

The modern view on the problem of depression accompanied by suicidal behavior

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During the last decade worldwide depression become rampant, causing economic harm to society. Increased risk of the autoaggression of patients with depressive disorders indicates the undoubted urgency of the problem of effectiveness and adequate treatment of depressive disorders, having both medical and social importance [1,2].

The research was designed to study the contemporary patterns of suicidal behavior in patients with depressive disorders.

It was conducted comprehensive examination of 155 patients of both genders, aged 18–35 years with an established diagnosis of depressive disorders which contained various forms of suicidal behavior.

Methods of investigation: Clinical-psychopathological, clinical-anamnestical, psychodiagnostical, biochemical, statistical.

Results: There were clinical and psychopathological signs of depressive disorders in young patients analyzed. Anxiety (48.8% of the patients), asthenia (39.5% of the patients), asthenic-apathetic (6.6% of the patients) and melancholy variants (5.1% of the patients) of depressive disorders in young patients with suicidal behavior were highlighted.

In this study there were the markers of suicide risk for young patients with depressive disorders determined: high suicide risk, low death self-consciousness, high anhedonia level, clinical manifestations of anxiety and depression by The Hospital Anxiety and Depression scale, severe anxiety and depression by The Hamilton Anxiety Rating Scale, major depressive episode by the Montgomery-Asberg Depression Rating Scale.

It has been proved that in observed young patients with depressive disorders with suicide behavior increased concentrations of serotonin, cortisol, noradrenaline and decreased levels of adrenaline and melatonin in plasma were observed. These changes were determined as neurohormonal background for depletion of adaptation resource in stress situations.

There were approaches to differentiated prevention of suicidal behavior in depressive disorders in young people validated, that include pharmacotherapy (selective SSRI, melatonin, serotonin and norepinephrine), psychotherapy and psychoeducation. Psychotherapeutic complex in patients with depressive episode must include personality-oriented psychotherapy, cognitive behavioral therapy, family therapy and autogenous training; in disorders of adaptation – rational psychotherapy, cognitive-behavioral analytic psychotherapy, family therapy, autogenic training. Psychoeducation should be carried out using information modules, training a positive self-image, improved compliance, formation of communication skills, problem solving, interpersonal interaction and problem-oriented discussions.

Conclusions: The model of formation of suicidal behavior in young persons with depressive disorders presented by complex pathogenic factors. Prognostically important factors in the

formation of suicidal behavior is alarming and asthenic variants of depressive disorders, high rates of clinical anxiety and depression scales, high suicide risk, coupled with low self death.

Depressive disorders in young persons are characterized by a high level of suicide risk – 35.2% with depressive episode and 30.6% of patients with adjustment disorder committed suicide attempts, at 41.1% and 48.3% respectively were recorded suicidal decisions and intentions, in 23.7% and 21.1% – passive and active suicidal thoughts, emotions and fantasy.

The basis for the formation of suicidal threats are high anhedonia, internal stress, impulsivity, interpersonal communication problems, lack of metabolic resources to overcome traumatic situations.

Triggers of suicidal behavior are the frustration of basic needs, narrowing of cognitive functions and dominance of trauma content in consciousness, loss of individual aims and goals.

References

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