



Association between Sufferers of Disabled Somatic Heart Disease and Suicide

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Abstract: A significant proportion of cardiac patients suffer from depression, which precedes suicidal thoughts. This study identifies clinical vulnerabilities for suicidal ideation in cardiac patients. Although population studies have examined risk factors for suicidal ideation, the prevalence and associated factors in individuals with suicidal ideation are largely unknown. This article aims to explore the factors associated with suicidal thoughts in coronary heart disease.

Coronary heart disease is one of the most common diseases in humans associated with depression, which in turn is associated with an increased risk of suicide. Thus, the interaction between this disease and in relation to suicide must be assessed.

Keywords: coronary heart disease, suicidal thoughts, suicidal attempts.

Introduction.

A review of the link between disabled coronary heart disease and suicide will contribute to preventive efforts as well as raise the awareness of physicians and medical staff. Based on the study, we expect that certain disabled coronary heart diseases will be associated with an increased rate of suicide compared to people without such disorders. Also, having a disability would be associated with an increased rate of suicide. Suicidal thoughts are a significant risk factor for suicidal attempt and suicide, which is an important part and inevitable stage of suicidal behavior [1, 2]. Many previous studies have shown that suicidal ideation has been associated with chronic medical conditions (asthma, diabetes mellitus, rheumatoid arthritis and hypertension) [3, 4, 5]. Some observed studies of the relationship between coronary heart disease and mental health have shown that patients with disabled coronary heart disease show symptoms of depression that are closely associated with suicidal thoughts [2]. In addition, a clinical trial-based study found that coronary heart disease is a clinical vulnerability to suicidal behavior [5].

To the best of our knowledge, numerous studies have examined risk factors for suicidal ideation [5, 4]. However, several studies have examined suicidal ideation and related factors in individuals with coronary artery disease, and no study has examined the direct or indirect relationship between associated factors and suicidal ideation among patients with disabled coronary artery disease in Uzbekistan.

This article will analyze the prevalence of suicidal thoughts among patients with disabled coronary heart disease and compare suicidal thoughts in different subgroups of patients with disabled coronary heart disease.

Objective:

The purpose of this study was to study the characteristics of suicidal behavior in people with ischemic heart disease

Research methods

The study was conducted on the basis of the Bukhara regional multidisciplinary hospital, as well as regional and district multidisciplinary hospitals. 40 patients (32 men and 8 women) suffering from ischemic heart disease were examined. The median age at baseline was 60 years (interquartile range [IQR] 40–64 years) and the median follow-up period was 4.60 years (IQR 2.24–6.34 years). Of the examined patients, 25 (62.5%) had a disability due to heart disease, in 15 (37.5%) patients, disability was not established. In 4 patients, disability was first established during the study period, the remaining patients were hospitalized at least three times, and were also treated on an outpatient basis.

To assess emotional disorders was used “Hospital Anxiety and Depression Scale (HADS)”, which allows you to determine the severity of anxiety or depression. The scale is a series of statements, each of which corresponds to 4 answer options, evaluated in points. Indicators of 0-7 points indicate the absence of anxiety / depression, 8-10 points - about subclinical anxiety / depression, 11 points and above - about clinically expressed anxiety or depression.

risk with suicidal behavior was assessed using the Beck Suicidal Thought Scale. The Beck scale makes it possible to state both the presence, frequency and duration of suicidal thoughts, as well as the activity of suicidal intentions, as well as the presence of factors hindering their implementation. The maximum number of points on the Beck scale is 38, the risk of suicide is higher, the greater the total score obtained during the interview.

Testing was carried out in two groups of patients: group 1 consisted of 30 patients with disabilities, group 2 - 10 patients without a disability due to heart disease. The period of direct observation of the features of suicidal behavior in patients with coronary heart disease was 8 months.

Results

The study of the features of suicidal behavior in those examined during the period of direct observation showed that only in 25 (62.5%) patients it was limited to the appearance of suicidal thoughts without the formation of suicidal intentions. In 14 (35.0%) patients, more pronounced suicidal tendencies were observed in the form of suicidal intentions (3), suicidal thoughts (11) and suicidal attempts (1).

When tested using the Beck scale, it was found that in 23.9% of patients passive suicidal thoughts arose with a frequency of 1 to 3 times a week, 20.6% of patients reported the occurrence of suicidal intentions at least 8 times a week. At the same time, 14.8% of patients noted that they had suicidal thoughts and intentions for more than 20 minutes daily. It was easy to control suicidal thoughts in 48.8% of patients, 56.9% of patients reported that family, religion, understanding of the irreversibility of death were deterrents for the realization of suicidal intentions.

The distribution of patients depending on the severity of suicidal tendencies is shown in Table 1.

Table 1. Distribution of patients depending on the severity of manifestations of suicidal tendencies

Form of suicidal behavior	Disabled people with heart disease		Not disabled by heart disease		Total	
	abs.	%	abs.	%	abs.	%
Passive suicidal thoughts	18	60	7	70	25	62.5
Suicidal ideation	9	thirty	2	20	eleven	27.5
Suicidal Intentions	2	6.7	1	10	3	7.5
Suicidal attempt	1	3.3	-	-	1	2.5
Completed suicide	-	-	-	-	-	-
Total	thirty	100	10	100	40	100

In patients with newly diagnosed heart disease disability, the onset of suicidal tendencies was observed already within the first 3 months of disability (RR 2.48; 95% CI 1.21–4.58), especially among patients aged 40–61 years (RR 3 .62, 95% CI, 1.49–8.52). Moreover, the suicidal risk remained high throughout all 8 months of direct observation.

Indicators of the risk of suicidal behavior, depending on the time elapsed after the establishment of disability due to heart disease, are presented in Table 2.

Table 2. Indicators of the risk of suicidal behavior depending on the time elapsed since the establishment of disability for heart disease

Time elapsed since disability was established	Risk indicators for suicidal behavior
1 month	0.14(0.06–0.28)
2 months	0.28 (0.14–0.48)
3 months	0.47 (0.25–0.67)
4 months	0.64 (0.46–0.46)
5 months	0.76 (0.47–1.15)
6 months	0.80 (0.56–1.28)
7 months	0.84 (0.59–1.47)
8 months	0.88 (0.67–1.56)

Conclusion

Patients suffering from heart disease are at high risk of suicidal behavior, especially at a relatively young age, in the early period after diagnosis and disability. Emotional disorders in patients suffering from heart disease are the result of psychological distress caused by concerns about the irreversible and progressive nature of their disease, the low effectiveness of treatment and the high frequency of life-threatening complications. These results were confirmed in a multivariate analysis, adjusted for relevant confounding factors.

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