

Tues-P76**A COMPARISON OF SUICIDE BETWEEN DENMARK AND CHINA**

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The study compared for the first time the similarities and differences of suicide rates, gender, area distribution, method and causes between Denmark and China. Data for the study were obtained from the official records in China and the Danish Psychiatric Case Register.

The results showed that the suicide mortality rates in both countries had a slightly decreasing trend during the period of 1987–1994, but the patterns of suicide were strikingly different. Denmark (1991) had a higher male than female suicide rate, the male:female ratio was 2.06 totally, but China (1988) had a higher rate in females with the ratio 0.77, especially for the 15–24 age group, the ratio was 6.02 in Denmark versus 0.52 in China. China rural suicide rate was 2.5 times higher than urban, contrary to Denmark where urban was 1.5 times rural. The two most common methods of suicide were poisoning and hanging in both countries, the third was other violence in Denmark but drowning in China. In Denmark, mental illness, gender, age, somatic illness, living alone and unemployment, respectively, were important risk factors of suicide. However, in China, it was mental illness, family or love problem, somatic illness, other reasons, and unknown reasons. Surprisingly, more than 25% of the alleged causes of suicide in China were problems with family, love, or marriage.

All these characteristics were explained in terms of history, culture, social forces, political environment and economic status. One could argue that differences in social culture and political system were playing a significant role in the situation.

Tues-P77**A PRIMARY PREVENTION PROJECT OF SUICIDAL RISK IN RELATION TO THE LOSS OF WORKING ACTIVITY**

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The author presents, beginning from the historical analysis of causes of suicidal behavior, a primary prevention project of suicidal risk in relation to the loss of working activity.

In accordance with the objective valuations of the OMS, about one thousand people commit suicide every day, and it results that the ratio between the incidence of the suicide in females and males is 1 to 3 for most of the countries considered.

A high rate of suicide is found among the working class without a professional qualification, and those belonging to a professional class, as compared with the other classes.

The rate of suicide increases with the condition of unemployment and with social instability.

From our data, moreover, it was proved that the last years, the number of suicides or attempted suicides has considerably increased among long-time-unemployed men.

As many studies confirm, to work is an important and fundamental protective factor, whereas unemployment is a factor risk, often inciting or precipitating into a crisis situation, which in a large number of cases can cause a suicidal behaviour.

The author proposes, in the sphere of the project of primary prevention, to set up a group formed of: a psychiatrist, a doctor of work, a psychologist of work, a qualified person in the work's psychiatric field with good knowledge of ethno-psychiatry.

This group should work liaison with a newly formed "Itinerant service of a psycho-social medicine of consultancy and of training".

One purpose of this service is to permit a prevention of suicidal risk of unemployed people in the future, giving easier access to specialized persons in the field of the cure of mental disturbances.

This would be through a direct knowledge in under normal working situations consequently reducing prejudices present in the collective conscience regarding the role of those involved in the psychiatry.

Tues-P78**RECIDIVE SUICIDAIRE CHEZ LES JEUNES DE MOINS DE 30 ANS: ROLE DES FACTEURS FAMILIAUX**

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Le phénomène suicidaire, notamment chez les jeunes, est en progression constante; environ 40 000 adolescents sont admis chaque année en France au décours d'une tentative d'autolyse; 37% des 15–24 ans et 47% des 24–34 ans sont récidivistes, la récurrence étant généralement précoce, survenant deux fois sur trois dans l'année suivant le premier geste suicidaire. Si de fort nombreuses études ont mis en évidence l'importance fondamentale de la structure familiale dans le processus suicidaire, peu ont étudié leur impact sur les récurrences.

Une étude menée aux Urgences du CHU de Caen de décembre 1993 à juin 1994 montre que les jeunes de moins de 30 ans (n: 369) représentent 34% des patients admis pour motif psychologique; 60% d'entre eux sont des suicidants, fréquemment au chômage et récidivistes une fois sur deux. Les antécédents familiaux, plus particulièrement la dépression et les tentatives de suicide, et les antécédents psychologiques personnels (placement précoce, suivi psychiatrique antérieur) sont significativement plus fréquents chez les récidivistes, et s'avèrent être d'authentiques facteurs de risque d'un nouveau geste suicidaire.

Les résultats de cette étude, en confirmant le rôle non négligeable des antécédents familiaux sur la récurrence, soulignent l'importance de la dynamique familiale dans le phénomène suicidaire, et la nécessité de la prendre en compte dans l'évaluation du suicidant.

Tues-P79**PRÉCARITÉ D'EMPLOI ET RÉCIDIVES SUICIDAIRES**

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Depuis les travaux de Durkheim, de nombreuses études ont mis évidence une importante et complexe association entre gestes suicidaires et chômage sans lien causal démontré. Dans la situation de crise économique que traverse la France, les notions de précarité d'emploi et de difficultés socioprofessionnelles dépassent largement le seul cadre du chômage, et des solutions sociales d'insertion et de lutte contre le chômage n'ont pas contribué à améliorer l'intégration d'une population jeune de plus en plus confrontée à la précarité d'emploi. Dans le cadre d'une étude menée aux urgences du CHU de Caen, les suicidants de plus de 15 ans ont été évalués par hétéroquestionnaire, et les primosuicidants ont été comparés aux récidivistes en fonction de la qualité de l'intégration socioprofessionnelle. Parmi les 541 suicidants, 416 (77%) sont socialement actifs, 61.5% ayant une activité professionnelle régulière et 38.5% étant en situation professionnelle précaire. Le sex-ratio femmes/hommes voisin de 2 pour les sujets ayant une activité régulière, n'est plus que de 1 en cas de situation précaire tant

chez les primosuicidants que chez les récidivistes. Les récidivistes travaillaient régulièrement ont significativement plus d'antécédents psychiatriques familiaux que les primosuicidants. La différence n'est plus significative chez les suicidants en difficulté d'insertion, qui sont caractérisés par de moins bonnes conditions de vie, avec notamment absence de domicile régulier. Ces résultats apportent de nouveaux éléments de compréhension dans une relation entre les gestes suicidaires et le niveau d'intégration socioprofessionnelle.

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PHARMACOLOGIC PREVENTION OF SUICIDE

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In the study has provided some evidence that the dominant etiologic factors in suicide are mental disorders (depression, alcoholism or schizophrenia) In addition, suicide is associated with other dispositional factors such as negative life events and less social support, specific personality traits, sociodemographic and socioeconomic factors or family history of suicidal behavior.

In this study it was examine 50 suicide patients, who were without any mental disorders (they had one ore more suicide behavior in the past and suicide ideation at present).

The 29 female and 21 male patient's age were between 16–88 years (mean: 49.5). 25 patients had placebo, 25 had fluvoxamine (200 mg/day/ or fluoxetine (20 mg/day) during one year period. In the group of 25 patients with placebo 18 suicide tentamens during this one year, from the group of 25 patients with fluvoxamine or fluoxetine had 3. The conclusion: the SSRI antidepressants could be useful as a profilactic treatment of suicide behavior.

The Hungarian suicide-rate was one of the highest in the world. After the adequate antidepressant medication at the patient population this rate went down dramatically.

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SUICIDE IN PRISON — IS THE RISK REALLY HIGHEST IN THE FIRST PERIOD OF CUSTODY? PRISON SUICIDE IN AUSTRIA 1975–96

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In order to evaluate the phenomenon of prison suicides, a study was conducted using the case notes of all suicides having occurred in Austrian prisons between 1975 and 1996 (n = 206), as documented by the Ministry of Justice. In addition to an evaluation of age, gender and preferred methods of suicides, suicide-risk factors associated with different circumstances and periods of custody were studied.

Commonly, papers on prisoners' suicide risk estimate the risk to be highest within the early phase of custody, e.g. as stated by Beckett (1987): "The level of distress appeared to be maximal during the initial phase of imprisonment and, although remaining comparatively high, diminished with the passage of time." The evidence for this statement is based on the fact that the absolute number of jail suicides is highest during the first days, weeks and months. We appreciate that up to now forensic psychiatric science has relied only upon the numbers when investigating suicide in custody, because it was impossible to calculate rates and incidence density without official data concerning the system of imprisonment and criminal courts' practice. This data, however, was rarely available and incomplete. Nevertheless, we consider that it is necessary to get this data in order to use more detailed

statistical methods for the assessment of the real suicide risk. The calculated incidence density, which in our opinion reflects the suicide risk of a defined period of custody, increased proportionally with the time spent in jail. Furthermore, the suicide risk increased with the length of the announced sentence. We conclude that it could be necessary to reconsider the common assumption that the suicide-risk of persons in custody is highest shortly after admission.

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PARASUICIDE, ANHEDONIA AND DEPRESSION

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Introduction: Previous research has shown that anhedonia characterizes suicide attempters. The present study aimed to replicate this finding using a control of the depressive level.

Method: 106 parasuicides and 104 matched controls were assessed on the revised Physical Anhedonia Scale (PAS) and the abridged version of the Beck Depression Inventory (BDI).

Results: Consistent with previous studies, parasuicides were significantly more anhedonic than controls. When depressive level was taken into account, using analysis of covariance or multiple linear regression, the PAS score was not significantly different in the two groups.

Conclusion: Anhedonia in parasuicides constitutes a depressive feature and not a temperamental trait.

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DECREASING SUICIDE MORTALITY IN HUNGARY: WHICH ARE THE MAIN CAUSES?

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In agreement with the international data, clinical research of suicide in Hungary shows that the vast majority of suicide victims have mental disorders, especially untreated depression.

However, clinical studies show that adequate acute and prophylactic treatment of affective disorders reduces significantly the suicide mortality in this high-risk population.

In the last 13 years the suicide rate of Hungary showed a steady decrease from 45.9 (1983) to 32.9 (1995), while the same figure of the most post-communistic countries showed a slight or marked increase.

Since more than half of suicide victims kill themselves during a depressive episode, early recognition and adequate treatment of this population seems to be an important part of suicide prevention.

A markedly increased activity in postgraduate training in depression, in emergency telephone services, and in public education are reflected in the significant increase of antidepressant prescription during the last 6–7 years in Hungary. These data suggest that better recognition and more effective treatment of depression play an important role in the suicide prevention. Of course, several other (mainly psycho-social) factors may have also a contributing role in this favourable change in Hungary.