

CHARACTERISTICS AND RISK FACTORS FOR SUICIDAL BEHAVIOR AMONG MEN AND WOMEN WITH PSYCHIATRIC DISORDERS

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ABSTRACT: Objective: to identify characteristics of suicidal behavior and risk factors among men and women with psychiatric disorders. **Method:** quantitative study of 410 medical records of psychiatric patients receiving treatment, from 1997 to 2014, with descriptive and inferential analysis of the service's medical records. Undertaken between April – December 2015, in a Psychosocial Care Center in Divinópolis, in the Brazilian state of Minas Gerais. **Result:** the higher frequency of suicidal behavior among women was, also, the most frequent reason for admission for treatment in the service. Self-poisoning was more common among the women, while hanging was more common among the men. Upon admission for suicidal behavior, the women's characteristics were mood disorders, and the men's were disorders due to the use of psychoactive substances. Suicidal behavior in men was associated with family history of suicide, while among women, it was associated with physical or sexual abuse. **Conclusion:** Evidence was found for specific characteristics of suicidal behavior among psychiatric patients receiving treatment in relation to gender.

DESCRIPTORS: Mental Disorders; Mental Health Services; Suicidal Ideation; Suicide.

CARACTERÍSTICAS E FATORES DE RISCO DO COMPORTAMENTO SUICIDA ENTRE HOMENS E MULHERES COM TRANSTORNOS PSIQUIÁTRICOS

RESUMO: Objetivo: identificar características do comportamento suicida e fatores de risco de homens e mulheres com transtornos psiquiátricos. **Método:** estudo quantitativo de 410 prontuários de pacientes psiquiátricos em tratamento, de 1997 a 2014, com análise descritiva e inferencial dos prontuários do serviço, no período de abril a dezembro de 2015, em um Centro de Atenção Psicossocial de Divinópolis/Minas Gerais. **Resultado:** uma maior frequência do comportamento suicida entre as mulheres foi, também, o motivo mais frequente de admissão para tratamento no serviço. A autointoxicação foi mais comum nas mulheres e o enforcamento, nos homens. Na admissão de pacientes com comportamento suicida, foram característicos, das mulheres, o transtorno do humor e, dos homens, os transtornos devido ao uso de substâncias psicoativas. O histórico familiar de suicídio associou-se ao comportamento suicida dos homens e à história de abuso físico ou sexual das mulheres. **Conclusão:** evidenciaram-se particularidades do comportamento suicida entre pacientes psiquiátricos em tratamento em relação ao sexo.

DESCRIPTORIOS: Transtornos Mentais; Serviços de Saúde Mental; Ideação Suicida; Tentativa de Suicídio; Suicídio.

CARACTERÍSTICAS Y FACTORES DE RIESGO DEL COMPORTAMIENTO SUICIDA ENTRE HOMBRES Y MUJERES CON TRASTORNOS PSIQUIÁTRICOS

RESUMEN: Objetivo: identificar características del comportamiento suicida y factores de riesgo de hombres y mujeres con trastornos psiquiátricos. Método: estudio cuantitativo de 410 prontuarios de pacientes psiquiátricos en tratamiento, de 1997 a 2014, con análisis descriptivo y de inferencia de los prontuarios del servicio, en el periodo de abril a diciembre de 2015, en un Centro de Atención Psicossocial de Divinópolis/Minas Gerais. Resultado: una mayor frecuencia del comportamiento suicida entre las mujeres fue, también, el motivo más frecuente de admisión para tratamiento en el servicio. La autointoxicación fue más común en las mujeres y el ahorcamiento, en los hombres. En la admisión de pacientes con comportamiento suicida, fueron característicos, de las mujeres, el trastorno do humor y, de los hombres, los trastornos a causa del uso de substancias psicoactivas. El histórico familiar de suicidio se asoció al comportamiento suicida de los hombres y a la historia de abuso físico o sexual de las mujeres. Conclusión: se evidenciaron particularidades del comportamiento suicida entre pacientes psiquiátricos en tratamiento acerca del sexo.

DESCRIPTORIOS: Trastornos Mentales; Servicios de Salud Mental; Ideación Suicida; Tentativa de Suicidio; Suicidio.

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● INTRODUCTION

Suicide encompasses a continuum in which one can ascertain the presence of predisposing factors related to personality and to the sociocultural context. Among the triggers, one can observe the occurrence of stressor events, suicidal ideation and the planning of the act which may result in attempts and/or death. People with suicidal behavior, in general, showed difficulty in dealing with psychosocial stressors and in acquiring positive perspectives for resolving problems – besides showing feelings of lack of support, hopelessness and pessimism⁽¹⁾.

Mental disorders are one of the most important risk factors for suicide, according to the World Health Organization (WHO) as, in general, 90% of people who commit suicide present a disorder⁽²⁾. Furthermore, the risk factors for suicide, in the nonclinical population, differ from those found in the clinical population. The model for predicting risk of suicidal behavior among psychiatric patients includes age above 60 years old, abusive use of drugs, schizophrenia, mood disorder, personality disorder, and disorders due to a medical condition⁽³⁾. In relation to risk factors for suicide, among psychiatric patients from Latin America and the Caribbean, emphasis is placed on the presence of depression, family dysfunction and history of attempts at suicide⁽⁴⁾.

One Japanese study ascertained the differences between the sexes in relation to the risk factors for suicidal behavior, with suicide attempts through the use of poisonous gas being more common among men and drugs overdoses more common among the women; there was a greater frequency of depression and bipolar disorder among the men, while personality and dysthemic disorders were more common among the women. Among the men, evidence was found for more reports of health problems, financial problems and work-related problems – while among the women, there was evidence of family problems and loneliness⁽⁵⁾.

Nurses who work in the field of mental health have an important role in the care of patients with suicidal behavior. They must receive support to deal with the emotional challenges in caring for these patients⁽⁶⁾. It is known that nurses provide most of the direct care for these patients and, therefore, have opportunities for identifying the warning signs for suicide and, consequently, of preventing this⁽⁷⁾.

In Brazil, there is a shortage of empirical data on the risk factors related to gender among psychiatric patients. Such data could support the development of suicide prevention strategies. In the light of this, the rationale for the present study is that it makes it possible to produce knowledge about suicide and allow the identification of psychiatric patients in a situation of risk for suicidal behavior.

Based on these considerations, this article aimed to identify characteristics for suicidal behavior and the risk factors for suicide among men and women with psychiatric disorders who were attended in a Psychosocial Care Center III.

● METHODOLOGY

Quantitative and descriptive research undertaken based on data from the medical records of 410 psychiatric patients receiving treatment in the Psychosocial Care Center (CAPS III) in Divinópolis, a city in the nonmetropolitan region of the Brazilian state of Minas Gerais.

The sample was calculated on a base of a population of approximately 16,000 service users attended in the service since it was inaugurated in 1997, through to the year 2014. An error of estimate of 5%, and reliability and accuracy of the sample of 95% were considered, adopting the percentage of 50%, which provides the maximum sample size. With these parameters, we obtained a number of 384 medical records. For the random selection, 7% was added to the number of medical records, taking into consideration eventual losses which could occur. As a result, the final sample size (simple random sample) established was of 410 adult patients with serious and persistent mental disorders.

For data collection, a questionnaire was used which was constructed specifically for scientific research, in which the variables were defined based in the literature⁽²⁾. The inclusion criteria were defined as: medical records of adult patients with serious and persistent mental disorders; medical records chosen at random with a form for identification upon admission; medical records filed in the service between 8 July 1997 and 31 December 2014. The exclusion criteria were defined as: medical records of adolescent patients, and medical records which were chosen at random but which lacked the form for identification upon admission.

The medical records were randomly selected for analysis. The selection was defined through choosing randomly from 65 boxes of medical records, with the first 10 medical records of patients attended in the service being removed from each box. Data collection took place through documental analysis of the service's medical records filed in the unit itself, and was undertaken between April and December 2015. The data were extracted based on information on the following variables: age; sex; marital status; educational and work-related situations; psychiatric diagnosis and psychiatric comorbidity (ICD 10); history of suicidal behavior (ideation, attempt or death); and family and personal history.

The data were codified and typed in the Microsoft Excel 2010 program in a previously constructed spreadsheet. The statistical analysis was undertaken using the Statistical Package for the Social Sciences (SPSS) version 21.0. Based in the data obtained, a descriptive statistical analysis was undertaken and – for the correlations – the χ^2 tests were used when the frequency expected was below five; and Fischer's exact test was applied with a confidence interval of 95% and value of $p < 0.05$ as levels of significance.

This study was approved by the Research Ethics Committee of the Federal University of São João Del Rei, under Opinion N. 994,684.

● RESULTS

Among the 410 medical records analyzed, 211 (51.5%) were of men and 199 (48.5%), of women. In the group of women, the majority were aged between 19 and 59 years old (87.4%, $n=174$), married (47.7% $n=95$), with children (56.8%, $n=113$), with an educational level equal to or less than eight years of study (61.8%, $n=123$) and not working (57.3%, $n=114$).

Among the group composed of the men, a high frequency of adults was verified (87.2%, $n=184$), low educational level (68.2%, $n=144$) and not working (49.8%, $n=105$). The men, in contrast with the group of women, were mostly single (49.8%, $n=105$) and without children (64.5%, $n=136$).

The main psychiatric diagnosis presented by the women, upon admission to the service, was mood disorders (F30-F39) (43.2%, $n=86$) – which was also the most common comorbidity (34.4%, $n=56$). Regarding diagnosis on admission, 36% of the men presented disorders due to the use of drugs ($n=76$) and – regarding comorbidities – 23.3% recorded mood disorders ($n=42$).

Table 1 presents the characteristics of the suicidal behavior of the men and women receiving psychiatric treatment in the CAPS III. One can observe a higher frequency of suicidal behavior among the women (38.7%, $n=77$) than among the men. This was also the most frequent reason for women for admission for treatment in the service (13.1%, $n=26$).

In relation to the characteristics, a higher frequency of suicidal ideation and death by suicide was identified among the women (28.1%, $n=56$ and 1.5, three, respectively) along with higher frequency of ideation as the reason for admission to the services (9.5%, $n=19$). Suicide attempts were more common among the men (23.7%, $n=50$) and were also more present on admission (5.2%, $n=11$), when compared with the rates among the women.

In relation to means of perpetration, differences may be observed between the sexes. Suicide attempt by self-poisoning with drugs (29.5%, $n=13$) was the means recorded more among the women, while self-inflicted injuries caused by hanging, strangulation and suffocation (14%, seven) were recorded more among the men. Emphasis is placed on the significant percentage of failure to record in the medical records the means of perpetration in suicide attempts and death by suicide in both sexes.

Table 1 - Characteristics of suicidal behavior of women and men ($n=410$) receiving treatment in the Psychosocial Care Center III. Divinópolis, MG, Brazil, 2016 (continues)

		Women		Men	
		(n)	(%)	(n)	(%)
Suicidal behavior	Yes	77	38.7	67	31.8
	No	122	61.3	144	68.2

Suicidal behavior as reason for admission	Yes	26	13.1	19	9
	No	173	86.9	192	91
Suicidal ideation	Yes	56	28.1	44	20.9
	No	143	71.9	167	79.1
Suicidal ideation as reason for admission	Yes	19	9.5	11	5.2
	No	180	90.5	200	94.8
Suicide attempt	Yes	44	22.1	50	23.7
	No	155	77.9	161	76.3
Attempt as a reason for admission	Yes	8	4	11	5.2
	No	191	96	200	94.8
Means for 1st attempt at suicide *	X61	13	29.5	7	14
	X64	1	2.3	0	0
	X68	0	0	1	2
	X70	2	4.5	7	14
	X71	2	4.5	1	2
	X76	4	9.1	1	2
	X78	0	0	6	12
	X80	1	2.3	4	8
	X81	1	2.3	0	0
	X82	0	0	1	2
	Not recorded	20	45.5	22	44
Death by suicide	Yes	3	1.5	2	0.9
	No	196	98.5	109	99.1
Means of death by suicide	Not recorded	3	100	2	100

*Key: Self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified (X61), Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances (X64), Intentional self-poisoning by and exposure to pesticides (X68); Intentional self-harm by hanging, strangulation and suffocation (X70), Intentional self-harm by drowning and submersion (X71), Intentional self-harm by smoke, fire and flames (X76), Intentional self-harm by sharp object (X78), Intentional self-harm by jumping from a high place (X80), Intentional self-harm by jumping or lying before moving object (X81), Intentional self-harm by crashing of motor vehicle (X82).

Regarding the main psychiatric diagnosis of the patients with suicidal behavior upon admission (Table 2), 49.4% (n=38) of the women presented mood disorders and 37.9% (n=25) of the men recorded disorders due to the use of drugs. Regarding comorbidities, 33.7% (n=31) of the women recorded mood disorders and 23% (n=20) of the men presented schizophrenia, schizotypal disorders, delusional disorders and mood disorders.

Table 2 - Psychiatric characteristics of the women and men (n=410) being treated in the Psychosocial Care Center III. Divinópolis, MG, Brazil, 2016 (continues)

Psychiatric diagnosis	Women		Men	
	(n)	(%)	(n)	(%)
F00-F09	5	6.5	4	6.1
F10-F19	6	7.8	25	37.9
F20-F29	18	23.4	15	22.7
F30-F39	38	49.4	18	27.3

F40-F48	9	11.7	2	3
F50-F59	0	0	0	0
F60-F69	1	1.3	1	1.5
F70-F79	0	0	1	1.5
F80-F89	0	0	0	0
Psychiatric comorbidity				
F00-F09	3	3.3	5	5.7
F10-F19	8	8.7	16	18.4
F20-F29	13	14.1	20	23
F30-F39	31	33.7	20	23
F40-F48	12	13	9	10.3
F50-F59	0	0	0	0
F60-F69	10	10.9	6	6.9
F70-F79	5	5.4	4	4.6
F80-F89	0	0	0	0
G40-G47	10	10.9	7	8

In the results for the inference test (Table 3), it was observed that women with suicidal behavior presented an association with psychiatric comorbidity of the psychotic or delusional disorders and manic episodes or affective bipolar disorder ($p < 0.001$). An association was ascertained between history of physical or sexual abuse ($p < 0.001$) and suicidal behavior among the women.

Table 3 – Association between the psychiatric characteristics, family and personal histories and suicidal behavior among women (n=199) being treated in the Psychosocial Care Center III. Divinópolis, MG, Brazil, 2016

	Yes		No		χ^2	p-value
	(n)	(%)	(n)	(%)		
Psychiatric diagnosis						
F10	5	41.7	7	58.3	0	0.5
F11, F12, F14, F18 or F19	1	16.7	5	83.3	1.2	0.2
F20	13	40.6	19	59.4	0	0.4
F21, F22, F23, F24, F25, F26 or F29	5	29.4	12	70.6	0.6	0.2
F30 or F31	2	12.5	14	87.5	5	0
F32 or F33	34	51.5	32	48.5	6.8	0
Psychiatric comorbidity						
F10	6	85.7	1	14.3	6.8	0
F11, F12, F14, F18 or F19	3	75	1	25	4.8	0
F20	6	35.3	11	64.7	0	0.4
F21, F22, F23, F24, F25, F26 or F29	7	70	3	30	4.3	0
F30 or F31	13	72.2	5	27.8	9.3	0
F32 or F33	18	48.6	19	51.4	1.8	0.1
Family psychiatric diagnosis	49	42.6	66	57.4	1.7	0.1
Family suicidal behavior	9	56.3	7	43.8	2.2	0.1
Physical or sexual abuse	17	73.9	6	26.1	13.5	0
Important losses	24	44.4	30	55.6	1	0.1
Loss of the parents	14	51.9	13	48.1	2.2	0
Accident or violence	8	53.3	7	46.7	1.4	0.1
Having children	47	41.6	66	58.4	0.9	0.2

The psychiatric diagnosis of depression and of the psychiatric comorbidity of depression, schizophrenia or disorders due to the use of illicit drugs was associated with suicidal behavior among the men ($p < 0.001$). The presence of history of suicidal behavior in the family was shown to be associated with suicidal behavior among the men ($p < 0.001$) (Table 4).

Table 4 - Association between the clinical characteristics, family and personal histories, and suicidal behavior in men ($n=211$) receiving psychiatric treatment in the Psychosocial Care Center III. Divinópolis, MG, Brazil, 2016

	Yes		No		χ^2	p-value
	(n)	(%)	(n)	(%)		
Psychiatric diagnosis						
F10	18	36	32	64	0.5	0.2
F11, F12, F14, F18 or F19	7	26.9	19	73.1	0.3	0.3
F20	11	26.2	31	73.8	0.7	0.2
F21, F22, F23, F24, F25, F26 or F29	5	45.5	6	54.5	1	0.2
F30 or F31	5	23.8	16	76.2	0.6	0.2
F32 or F33	12	52.2	11	47.8	4.9	0
Psychiatric comorbidity						
F10	6	40	9	60	0.5	0.3
F11, F12, F14, F18 or F19	11	55	9	45	5.5	0
F20	15	57.7	11	42.3	9.2	0
F21, F22, F23, F24, F25, F26 or F29	6	40	9	60	0.5	0.3
F30 or F31	6	40	9	60	0.5	0.3
F32 or F33	13	52	12	48	4.5	0
Family psychiatric diagnosis						
Family suicidal behavior	4	80	1	20	5.5	0
Physical or sexual abuse						
Important losses	10	32.3	21	67.7	0	0.5
Loss of parents	10	29.4	24	70.6	0.1	0.4
Accident or violence	13	46.4	15	53.6	3.2	0
Having children	22	29.3	53	70.7	0.3	0.3

● DISCUSSION

In the study, most of the patients being treated in the CAPS were adults aged between 19 and 59 years old – and, in this aspect, it is important to recognize the specific characteristics of suicidal behavior among adults with mental disorders. Suicidal behavior in adulthood is generally present in situations of personal, work-related or family-related failure, social condemnation, loneliness, lack of a social support network, depression and poor prognosis for chronic diseases⁽⁸⁾.

Low educational level and not being in employment are psychosocial characteristics of most of the patients attended in the CAPS III, and educational level was also indicated in a separate Brazilian study which shows that most patients in one CAPS in Northeast Brazil, with histories of attempts of suicide, had either not attended school or had only been educated to primary/junior high school level⁽⁹⁾.

In the present study, the men – in contrast with the women – were single and childless. Regarding marital status, a separate Brazilian study has also found a high proportion of suicide attempts among psychiatric patients without affective bonds⁽⁹⁾.

The findings in relation to diagnoses upon admission to the service, and the most frequent comorbidities, corroborate the statement that most people who attempt or die from suicide have a significant psychiatric comorbidity. The risk of suicide varies with the type of psychiatric disorder – being more common when associated with depression or with disorders resulting from the use of drugs⁽²⁾. One study showed that the diagnosis and treatment of the co-morbid psychiatric illnesses, particularly in mood disorders, are vitally important in preventing suicide⁽¹⁰⁾.

One in four female patients, and one in three males, being treated in the CAPS III presented suicidal behavior. In this regard, the presence is also evidenced of chronic self-destruction among men and women with a history of suicide attempts, according to the Polish version of the Chronic Self-Destruction Scale (CS-DS)⁽¹¹⁾. Self-destruction is understood as referring to behaviors of transgression and risk, lack of care with health, personal and social neglect, lack of support and passivity in relation to problems⁽¹¹⁾.

In this regard, Occupational Therapeutic Activity in Mental and Psychiatric Health Nursing could be an important treatment tool, based on the premise that the process of rehabilitation and of psychosocial recovery aims to teach people with compromise caused by a mental disorder to perform physical, emotional and intellectual skills necessary to live autonomously⁽¹²⁾.

In relation to the means used for attempting or succeeding in suicide, it was found that women used less violent methods – such as intentional pharmacological self-poisoning – while the men – besides self-poisoning – also used hanging, strangulation and suffocation. These findings are corroborated by a Spanish study of 180 suicides which also noted the difference between men and women in relation to the methods used⁽¹³⁾. Also in this regard, a separate study showed that Iranian patients with diagnoses of overdose undertaken with suicidal intention were more frequent among women, with the use of medications being most common⁽¹⁴⁾.

The disorders due to the use of drugs were the main psychiatric diagnosis among the male patients with suicidal behavior upon admission for treatment in the CAPS III. The consumption of alcohol and/or abuse of other drugs is closely linked with both unsuccessful and successful attempts at suicide – as indicated by the autopsies of 1018 suicides – where high levels of concentration of alcohol were found in the victims' blood (≥ 0.1 g/kg)⁽¹⁵⁾. A Swedish study showed that – regardless of the method used (hanging or self-poisoning), depressive and/or antipsychotic medications are found most in the results of toxicology reports following suicide⁽¹⁶⁾.

In relation to the main psychiatric diagnosis, upon the admission of patients with suicidal behavior, mood disorders were found among the women and disorders due to the use of drugs among the men. In this regard, a difference is found in the risk of suicidal ideation or attempt at suicide, according to the psychiatric disorder⁽¹⁷⁾. One study of 79 suicides which occurred in a psychiatric hospital in Spain indicated that 54.3% of the individuals had mood disorders; 37.1%, bipolar disorder; 17.1%, psychotic disorder, and 42.9% were abusing drugs⁽¹⁸⁾. One important scientific finding, in relation to this, is the fact that the risk of suicide attempts among patients with mood disorders can be estimated based on clinical variables, the most relevant being episodes of hospitalization for treatment of depression, a comorbidity of psychotic disorder, cocaine dependence and posttraumatic stress disorder⁽¹⁹⁾.

Negative life events, insufficient social support and hostility were found to be associated with suicide among Asian women with depression⁽²⁰⁾. Moreover, in a study undertaken in Saudi Arabia, it was found that among patients with depression, 36.6% reported attempted suicide and 47.2% stated that they had suicidal thoughts⁽²¹⁾. It is important to emphasize that among the risk factors for suicide for patients with psychotic disorders one finds recent suicidal ideation, history of suicide attempts, psychiatric comorbidities and psychiatric family history⁽²²⁾.

The present study's findings show that suicidal behavior among women was associated with a psychiatric comorbidity of psychotic or delusional disorders and manic episodes or affective bipolar disorder. Among men, the association was with depression and with comorbidity of depression, schizophrenia, and disorders due to the use of drugs.

In this regard, it is important to stress that in depression, it is common for loneliness and self-aggression to have a mutually strengthening effect, neutralizing the wish to live and increasing the risk of suicide in the initial phase of the illness and after discharge from hospital, due to the feeling of hopelessness⁽⁸⁾.

Also in relation to the psychiatric disorders, young men with psychotic disorders have a higher risk of suicide in the first phase of the illness, and in the first months after discharge from hospital, as well as depressive symptoms. It is highlighted that patients with schizophrenia, with hallucinations or delirium, may attempt suicide using atypical and crueler methods, and without mentioning their intentions beforehand⁽²³⁾. Alcoholism and drug abuse are also important risk factors for suicide, particularly in

the advanced stages of dependence, as – in these stages – it is common for secondary depression to produce the idea of it being impossible to overcome the illness, or of there being a lack of ways out of the situation of physical or psychosocial difficulty⁽²⁴⁾.

Another of this study's findings showed that the presence of a history of physical or sexual abuse was associated with suicidal behavior among the women – and a history of suicidal behavior in the family, among the men. A South Korean study suggests that emotional abuse in childhood has indirect harmful effects in adult life – such as suicide – due to the greater occurrence of re-victimization and depressive symptoms⁽²⁵⁾. It is also known that histories of traumatic experiences promote the development of psychiatric disorders in adults, with a worse prognosis of the disease⁽²⁶⁾. One cohort study indicated that child sexual abuse was associated with depression, anxiety disorder, suicidal ideation and suicide attempts, dependence on alcohol and illicit drugs, posttraumatic stress disorder and reduction in self-esteem and satisfaction with life⁽²⁷⁾.

The presence of a history of suicidal behavior in the family was presented as a risk factor among the men. In this regard, one review study indicates that observations of family history of suicide suggest the existence of a genetic vulnerability in relation to suicidal behavior⁽²⁸⁾. A study of 181 cases of attempted suicide showed that men with a family history of suicide presented attempts which were planned more, more serious, and with a higher risk of success⁽²⁹⁾.

● FINAL CONSIDERATIONS

This study made it possible to identify the characteristics of suicidal behavior among men and women receiving treatment in the CAPS III. Suicidal ideation was more frequent among women, being the most frequent cause of admission to the psychiatric service; while attempted suicide was more prevalent among the men and was also the most common cause of admission.

It was observed that, in relation to the means employed in attempting suicide, the women were more likely to use self-poisoning, in contrast with the men, who were more likely to use hanging. In contrast, women presented a higher number of successful suicides, a fact which may be associated with the small number of cases reported in the medical records, indicating a limitation of the study caused by the poor quality of records made in the medical records.

Another important datum found was that most of the women with a history of suicidal behavior had a diagnosis of mood disorders, while the men presented disorders related to the use of psychoactive substances.

It is important to highlight that, in the present study, important variables were noted for the subjects studied which were not recorded in the medical records – mainly in relation to the methods employed for suicide and to description of the attempts and of suicidal ideations. It is known that the best method for assessing the risk of suicide is the information referent to the risk factors and means of protection, characteristics of the act, and personal and family precedents.

As the mental disorders are one of the main risk factors for suicide, it is important for nurses to be aware of the profile of the public with a history of suicidal behavior, so that specific prevention strategies may be planned for men and women and – in this way – quality care may be provided.

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● REFERENCES

1. Teng CT, Pampanelli MB. O suicídio no contexto psiquiátrico. *Revista Brasileira de Psicologia*. [Internet] 2015;2(1) [acesso em 04 abr 2017]. Disponível: <http://revpsi.org/wp-content/uploads/2015/04/Teng-Pampanelli-2015-O-Suic%C3%ADdio-no-contexto-psiqui%C3%A1trico.pdf>.
2. World Health Organization. Preventing suicide: a global imperative. Geneva: WHO; 2014.
3. Dennis BB, Roshanov PS, Bawor M, ELSheikh W, Garton S, de Jesus J, et al. Re-examination of classic risk factors for suicidal behavior in the psychiatric population. *Crisis*. [Internet] 2015;36(4) [acesso em 04 abr 2017]. Disponível: <https://doi.org/10.1027/0227-5910/a000342>.
4. Teti GL, Rebok F, Rojas SM, Grendas L, Daray FM. Systematic review of risk factors for suicide and suicide attempt among psychiatric patients in Latin America and Caribbean. *Rev Panam Salud Publica*. [Internet] 2014;36(2) [acesso em 04 abr 2017]. Disponível: http://www.scielo.org/scielo.php?script=sci_arttext&pid=S1020-49892014000700008&lng=en&nrm=iso&tlng=en.
5. Narishige R, Kawashima Y, Otaka Y, Saito T, Okubo Y. Gender differences in suicide attempters: a retrospective study of precipitating factors for suicide attempts at a critical emergency unit in Japan. *BMC Psychiatry*. [Internet] 2014;14(144) [acesso em 04 abr 2017]. Disponível: <https://doi.org/10.1186/1471-244X-14-144>.
6. Hagen J, Knizek BL, Hjelmeland H. Mental health nurses' experiences of caring for suicidal patients in psychiatric wards: an emotional endeavor. *Archives of Psychiatric Nursing*. [Internet] 2017;31(1) [acesso em 04 jun 2017]. Disponível: <https://doi.org/10.1016/j.apnu.2016.07.018>.
7. Bolster C, Holliday C, Oneal G, Shaw M. Suicide assessment and nurses: what does the evidence show? *Online J Issues Nurs*. [Internet] 2015;20(1) [acesso em 04 jun 2017]. Disponível: <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-20-2015/No1-Jan-2015/Suicide-Assessment-and-Nurses.html>.
8. Echeburúa E. Las múltiples caras del suicidio en la clínica psicológica. *Ter Psicol*. [Internet] 2015;33(2) [acesso em 14 jun 2017]. Disponível: <http://dx.doi.org/10.4067/S0718-48082015000200006>.
9. de Oliveira MIV, Bezerra Filho JG, de Lima MVN, Ferreira CC, Garcia, LU, Goes LSP. Características psicossociais de usuários de um Centro de Atenção Psicossocial com história de tentativa de suicídio. *SMAD*. [Internet] 2013;9(3) [acesso em 14 jun 2017]. Disponível: <http://dx.doi.org/10.11606/issn.1806-6976.v9i3p136-143>.
10. Lin C, Yen TH, Juang YY, Lin JL, Lee SH. Psychiatric comorbidity and its impact on mortality in patients who attempted suicide by paraquat poisoning during 2000–2010. *PLoS One*. [Internet] 2014;9(11) [acesso em 14 jun 2017]. Disponível: <https://doi.org/10.1371/journal.pone.0112160>.
11. Tsigotis K, Gruszczynski W, Tsigotis-Maniecka MA. Differentiation of indirect self-destructiveness due to sex (gender) in individuals after suicide attempts. *Psychiatriatr Pol*. [Internet] 2015;49(3) [acesso em 14 jun 2017]. Disponível: <https://doi.org/10.12740/psychiatriapolska.pl/online-first/1>.
12. Melo-Dias C, Rosa A, Pinto A. Atividades de ocupação terapêutica – intervenções de enfermagem estruturadas em reabilitação psicossocial. *Revista Portuguesa de Enfermagem de Saúde Mental*. [Internet] 2014;(11) [acesso em 14 jun 2017]. Disponível: http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S1647-21602014000200003&lng=pt&nrm=iso.
13. Azcárate L, Peinado R, Blanco M, Goñi A, Cuesta MJ, Pradini I, et al. Características de los suicidios consumados en Navarra en función del sexo (2010-2013). *Anales Sis San Navarra*. [Internet] 2015;38(1) [acesso em 14 jul 2017]. Disponível: <http://dx.doi.org/10.4321/S1137-66272015000100002>.
14. Zöhre E, Ayrik C, Bozkurt S, Köse A, Narci H, Çevik I, et al. Retrospective analysis of poisoning cases admitted to the emergency medicine. *Arch Iran Med*. [Internet] 2015;18(2) [acesso em 6 jul 2017]. Disponível: <http://www.ams.ac.ir/AIM/NEWPUB/15/18/2/0011.pdf>.
15. Zupanc T, Agius M, Paska AV, Pregelj P. Blood alcohol concentration of suicide victims by partial hanging. *Journal of Forensic and Legal Medicine*. [Internet] 2013;20(8) [acesso 10 jul 2017]. Disponível: <https://doi.org/10.1016/j.jflm.2013.09.011>.

16. Jones AW, Holmgren A, Ahlner J. Toxicology findings in suicides: concentrations of ethanol and other drugs in femoral blood in victims of hanging and poisoning in relation to age and gender of the deceased. *Journal of Forensic and Legal Medicine*. [Internet] 2013;20(7) [acesso em 10 jul 2017]. Disponível: <https://doi.org/10.1016/j.jflm.2013.06.027>.
17. Baldessarini RJ, Vázquez GH, Tondo L. Affective temperaments and suicidal ideation and behavior in mood and anxiety disorder patients. *J Affect Disord*. [Internet] 2016;198(1) [acesso em 10 jul 2017]. Disponível: <https://doi.org/10.1016/j.jad.2016.03.002>.
18. Gómez-Durán EL, Forti-Buratti MA, Gutiérrez-López B, Belmonte-Ibáñez A, Martín-Fumadó C. Trastornos psiquiátricos en los casos de suicidio consumado en un área hospitalaria entre 2007-2010. *Rev Psiquiatr Salud Ment (Barc.)*. [Internet] 2016;9(1) [acesso em 10 jul 2017]. Disponível: <https://doi.org/10.1016/j.rpsm.2014.02.001>.
19. Passos IC, Mwangi B, Cao B, Hamilton JE, Wu MJ, Zhang XY, et al. Identifying a clinical signature of suicidality among patients with mood disorders: A pilot study using a machine learning approach. *J Affect Disord*. [Internet] 2016;(193) [acesso em 10 jul 2017]. Disponível: <https://doi.org/10.1016/j.jad.2015.12.066>
20. Park S, Sulaiman A, Srisurapanont M, Chang SM, Liu CY, Bautista D, et al. The association of suicide risk with negative life events and social support according to gender in Asian patients with major depressive disorder. *Psychiatry Research*. [Internet] 2015;228(3) [acesso em 10 jul 2017]. Disponível: <https://doi.org/10.1016/j.psychres.2015.06.032>
21. Al-Habeeb AA, Sherra KS, Al-Sharqi AM, Qureshi NA. Assessment of suicidal and self-injurious behaviours among patients with depression. *East Mediterr Health J*. [Internet] 2013;19(3) [acesso em 10 jul 2017]. Disponível: <http://www.emro.who.int/emhj-vol-19-2013/3/assessment-of-suicidal-and-self-injurious-behaviours-among-patients-with-depression.html>.
22. Taylor PJ, Hutton P, Wood L. Are people at risk of psychosis also at risk of suicide and self-harm? A systematic review and meta-analysis. *Psychol Medicine*. [Internet] 2015;45(5) [acesso em 10 jul 2017]. Disponível: <https://doi.org/10.1017/S0033291714002074>.
23. Popovic D, Benabarre A, Crespo JM, Goikolea JM, González-Pinto A, Gutiérrez-Rojas L, et al. Risk factors for suicide in schizophrenia: systematic review and clinical recommendations. *Acta Psychiatr Scand*. [Internet] 2014;130(6) [acesso em 10 jul 2017]. Disponível: <https://doi.org/10.1111/acps.12332>.
24. Echeburúa E, Salaberría K, Cruz-Sáez M. Nuevos retos en el tratamiento del juego patológico. *Ter Psicol*. [Internet] 2014;32(1) [acesso em 14 jul 2017]. Disponível: <http://dx.doi.org/10.4067/S0718-48082014000100003>.
25. Lee MA. Emotional abuse in childhood and suicidality: the mediating roles of re-victimization and depressive symptoms in adulthood. *Child Abuse & Neglect*. [Internet] 2015;(44) [acesso em 14 jul 2017]. Disponível: <http://dx.doi.org/10.1016/j.chiabu.2015.03.016>
26. Cáceres-Taco E, Vásquez-Gómez F. Intento suicida y antecedente de experiencias traumáticas durante la infancia en adultos con diagnóstico de depresión, trastorno de personalidad limítrofe o esquizofrenia. *Rev Neuropsiquiatr*. [Internet] 2013;76(4) [acesso em 14 jul 2017]. Disponível: <https://doi.org/10.20453/rnp.v76i4.1175>.
27. Fergusson DM, McLeod GF, Horwood LJ. Childhood sexual abuse and adult developmental outcomes: findings from a 30-year longitudinal study in New Zealand. *Child Abuse & Neglect*. [Internet] 2013;37(9) [acesso em 14 jul 2017]. Disponível: <https://doi.org/10.1016/j.chiabu.2013.03.013>.
28. Andriessen K, Videtic-Paska A. Genetic vulnerability as a distal risk factor for suicidal behaviour: historical perspective and current knowledge. *Zdrav Var*. [Internet] 2015;54(3) [acesso em 14 jul 2017]. Disponível: <https://doi.org/10.1515/sjph-2015-0026>.
29. Rajalina M, Hirvikoski T, Jokinen J. Family history of suicide and exposure to interpersonal violence in childhood predict suicide in male suicide attempters. *J Affect Disord*. [Internet] 2013;148(1) [acesso em 14 jul 2017]. Disponível: <https://doi.org/10.1016/j.jad.2012.11.055>.