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CORE SYMPOSIUM: SUICIDE ACROSS EUROPE. EPIDEMIOLOGY OF COMPLETED SUICIDE IN EUROPE: MAIN TENDENCIES AND TRENDS

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Suicide is well represented in the WHO mortality databases, providing the opportunity to study and discuss how ethno-genetic, cultural, religious, economical and political issues may influence suicide rates in different regions and countries. The problem is that all these factors act together and often with contrasting effect. Suicide rates in Europe vary widely - from about 30 per 100000 of population in Lithuania, Russian Federation, Belarus and Kazakhstan to about 1-2 per 100000 in Cyprus, Azerbaijan, Georgia, Armenia and Greece. It is possible to see from the map, that suicide rates diminish when moving from North to South and from East to West. This may be discussed within the so called "Finno-Ugrian hypothesis". Gender is one of the issues most widely discussed in suicidal behavior. Across Europe males commit suicides 3-5 times more often than females. Dramatic changes in suicide rates on the post-soviet space are associated with male suicides, while female suicides remained almost unchanged. One explanation is a higher susceptibility of males to socio-economic stress while females seem to be more protected. There is a general rule that suicide rates go up with increasing age. In countries like Ukraine, suicide is significantly higher in rural than in urban areas. Other factors influencing suicides are seasonality, alcohol and substance abuse in the given population. Life-stress and its equivalents seem to be very important, as many other conditions (like cardiovascular and cerebrovascular diseases and accidents) have the same pattern as suicide when studying mortality rates across Europe.