"STUDY OF THE RELATIONSHIP BETWEEN SUICIDE AND DEPRESSION IN ADULTS"

GEMMA TOLSADA GARCÍA

INTRODUCTION

Keywords: Suicide, depression, adults, self-destruction, voluntary death, sadness, low mood.

Based on the studies of Valencia et al. (2007) and Valencia et al. (2009), suicide has multiple definitions, but at a general level, suicidal behavior is known as "the aggressive behavior of an individual towards himself with the intention and awareness of harming himself". According to various studies, around a million people around the world commit suicide throughout the year, highlighting the highest rates in Eastern Europe and lowest in Asia, and 10 times as many commit a suicide attempt that doesn't end with the suicide.

According to the studies by Valencia et al. (2007) and Valencia et al. (2009), suicidal behavior has been studied from different theories and models to understand such behavior, to try to predict and thus avoid deaths from this cause, but at present, the models that are thought to be the most successful to explain this behavior are multidimensional models, that is, those that are related to biological vulnerability, socio-environmental interaction, childhood experiences, the individual's personality and mental disorders.

The way of committing suicide has changed over time in society. Suicide by intoxication predominated in the 70s, later, in the 80s, the main form was hanging, and today special importance is given to society's access to lethal weapons.

As for the risk factors in suicide, the most predominant are:

- **Psychosocial factors and changes in lifestyle** in young populations that lead to depression, academic and / or work problems, use and abuse of substances, inability to access specific treatments and, on the contrary, easy access to lethal weapons as can be for example by a sanitary.
- **Marital status,** according to a study, in the married female population, a higher suicide rate can be found compared to the female population that isn't in this situation due to family problems, relationship problems and violence within the family.
- **Socio-economic problems,** a low socioeconomic level as a general rule is related to less possibility of access to resources and precarious jobs with poor working conditions and low paid.

According to Sánchez et al. (2004), we can include a risk factor such as a previous suicide attempt, these subjects are 4 times more likely to try again in the first year after the initial attempt than the rest of the population. In the female population, these suicide attempts are more common, but the risk of consummated suicide is higher in men.

These authors emphasize the vital importance of knowing these risk factors in order to carry out a general plan about suicide prevention, not forgetting that of all these factors there are some that have a higher prevalence, also taking into account other specific characteristics of the subject. That is why, in addition to carrying out a general suicide plan, it is essential to assess the characteristics of the suicide attempt at the individual level in order to adapt this plan to the specific person and avoid the risk of recidivism.

On the other hand, according to Benaiges et al. (2001), depression is the most frequent and important mental health disorder in primary care. It is known as a permanent low mood state that is present for most of the day almost every day, for at least two weeks. Regarding prevalence, depression estimates a range of 6-15%. Based on the studies by Fernández-Berrocal et al. (2003), we can find two subtypes of depression. "Endogenous depression" is defined as a set of symptoms among which are: loss of interest in food and sex, psychomotor slowing down and also sleep problems. Endogenous depression is one that originates from internal causes, that is, the precipitating cause of this disorder resides in biological or somatic factors of the individual himself. On the opposite side we find the "depression due to hopelessness" which occurs as a reaction to environmental stressors, it is possible that it is an interaction between genetics and environment; among the predisposing factors of a subject such as negative attribution, with a negative life event. Regarding the symptoms of this type of depression, apathy, lack of energy and a feeling of hopelessness or exhaustion in the face of day-to-day situations stand out.

According to a study carried out by Benaiges et al. (2001) with the aim of knowing the prevalence and characteristics of depressive disorders in patients attending primary care, it can be seen that out of 350 patients between 18 and 70 years of age, a greater proportion of women in the results. After applying inclusion and exclusion criteria and carrying out a self-questionnaire and a structured psychiatric interview, the sample could be classified into: Subjects with major depression, subjects with dysthymia and non-depressed subjects. Regarding the sample that presented MDD or dysthymia, the female population predominated by 88% in each of these, almost 9 women for each depressed male, this is an interesting study conclusion for future studies. Another aspect to highlight in this study is that in the depression group there was a higher proportion of patients with a lower educational level, this result could be explained if we base ourselves on the study carried out by Estramiana et al. (2010), where it was concluded that people belonging to Lower social classes, and therefore less access to optimal academic resources, are more likely to suffer stressful or traumatic events throughout their lives and, as a consequence of their social status, the resources to deal with these situations and social networks. support are minor.

Objective: To document the relationship between suicide and depression in the literature.

METHOD

First, after choosing the topic, a search was made for synonyms related to the variables to be addressed, in this case the words "suicide" and "depression". The search was done in both Spanish and English, since the synonyms were later translated into English.

Search

Starting from different databases, "Scopus" was selected as the main source, where the synonyms previously selected in the search box were entered: "suicide", "self-destruction", "voluntary death", "depression", "sadness " and " low mood ". The filters used to narrow the search towards the articles that interested us as the object of study were: limit it to adults, using "adults" and "mature" and all the articles published from 2017 to the present that had to do with the area of psychology. Finally, after different tests and applying filters, the following sequence was obtained:

(TITLE-ABS-KEY (suicide) OR TITLE-ABS-KEY (self-destruction) OR TITLE-ABS-KEY (voluntary AND death) AND TITLE-ABS-KEY (depression) OR TITLE-ABS-KEY (sadness) OR TITLE-ABS-KEY (low AND mood) AND TITLE-ABS-KEY (adults) OR TITLE-ABS-KEY (mature)) AND (LIMIT-TO (OA , "all")) AND (LIMIT-TO (PUBYEAR , 2021) OR LIMIT-TO (PUBYEAR , 2020) OR LIMIT-TO (PUBYEAR , 2019) OR LIMIT-TO (PUBYEAR , 2018) OR LIMIT-TO (PUBYEAR , 2017)) AND (LIMIT-TO (DOCTYPE , "ar") OR LIMIT-TO (DOCTYPE , "re")) AND (LIMIT-TO (SUBJAREA , "PSYC")) AND (LIMIT-TO (EXACTKEYWORD , "Adult"))
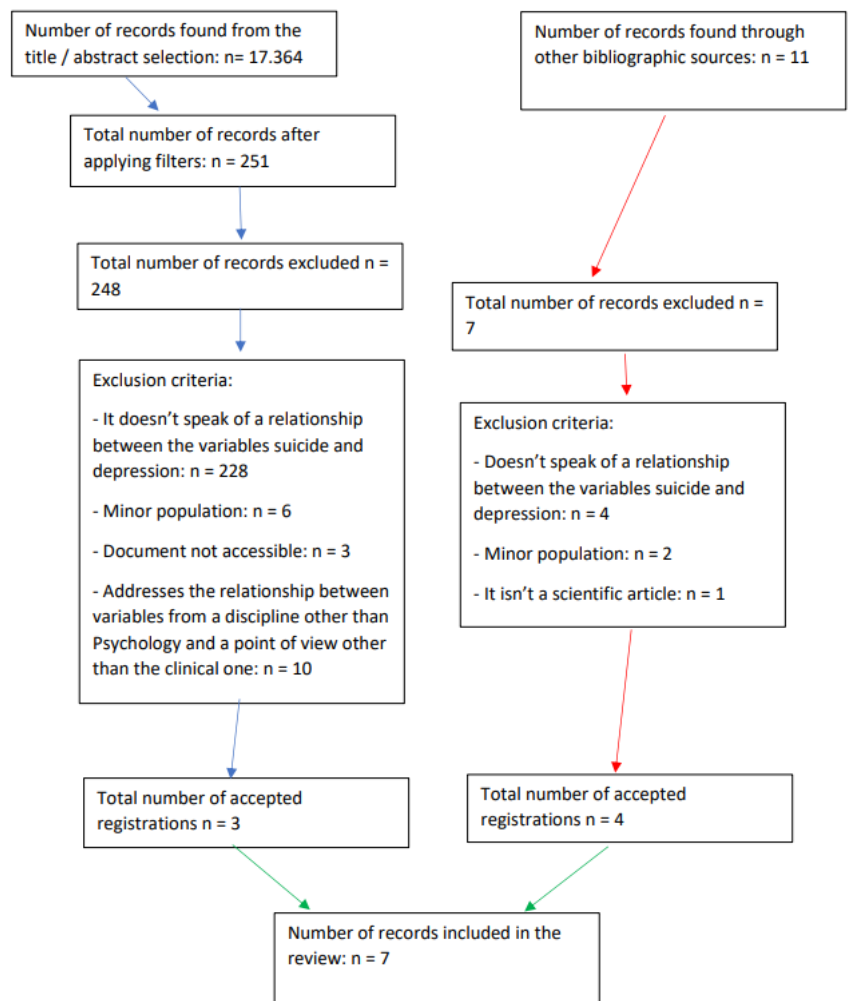
Eligibility criteria

From the articles obtained in this search, together with other articles obtained through other bibliographic sources, the inclusion and exclusion criteria were established to later proceed to the selection of articles.

Inclusion criteria:

- Address the relationship between suicide and depression
- Language: English and / or Spanish
- Aimed at the adult population
- Explain the relationship between suicide and depression from the Psychological discipline and from a clinical point of view

Exclusion criteria:

- Articles in a language other than English or Spanish
- Document not accesible
- That addresses any other type of relationship between two variables other than suicide and depression
- Children population
- That addresses the relationship between variables from a discipline other than Psychology and a point of view other than the clinical one
- That is not an empirical article

Number of records found from the title / abstract selection: n= 17.364

Total number of records after applying filters: n = 251

Total number of records excluded n = 248

Exclusion criteria:
- It doesn't speak of a relationship between the variables suicide and depression: n = 228
- Minor population: n = 6
- Document not accessible: n = 3
- Addresses the relationship between variables from a discipline other than Psychology and a point of view other than the clinical one: n = 10

Total number of accepted registrations n = 3

Number of records found through other bibliographic sources: n = 11

Total number of records excluded n = 7

Exclusion criteria:
- Doesn't speak of a relationship between the variables suicide and depression: n = 4
- Minor population: n = 2
- It isn't a scientific article: n = 1

Total number of accepted registrations n = 4

Number of records included in the review: n = 7

RESULTS

From the table exposed (see poster), a clear profile can be concluded regarding the relationship between the variables of suicide and depression. As a general rule, the following characteristics stand out together:

✓ Female gender
✓ Poor social support, this variable can be related to a tendency to depression and, therefore, also a risk factor for suicide.
✓ Low education, which in most cases can result in fewer resources, more precarious jobs and as a result a low socioeconomic level.

These characteristics would be risk factors for the study variables.

CONCLUSIONS

The previous characteristics described as risk factors are supported by the literature, we can see it in works such as that of Benaiges et al. (2001) and also in that of Estramiana et al. (2010). In 86% of the articles on which this study is based are carried out with subjects belonging to primary care, according to the study by Moreno-Küstner et al. (2016), patients who attend this service may have suicidal tendencies, but did not meet all the criteria for major depression. A tool promoted by these authors is to ask three questions about suicide, this could help primary care physicians to screen in general practice to be able to detect suicidal ideation in people with depressive symptoms such as sadness or anhedonia, being able to allow have the doctor initiate action plans to prevent or improve depression.

In particular, I propose that these risk variables linked to suicide and depression can be used to carry out prevention and social intervention plans focused on this specific group. Strategies based on the coordination of the multidisciplinary team of professionals who belong to primary care (social workers, psychologists, doctors and nurses), in order to prevent the appearance of mental disorders, obtain resources to mitigate differences with respect to the rest of the population, in addition to specifically protecting this vulnerable profile that characterizes these disorders.

ESTUDIO DE LA RELACIÓN ENTRE EL SUICIDIO Y LA DEPRESIÓN EN ADULTOS

Gemma Tolsada García (Tutora: Juani María Bretón) – TFG
Psicología 2020 /2021 (PS1048)

INTRODUCCIÓN

Según Benaiges et al. (2001), la depresión es el trastorno de salud mental más frecuente e importante en atención primaria, es un estado permanente de ánimo bajo presente durante la mayor parte el día, cada día en al menos 2 semanas. Entre los síntomas se encuentra la pérdida de interés, enlentecimiento psicomotor, problemas de sueño o la atribución negativa. Una de las fatídicas consecuencias de la depresión es el suicidio. Según los estudios de Valencia et al. (2007) y Valencia et al. (2009), la conducta suicida se conoce como "el comportamiento de agresión de un individuo a sí mismo con intención y conciencia de hacerse daño". Es de especial relevancia conocer los factores de riesgo de la depresión para poder así prevenir la conducta suicida y elaborar planes de acción generales acerca de la prevención del suicidio cuando coexiste con sintomatología depresiva, así como planes específicos en atención primaria valorando las características específicas del paciente.

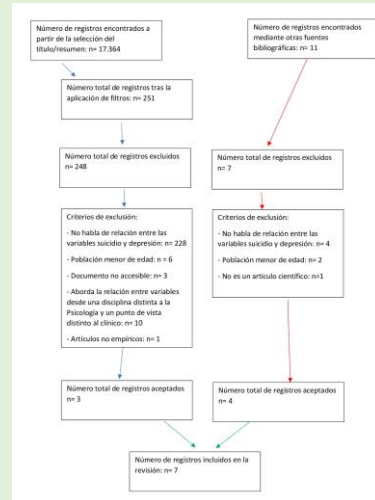Objetivo: Documentar la relación entre suicidio y depresión en la literatura.

MÉTODO

Palabras clave: Suicidio, depresión, adultos, autodestrucción, muerte voluntaria, tristeza, bajo estado de ánimo.

Criterios de inclusión:
- Que aborde la relación entre suicidio y depresión
- Idioma: inglés y/o español
- Dirigido a la población adulta
- Que explique la relación entre variables desde la de vista clínico

Criterios de exclusión:
- Artículos en un idioma diferente al inglés o español
- Documento no accesible
- Que aborde cualquier otro tipo de relación entre dos variables distintas a suicidio y depresión
- Población infantil
- Que aborde la relación entre variables desde una disciplina distinta a la Psicología y un punto de vista distinto al clínico
- Que no sea un artículo empírico

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RESULTADOS

Autores y año	Población	Edad	N	Trastorno de Depresión	Intento de suicidio	Otras variables de suicidio	Perfil
Garman, C. y colaboradores (2018)	Mujeres sudafricanas embarazadas con bajos ingresos	Entre 18 y 45 años. Promedio de edad: 27 años	384	Diagnóstico de depresión: 74	1 (Medidas postparto 12 meses)	- Riesgo de suicidio: 9 - Ideación suicida: 8 - Plan suicida: 8	- 100% Mujeres - 54% desempleadas, lo que da lugar a bajos ingresos
Jovanovic y colaboradores (2019)	Profesionales: Residentes en psiquiatría	Edad media: 32 años	1980	280 participantes cumplen criterios de depresión	12 (Medidas post entrenamiento)	- Ideas de muerte: 188 - Ideación suicida activa: 225	- 1153 mujeres (59.1%) - Ser mujer y soltera se asociaron con factores de riesgo para ambas variables
Walker y colaboradores (2019)	Población indígena de Panamá	Entre 18 y 90 años	211	- Mujeres 36,2% de depresión - Hombres 21,1%	* No menciona	Ideación suicida: 22.9%	- 154 mujeres (73%) - Las mujeres son más propensas a reportar depresión - 110 personas se clasificaron como "pobres" (52%)
Agargun y colaboradores (2007)	Pacientes con Depresión Mayor	Entre 18 y 65 años	149	Depresión mayor	38 (25.5%)	* No menciona	-77 mujeres (51.7%)
Almeida, P. y colaboradores (2012)	Población en estado de vejez	Entre 60 y 101 años	21.290	No	* No menciona	- Ideación suicida: n= 1023 (4.8%) • Con trastorno depresivo pasado: n=566	n= 1023 - 560 mujeres (54,7%) -839 sujetos con educación baja - 665 sujetos con pobre apoyo social
Moreno – Küstner y colaboradores (2016)	Pacientes que cumplen criterios de tristeza y anhedonia	Entre 18 y 75 años	2599	Pacientes deprimidos al iniciar el estudio: n= 1187	45	n=1187 - Ideación suicida: n=121 - Planeación suicida: n=104	n= 1187 - 934 mujeres (78.7%) - 490 (41,3%) con educación primaria o nula
Valencia, J. y colaboradores (2009)	Sujetos atendidos en servicio de urgencias por **intento de suicidio**	Una media de 27 años	240	Pacientes con Trastorno depresivo mayor: 149 (62%)	240	100 sujetos (42%), intentaron suicidio mediante la intoxicación con venenos.	- 141 mujeres (58.8%)

➢ Mujer
➢ Pobre apoyo social
➢ Baja educación -> Menos recursos -> Trabajos precarios -> Nivel socioeconómico bajo

CONCLUSIONES

Apoyando el artículo de Moreno y colaboradores (2016), estas variables de riesgo vinculadas al suicidio y la depresión pueden ser utilizadas para realizar planes de prevención e intervención social por parte del equipo multidisciplinar de profesionales que pertenecen a atención primaria (trabajadores sociales, psicólogos , médicos y enfermeros), con la finalidad de prevenir la aparición de trastornos mentales, obtener recursos para mitigar las diferencias con respecto al resto de población, además de proteger específicamente este perfil vulnerable que caracteriza a estos trastornos.

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