Editorial
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Suicidal behaviour and physical illness

Suicide is a major public health problem with increasing trends in many developing and developed countries. Although suicide behaviour is considered as a multi-causal and complex phenomenon, many believe that it is a preventable cause of death.

According to WHO data suicide represent 1.8% of the global burden of disease and it is expected to increase to 2.4% by the year 2024. Suicide is among the 10 leading causes of death for all ages. It has been estimated that in 2020 there will be one death by suicide every 20 sec and one attempt every 1 sec all over the world.

Several factors associated with an increased risk of suicide have been identified including social-demographic factors, psychiatric morbidity, somatic health problems, biological factors and previous suicide attempts.

The concurrent presence of mental and painful physical disorders increase dramatically the suicide risk. It is generally acknowledged that 90% of these who committed suicide had a psychiatric diagnosis at the time of death. On the other hand, the prevalence of physical illnesses in suicide behaviours is estimated approximately in 40% showing an increase with age. Patients suffering from cancer, cardiovascular diseases and diseases of the nervous system are, mainly, associated with high suicide risk in comparison with subjects of the general population.

In patients suffering from cancer the incidence of suicidal behaviours (suicide or attempted suicide) is high. The rate of suicidal behaviours in cancer patients increased in men, soon after the diagnosis had been made, in patients treated with chemotherapy, in patients with a concurrent diagnosis of depression.

Patients suffering from cardiovascular diseases and hypertension have also a high suicide risk. This may be due to depression occurred particularly in patients experiencing their first episode of cardiac attack or would be the effect of medication of some drug used which are well known causes of depression (i.e. methyldopa or reserpine).

There are several diseases of the central nervous system which are associated with increased suicide risk such as multiple sclerosis, epilepsy, cerebrovascular diseases, head injuries, Huntington’s disease, dementia, cerebral tumors, Parkinson’s disease, AIDS. In most of the aforementioned illnesses deaths by suicide are often associated with concurrent depression.

Several other physical diseases have been associated, in a lesser degree, with suicide risk. Endocrine diseases with increased suicide risk are the following: Cushing’s disease, Klinefelter’s Syndrome, thyrotoxicosis, porfyria. As for the urogentidal diseases with increased suicide risk two conditions are correlated with suicide risk: prostate's neoplasm or recent prostatectomy and patient on hemodialysis or renal transplantation. Other physical diseases which have been implicated with suicidal behaviors are the following: chronic respiratory diseases (i.e. asthma, emphysema), diabetes mellitus with complications, rheumatoid arthritis.

There is an open question: "May physical illness contribute as an independent factor in suicidal behaviour or psychiatric illness may form as a link between physical illness and suicide?". Many authors believe that according to the theory of "predisposing and precipitating factors" in suicide behaviour and the "stress-diathesis model" physical illness precipitates suicidal behaviour in distressed individuals who may experience several depressive predisposing conditions (genetic influences, emotional trauma, job loss, relationship problems, financial problems etc). Findings from recent research have indicated that psychiatric illness may form as a link between physical illness and suicidal behaviour.

The patient reactions to physical illness may play a crucial role in understanding suicidal behaviour. The impact of diagnosis of a debilitating, painful, stigmatizing, incurable or terminal physical illness may relate to alteration in the patient's psychological and emotional condition. This transition may result in isolation, diminished relationships, reduction in autonomy, lowered self-esteem and possibly in depression.

However, it is not clear the extent to which other factors such as personality variables or cultural influences may play a role (positively or negatively) in the subjective reactions to physical illness.

Physical illness that is chronic, painful, debilitating, stigmatizing, incurable or terminal, presents the high risk for suicide. All physicians as well as all mental health professionals should be in strategic position to lead early interventions and effective suicide prevention programs.

Assessment of suicide risk factors among physically ill persons is very important. These risk factors include the following: male gender, older age, experiencing a chronic, painful or terminal physical illness, suffering from depression or depressive symptoms, suffering from alcohol abuse, history of suicide attempt, recent suicidal ideation.

It is important to recognize and modify risk factors in this population. This effect is expected to decrease the burden of suicide behaviour in persons, in families, in societies.

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