

In response to the article entitled “A study of severity of intention of suicide in various psychiatric diagnoses” by Pradhan SN and Adhikary SR, published in KUMJ 2009 Vol 7, No. 1, Issue 25, 63-66.

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Authors' work in the article is really commendable. Nevertheless, as per my perspective some missing parts of the study are being highlighted here. The study showed that use of organophosphorous (OP) compound was the commonest method of poisoning (44.4%) followed by drugs and insecticides. It is not clear what kind of insecticides were used for the suicidal purposes as many insecticides themselves are OP compounds. The study has not mentioned the mortality rate of OP poisoning as previous study has suggested very high mortality rate (43.9%)¹. Furthermore, as per study the drugs such as Amitriptyline, Risperidone, etc were used in the overdose and it is not conspicuous whether the abovementioned drugs were used entirely for suicidal purpose or the toxicity developed due to overdose in psychiatrically diagnosed patients who were already under medication.

Similarly, severe suicidal intent was reported to be 12.5% and 8.3% for OP compounds and drugs respectively. Based on these findings only, authors have concluded that OP compound has higher severity of suicidal intent without any statistically significant data. What about those cases who died either because of hanging, drowning, jumping from the height or drug poisoning who showed highest severity of suicidal intent. Moreover, among OP cases what is not clear is that how many cases were for suicidal and how many cases for accidental exposure resulting in toxicity since

earlier similar reports showed that the suicidal motive for organophosphorous poisoning was only 87.2% and Metacid (methyl-parathion) was the most commonly used OP compound (68%). Though the study has not explored the etiological factors behind the poisoning and different psychiatric diagnoses, reports in literature have shown that, in Nepal's context, interpersonal marital relationship was the commonest predisposing factor (48.9%) for OP poisoning². Had the authors categorically divided the cases into different motives of exposure, it would have given vivid picture of suicidal and accidental exposure of the patients to the different compounds. Also, study did not say anything about the different modes of suicides with different severity of suicidal intent which might be adopted by what type of psychiatric patients so that prevalence of suicide could be reduced based on psychiatric diagnoses.

References

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2. Bhattarai N, Rauniyar A, Chaudhary D, Jaiswal S, Banthia P, Rana BB. Patterns of organophosphorous poisoning attending a teaching hospital. *JNMA J Nepal Med Assoc*. 2006; 45(162):228-32.

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Dear reader,

First of all I would like to thank the reader for the valuable comments made on our article. The current article is a prospective study of severity of intervention of suicide in various psychiatric diagnoses. This study does not aim to specify the mortality rate of suicide. The study is designed on patients who attempted suicide, not on patients who were already under medication for some psychiatric diagnosis and then developed toxicity due to overdose. In this study there was no case reported due to toxicity of psychotropic drugs.

In our study, severity of intention of suicide was higher in patients consuming OP compounds, but it does not mean that severity is less in hanging, drowning, jumping from height etc. The study shows the particular data.

As the reader has mentioned, interpersonal marital relationship was the commonest predisposing factor for OP poisoning in one study of Nepalese context. Yes, I do admit that it is one of the factors of attempting suicide, but it should not be generalised to other context and so, the same result must not be expected in another study.

This study clearly shows that severity of intention of suicide in various psychiatric diagnoses like depressive episodes, schizophrenia, conversion disorder, adjustment disorder, bipolar affective disorder, impulsive act. It is seen that severe suicide intention is seen in Depressive episode and lesser in others as impulsive act. And it is obviously known factor that depression is the one psychiatric diagnosis where prevalence of suicide is higher in comparison to schizophrenia.

Thank you.

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