

Suicide, What's Happening Actually?

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Abstract

Objective: To analyse the causes of the increased incidence of suicide in our province (Córdoba).

Methodology: We have conducted a literature search of existing literature by accessing several databases, in order to group the most relevant knowledge on the etiology of suicide.

Results: The number of suicides in the province has increased by 26% in the last two years. Is estimated to be the third leading cause of death for people aged between 15 and 44. While 70 cases were recorded in 2011, the last years were 88 records, representing an increase of 25.7%.

Conclusions: It is important to continue researching the subject in question given the magnitude and epidemiological and social impact associated to this pathology in health.

Keywords: Suicide; Incidence; Nursing; Cordoba

Introduction

Suicide is one of the problems with the greatest impact on public health. WHO data show that over one million people commit suicide every year worldwide, being the third leading cause of death for people aged between 15 and 44 years [1].

In the member countries of the European Union, it is estimated that 60,000 people die each year because of this [2]. Specifically, the data provided by the National Statistics Institute (INE) concerning the year 2008, located in Spain to suicide as the first non-natural cause of death with 3,421 people dead. (1.19)

These figures place the suicide, in industrialized countries, one of the leading causes of disease burden caused by the present when you have Dailys (Years of Disability Adjusted Life) [3].

It is estimated that in the Euro-A1 WHO region (Spain where it is located) there were 54,280 deaths by suicide in 2000, representing 1.3% of all estimated in the region for 2000 deaths. The highest percentages occurred in the age groups 15-44 and over 60 [4].

Objective

To analyze the causes of the increased incidence of suicide in our province (Córdoba).

Material and Method

We have conducted a literature search of existing literature by accessing several databases as MEDLINE, in order to group the most relevant knowledge on the etiology, magnitude, epidemiological and social impact of suicide in Cordoba.

Results

Magnitude and epidemiological and social impact

Suicide is probably the most serious in mood disorder complication. Suicidal ideation should always be assessed and, if any, will be taken as a first therapeutic target [5-11]. It is estimated that the number of suicide attempts is approximately 10-20 times higher than suicide cases. Furthermore, suicides are 4-5 times more likely in men, although women make more attempts [6]. Other risk factors, in addition to the male gender are: older than 40 years, history of previous attempts (or desires press suicide), family history of completed suicide, substance abuse, impulsivity and / or hopelessness.

Autolysis has been associated with a decreased level of serotonin

in the (SN) nervous system. In general, there is great diversity of data on the percentage of patients who commit suicide depending on the diagnosis.

Bobes [1] found that mortality attributable to suicide in US population has been estimated at around:

20% in bipolar patients.

15-18% in alcoholism.

15% in depression.

10% in schizophrenia.

5-10% in certain personality disorders.

Impact

The number of suicides in our province of Cordoba has increased by 26% over the past two years. While 70 cases were recorded in 2011, last year was 88 records, representing an increase of 25.7% [5]. In addition, these 88 suicides in 2013 accounted for more than half of the 155 violent deaths that occurred in the city (annual Media: 1 death every two days).

The pathology service opened 316 files for legal-doctor investigation of the causes of death, plus 6 cases had been reported that a possible medical malpractice resulting in death. (Of the 316 cases, 313 a judicial autopsy was performed) [6] (Figure 1).

As the result of the autopsy, 147 cases were from natural causes, 95 (over 50% of the total) were attributable to violent deaths and 11 could not be determined in the absence of any results. Among violent deaths, it is significant to note the following (Figure 2):

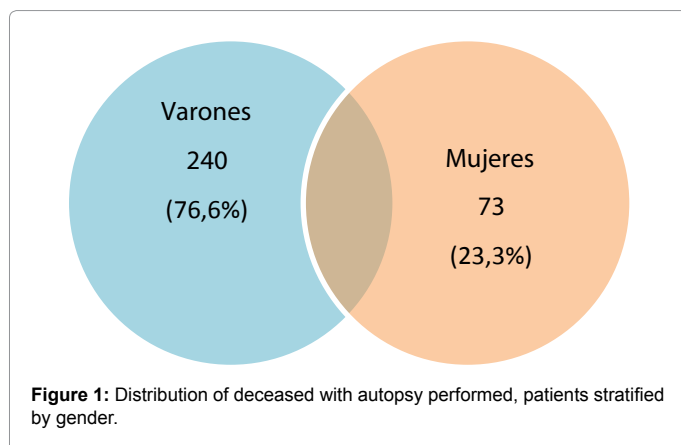
Of the 88 suicides in 2013 (Figure 3), 55 were by hanging (most common cause), 10 died from rainfall and 9 people were registered with

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Received October 28, 2015; Accepted January 04, 2016; Published January 11, 2016

Citation: Alba-Martín R (2016) Suicide, What's Happening Actually. Emergency Med 6: 307. doi:10.4172/2165-7548.1000307

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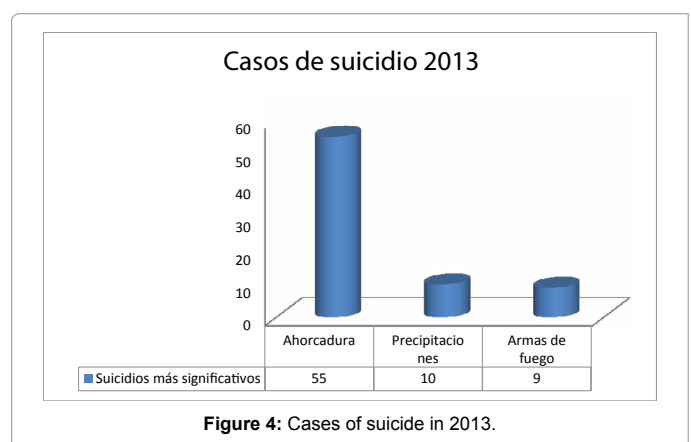
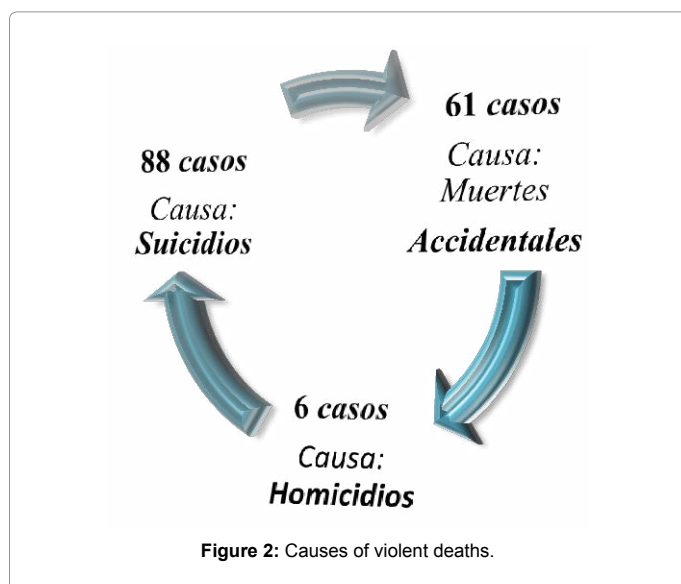
for assault (4,067) and the remaining 45.3% (3,618) due to traffic accidents (Figure 6).

Of a total of 2674 health measures (forensic doctor), they were carried out surveys of victims 1482, 460 judgments, 188 arrests and 303 dead lifts. Approximately 7 daily performances guard situations and therefore, anytime.

Conclusions

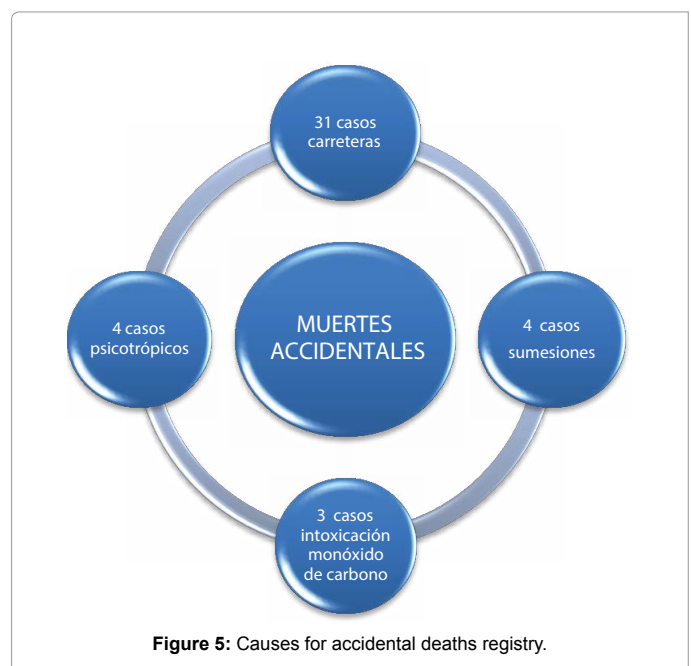
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(annual media: 1 death every two days). 95 cases were attributable to violent deaths. Of the 88 suicides in 2013, 55 were by hanging (the most common cause) [12].



YEAR	INCIDENCE
2011	70 cases
2012	82 cases
2013	88 cases

Figure 3: Incidence of suicides per year.

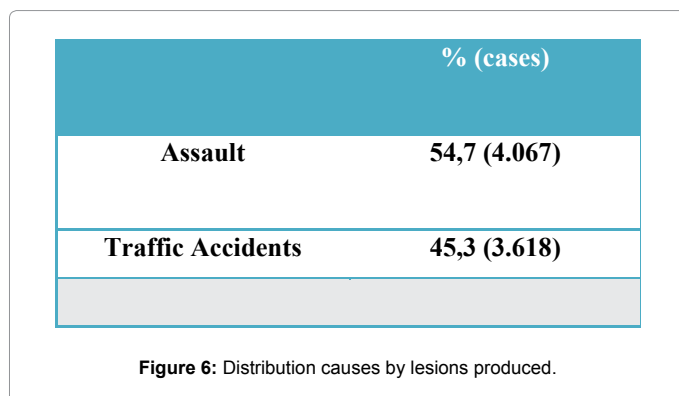


etiology: death by firearms (Figure 4).

In terms of age, highlighting peaks between 35-50 years and at the end of life. Regarding the accidental deaths, 31 were in roads, 4 cases were by submersion and other 4 for adverse reactions to psychotropic drugs. Three deaths recorded etiology: carbon monoxide poisoning (CO) (Figure 5).

As for the clinical service, 10,377 new episodes (3.6% more than in 2012) were recorded. Of these, 76.6% because of injuries (7,957), another 15.3% in Psychiatry (1,590 cases) and 5.5% for domestic violence (573). Also, the injuries, over 50% were

Given the impact about that problem, a solid understanding of the nursing staff in such pathologies from the first day of hospitalization, and to realized health education for the possible adverse effects and warning signs [13].



Acknowledgement

A whole team that has collaborated in this work and, especially, to all professionals who make possible our progress in Nursing and who help us to spread our knowledge. Thanks from my heart.

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