

JOINT EVENT

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**Psychiatric comorbidity among adolescent suicide attempters**

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**Statement of the Problem:** Adolescence refers to the long transitional developmental period between childhood and adulthood and to a maturational developmental process involving major physical, psychological, cognitive, and social transformations. It is the time when they reach out to society, tentatively at first and then confidently. Relationship with same-sex and opposite-sex grows and it is also a time of many disappointments. The common adolescent complaint is – ‘no one understands me’. Adolescents can be reliable reporters of their suicide potential and the clinician needs to be sensitive to symptoms of a major depressive disorder in assessing potentially suicidal adolescent.

**Methodology & Theoretical Orientation:** 30 cases of adolescent suicide attempters admitted in Narayana General Hospital, Andhra Pradesh, India were recruited in the study and detailed evaluation was done using socio-demographic proforma, ICD-10 to arrive at a psychiatric diagnosis, suicide intent scale, and Hamilton Depression Rating scale to evaluate the level of depression.

**Findings:** Among suicide attempters, 67% (20 of 30) had psychiatric morbidity while there was no psychiatric morbidity among 33%. The severe depressive episode was present in 6.7%, a moderate depressive episode was present in 20%, mild depressive episode in 30%. 1 patient had adjustment disorder, dysthymia, and mixed anxiety and depression. No psychiatric diagnosis was noted in 33.3% of patients as in the pie chart below. It clearly indicates that majority of suicides in adolescents are followed by mild depressive episodes in contrary.

**Conclusion & Significance:** The results of the study indicated that there was a significant association between depressions scoring with suicide intent of the attempter. Two-thirds of the patients were diagnosed with psychiatric disorders at the time of admission. Psychiatric morbidity always should be taken into consideration when managing these groups of patients for further management.

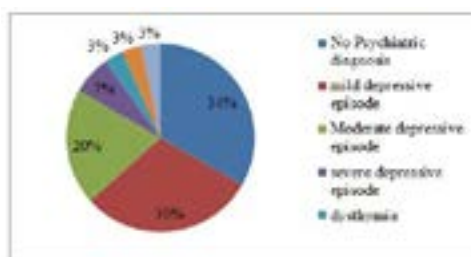


Figure 1: Psychiatric diagnosis among adolescent suicide attempters

**Recent Publications:**

1. Olsson M, Gameroff M J, Marcus Sc and Greenberg M Shaffer D (2005) National trends in hospitalization of youth with intentional self-inflicted injuries. *American Journal of Psychiatry*, 162:1328-1335.
2. Sudhir Kumar C T and R Chandrasekaran (2000) A study of psychosocial and clinical factors associated with adolescent suicide attempts. *Indian Journal of Psychiatry* 42(3):237-242.
3. Polewka A, Kroch S, Chrostek Maj J (2004) Suicidal behavior and suicide attempts in adolescents and young adults--epidemiology, risk factors, prevention and treatment. *Przegl Lek* 61(4):261-4.
4. Samantha R Fordwood, Joan R Asarnow, Diana P Huizar and Steven P Reise (2007) Suicide attempts among depressed adolescents in primary care. *Journal of Clinical Child & Adolescent Psychology* 36(3):392-404.
5. Cash S J and Bridge J A (2009) Epidemiology of youth suicide and suicidal behavior. *Current Opinion in Pediatrics* DOI:10.1097/MOP.0b013e32833063e1.

**Biography**

M N V Giridhar is a practicing Psychiatrist from Andhra Pradesh, India. He got his Doctor of Medicine (MD) in Psychiatry from renowned NTR University of Health Sciences. Due course, he did his observership in Child Psychiatry from NIMHANS, Bengaluru, an apex centre for mental health and neuroscience education in the country. He worked as Assistant Professor for two years in Narayana Medical College and involved in the teaching and research work. Currently he established his own setup named Lalitha Neuropsychiatry Center and practicing Child Psychiatry and de-addiction medicine. He is also a Medical Advisor for an US based CRO named Global Allied Pharmaceuticals (GAP). His areas of expertise are ADHD and De-addiction medicine.

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