self Harm Patients

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Summary :

One hundred consecutively admitted deliberate self-harm patients were studied. By using DSM III-R criteria for Major Depressive Episode (MDE) 38 were found to have major depressive disorder. Among them 27 were severe, 9 were moderate and only 2 were mild according to HRSD score which were entirely consistent with severity grading recorded by DSM III-R. Another 48 showed evidence of depressive symptoms which may be due to extreme subjective distress. All the depressed self-harm patients had depressed mood and almost all of them expressive somatization. Only 5 depressed self-harm patients were getting psychiatric treatment which indicate lack of awareness about the existence of depression among deliberate self-harm patients and poor referral service in the hospitals.

Introduction:

Depression is a common finding in deliberate self-harm patients. Several studies have been carried out on depression in deliberate self-harm patients and 35-82% of self-harm patients were reported to suffer from depression.¹ In an earlier study Kessel found 37% point prevalence of depression in 522 self-harm patients seen in a hospital of London.² Silver studied 45 self-harm patients admitted to a general hospital and 47% of them was found to be suffering from depression.³ Holding found 35% depression in 7458 self-harm patients admitted to Regional Poisoning Treatment Centre in Edinburgh.⁴ Newson-Smith & Hirsch found 60% depressive disorder among 51 self-poisoning patients admitted to hospital by using Present State Examination⁵ and that was found 47% in an analysis of 626 admitted self-harm patients by using the same scale.⁶ In a recent study, Ennis found a 31% point prevalence of major depressive episode (MDE) in 71 consecutively admitted patients of psychiatric crisis unit at the Toronto General Hospital using DSM -III criteria.⁷ From a similar study at Reims Hospital Emergency Unit with 113 self-harm patients 58% point prevalence of MDE was found using the Structured Clinical Interview for DSM III- R (SCID).⁸ In a study in our country, 82% consecutively admitted hospitalized self-harm patients were found to suffer from psychiatric disorders and depressive disorder was found 35% of them, using ICD-9 criteria.⁹ This wide difference of the prevalence is mainly due to the pattern of sample studied and the criteria used to establish a diagnosis of depression. The type and severity of depression among deliberate self-harm patients have also not been unequivocally demonstrated.

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Present study was designed to assess the prevalence of depression in the deliberate self-harm patients either in the form of syndrome (Major Depressive Episode) or symptoms and to assess the factors responsible to perform the act by comparing the allied variables in major depressive group with nondepressive group of deliberate self-harm patients.

Materials and Methods :

The study was carried out in the Sir Salimullah Medical College Mitford Hospital and Dhaka Medical College Hospital of Dhaka city. A consecutive series of 100 deliberate self-harm patients admitted into the different units (viz. medicine, surgery, psychiatry and casualty units) from January, 1992 to June, 1992 were selected purposefully for the study. The patients were admitted by the emergency medical officer, on duty, on the basis of the severity of the condition of the patients.

Deliberate self-harm in this study was defined as any deliberate act of self-poisoning and self-injury.^{10,11} Subjects were interviewed as soon as possible after their recovery from any adverse effects of their self-harm by pretested questionnaire after informed consent. Informations were also obtained from relatives or friends and any other persons already attempting to help the patients. The questionnaire consisted of sociodemographic parameters, relevant informations about deliberate self-harm and measurement of depression.

Suicidal intent was assessed by considering five circumstances including planning in advance, precaution to avoid discovery, no attempts to obtain help afterwards, dangerous of method and final acts.¹² Recent life events were measured on the basis of axis-IV of the multiaxial evaluations system of DSM III-R operational criteria.¹³ Axis-IV provides the severity of the psychosocial stressor scale (SPSS) for coding the overall severity of a psychosocial stressor or multiple psychosocial stressors that have occurred in the year preceding the current evaluation.

Major depressive disorder was assessed clinically by DSM III-R criteria for Major Depressive Episode (MDE).¹³ Those patients who did not fulfill the criteria of MDE but had depressed mood with or without other symptoms of MDE were considered depression as symptoms. Then Hamilton Rating Scale for Depression (HRSD)¹⁴ was used to test and quantify it.

The collected data were processed and statistical analysis was performed to interpret the data.

Results :

Among the 100 patients 38 were found to be suffering from MDE. Another 48 had depression as symptoms. The total 86% of the deliberate self-harm patients were found to be suffering from depression.

Table-I shows that age ranged between 16 and 52 years with a mean of 24.32 years (SD=8.49). Mean age of 38 major depressives was 30.39 years (SD=10.33).

Table -I : Age distribution of patients.

Age group in year	Non depressive group	Depressive group	Total
16-20	35	3	38
21-25	21	14	35
26-30	6	7	13
31-35	0	5	5
36-40	0	2	2
41-45	0	1	1
46-50	0	2	1
51-55	0	4	4
Total	62	38	100

Mean : 24. 32 years (SD=8.49), Range : 16-52 years

Table-II reveals that only 16% of the self-harm patients had the history of one or more previous deliberate self-harm and they were significantly higher in depressive self-harm group ($p<0.001$). Suicidal intent was present in 47% of the cases. Among them 89. 47% were depressives and mostly with high intent (55.26%). Suicidal intent was absent in most of the cases of nondepressive group. The difference was highly significant ($p<0.001$) (Table-III).

Among 38 depressive self-harm patients, 27 were severely depressive, 9 were moderately depressive and only 2 were mildly depressive according to the DSM III-R criteria of MDE. The results were similar in HRSD. The 25 depressives were found to score between 29 and 36 on HRSD. The mean score found in all depressive self-harm patients was 30.5 (Figure-1).

Table-II: Previous deliberate self-harm attempt

Previous Self-harm	Non depressive group		Depressive group		Total cases	
	Number	%	Number	%	Number	%
Absent	59	95.16	25	65.80	84	84.00
Present						
Single	2	3.23	9	23.68	11	11.00
Double	0	0.00	2	5.26	2	2.00
Triple or more	1	1.61	2	5.26	3	3.00
Total	62	100.00	38	100.00	100	100.00

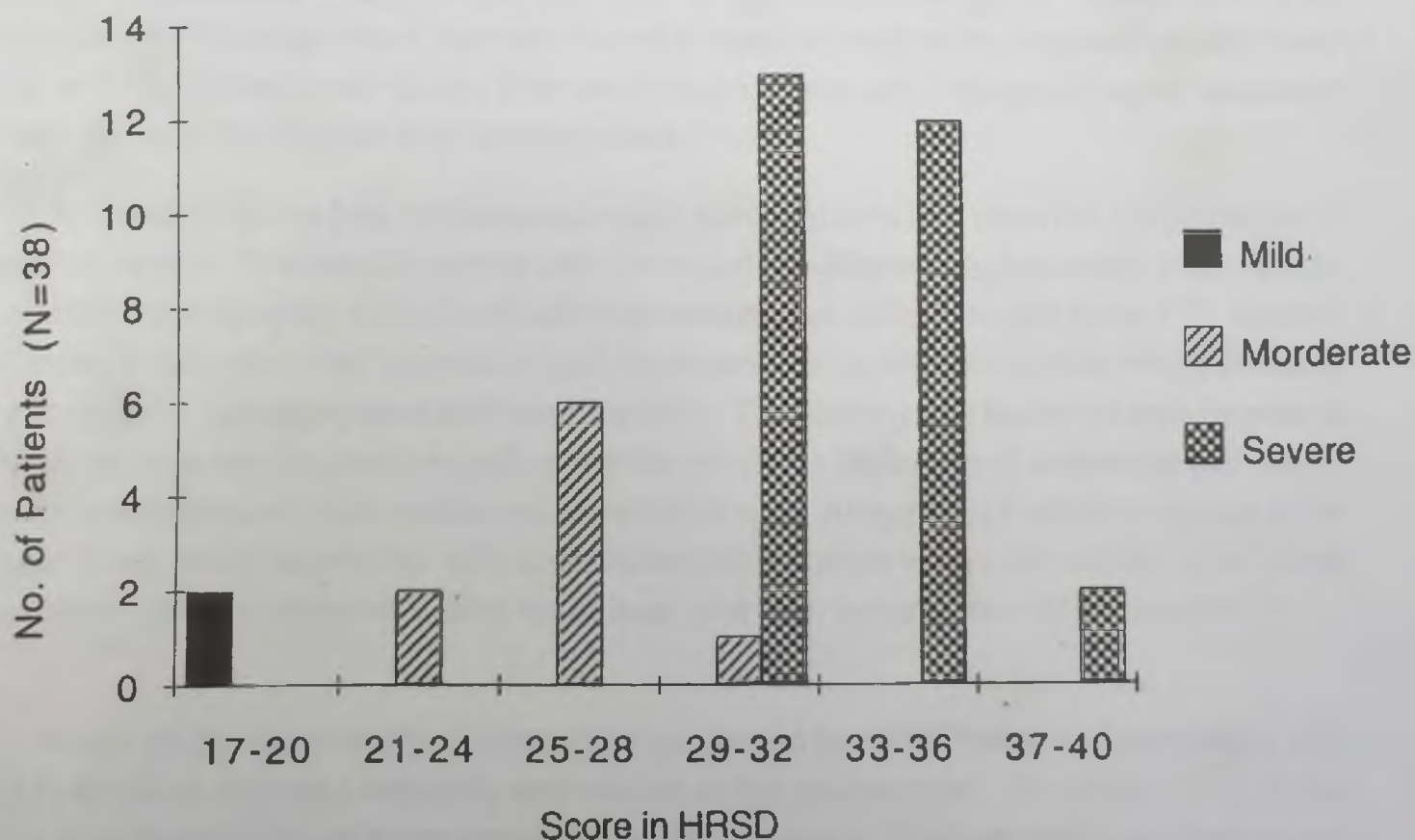
$X^2=15.63$, $df=3$, $p<0.001$

Table-III : Degree of suicidal intent.

Degree of intent	Non depressive group		Depressive group		Total cases	
	Number	%	Number	%	Number	%
Absent	49	79.03	3	10.53	53	53.00
Present						
High	1	1.61	21	55.26	22	22.00
Low	12	19.36	13	34.21	25	25.00
Total	62	100.00	38	100.00	100	100.00

$\chi^2=53.77, df=2, p<0.001$

Figure-1 : Severity of major depressive episode on the basis of DSM III-R in relation with HRSD score.



Discussion :

Using DSM III-R criteria, 38% of the deliberate self-harm patients were diagnosed with a major depressive disorder (MDE). This result corresponds closely to the prevalence of depression reported in a recent study among 71 consecutively admitted deliberate self-

harm patients in crisis centre of UK where 31% were diagnosed as depressive disorder in the form of major depressive episode (MDE) using DSM III-R criteria.⁷ In the present study, another 48% of deliberate self-harm patients were considered depression as symptom. The result is also more or less consistent with findings of other reports.¹⁻⁹ These subsyndromal conditions might be due to subjective distress because most deliberate self-harm was carried out on the context of a psychosocial crisis. Moreover, large reduction in these symptoms of depression without treatment within 5-7 days of self-harm was reported.⁵⁻⁷ Improvement within a few days in the absence of specific treatment for depression would not typically be expected to occur in major depressive disorder. Thus, although patients were depressed at the time of self-harm, they were not necessarily suffering from depressive syndrome.

Mean age of major depressive self-harm group was 30.39 years which simulates the age incidence of depression in general population.^{12,15,16} Significantly higher rate of use of violent methods (deliberate self-injury) were found in depressive self-harm group. This might be due to higher suicidal intent of the depressed patients.¹⁷⁻¹⁹ Almost all the cases of previous attempt of suicide were in depressive self-harm group which was 34.4% of that group. This finding is consistent with the previous report where previous self-harm was found in 44% depressed inpatients.²⁰ and might be due to psychopathology of hopelessness in depression.¹²⁻¹⁸ Suicidal intent was also found present in most of the depressive self-harm group with high intent in our study. This result is consistent with findings of higher degree of association with depression and suicidal intent.¹⁷⁻¹⁹

All the depressive and nondepressive self-harm patients had reported the presence of recent life events. This result is similar with the reports of different studies which indicate that life events are frequently associated with depression and deliberate self-harm.²⁰⁻²³ Again it is revealed in this study that depressive self-harm patients reported almost two times as many life events as of nondepressive self-harm patients. This finding is in favour of high degree of correlation between depression and recent life events in causation of deliberate self-harm. Predominantly enduring circumstances were found more in depressive self-harm group in the present study which simulates with a prominent observation where life events were found to be more common to some extent for at least one year before onset of depression.²²

In our study, the severity of depression assessed by HRSD were well consistent with DSM III-R which indicates reliability and validity of the assessment. Moreover, 71% of the depressive disorder in self-harm patients were found severe. This further reveals that severe form of depression is more vulnerable to commit suicide attempt.

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