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Suicidal Thoughts in Patients with Chronic Hepatitis C

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Abstract: Hepatitis C virus (HCV) infection is one of the main causes of chronic liver disease worldwide, affecting about 170 million people [1, 2].Depression is common in patients with chronic viral hepatitis. Considering the fact that patients with chronic hepatitis C (CHC) have an increased prevalence of psychiatric comorbidities compared with the general population [7] and that psychiatric disorders are a contraindication to antiviral therapy. The most common psychiatric side effect is depression, the prevalence of which ranges from 30% to 70% [2]; therefore, depending on the severity of the depressive disorder, psychosis, suicidal thoughts and suicide attempts may occur [3,5].The progressive nature of hepatitis C results in a high rate of hospitalizations, heavy drug use, increased financial burden, frequent need for invasive procedures, changes in body image, and increased morbidity and mortality. All these factors contribute to physical and psychological stress, which mediates the development of depression and the formation of suicidal behavior. Several studies have shown that psychological stress in patients with hepatitis C has clinical significance. Nearly one in six patients with hepatitis C has moderate or more severe depression than controls, and nearly 66% of these patients have moderate or higher anxiety symptoms, according to the researchers. The severity of distress and depression correlates with the severity of liver disease[6, 8]. Moreover, psychiatric disorders have been found to worsen the clinical prognosis in patients with chronic liver disease, cirrhosis, and after liver transplantation.[10].

Current evidence suggests that the risk of suicide in people with chronic diseases such as cancer, kidney or heart failure is significantly higher than in the general population.[1,2, 4] .Patients with chronic liver disease also have higher rates of suicide attempts as a result of psychological stress and depression.[5].It is becoming clear that psychological intervention is needed to prevent suicide in hepatitis C.

In a study of patients with hepatitis C chronic liver disease, an integrated model developed by mental health providers and clinicians was recommended instead of the conventional model of care. In particular, it is shown that the active help of experts and psychological intervention are necessary to reduce the risk of suicide in patients due to their social maladaptation and self-stigmatization. Through the integrated care model, specific risk factors were identified during screening, treatments were proposed, and clinical and mental health improvements were made through regular follow-up. However, there are relatively few studies on the assessment of suicidal risk in patients with hepatitis C, and the relationship between liver hepatitis and suicidal behavior remains poorly understood.

Keywords: chronic liver disease, hepatitis C, suicidal behavior, disability.

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aim of this study was to study the featuressuicidal behavior in patients withhepatitis C

Research methods

The study was conducted on the basis of the Bukhara Regional Infectious Diseases Hospital, as well as regional and district multidisciplinary hospitals. 52 patients (35 men and 17 women) suffering from hepatitis C were examined. The median age at study entry was 60 years (interquartile range [IQR] 35–68 years) and the median follow-up period was 2.75 years (IQR 1.20–2.28 years).Of the examined patients, 28 (53.8%) patients had a disability due to liver disease, in 17 (32.7%) patients, disability was not established. In 10 patients, disability was first established during the study period, the remaining patients were hospitalized at least twice, and were also treated on an outpatient basis.

To assess emotional disorders was used “HospitalAnxiety 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 withsuicidal behavior was assessed using the Beck Suicidal Thoughts Scale and the B. Luban-Plozza Suicide Risk Questionnaire. 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.

The B. Luban-Plozza questionnaire includes 2 answer options ("Yes" or "No") to 16 questions that are entered on the registration form. The risk of suicide is higher, the more “Yes” answers to questions 1-11 (suicidal risk factors) and “No” answers to questions 12-16 (anti-suicidal factors).

Testing was carried out in two groups of patients: group 1 consisted of 37 patients with disabilities, group 2 - 15 patients who did not have a disability due to liver disease. The period of direct observation of the features of suicidal behavior in patients with hepatitis C was 9 months.

Research results

The study of the features of suicidal behavior in the examined during the period of direct observation showed that only in 42 (80.7%) patients it was limited to the appearance of suicidal thoughts without the formation of suicidal intentions. In 6 (11.5%) patients, more pronounced suicidal tendencies were observed in the form of suicidal intentions 3 (5.7), suicidal attempts 1 (1.9).

When tested using the Beck scale, it was found that in 52.8% of patients passive suicidal thoughts arose with a frequency of 1 to 3 times a week, 33.7% of patients reported the occurrence of suicidal intentions at least 6 times a week. Wherein 13.5% of patients noted that they had suicidal thoughts and intentions for more than 30 minutes daily. It was easy to control suicidal thoughts in 52.8% of patients, 61.9% of patients reported that family, religion, understanding of the irreversibility of death were deterrents for the realization of suicidal intentions.

As the main reason for the alleged suicide attempt, patients named the desire to end all suffering, to immediately solve all problems.When committing suicide attemptsthe choice of the method of suicide was influenced, first of all, by its availability. In particular, out of 3 patients who made a suicide attempt, 2 patients resorted to self-poisoning with drugs, 1 patient tried to commit suicide with an overdose of alcohol.

Analysis of the results of testing patients using the B. Luban-Plozza questionnaire showed that the frequency and severity of suicidal tendencies revealed statistically significant differences between groups of patients with and without disability due to liver cirrhosis. In particular, during 8 months of direct observation, the likelihood of suicidal thoughts in patients with hepatitis C disability was 3.45 times higher than in the group of patients without disabilities.(RR 2.22; 95% CI 1.43–3.82).

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

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

Form of suicidal behavior	Disabled people with hepatitis C		Not disabled by hepatitis C		Total	
	abs.	%	abs.	%	abs.	%
Passive suicidal thoughts	27	73	eleven	73.3	38	73
Suicidal ideation	6	16	3	20	9	17.4
Suicidal Intentions	3	8.2	1	6.7	4	7.7
Suicidal attempt	1	2.8	-	-	1	1.9
Completed suicide	-	-			-	-
Total	37	100	15	100	52	100

An examination using the Hospital Anxiety and Depression Scale (HADS), which allows to determine the severity of these emotional manifestations, also showed statistically significant differences between groups of patients with and without hepatitis C disability. Distribution of patients depending on the frequency and severity of anxiety and depression shown in table 3.

Table 2. Distribution of patients depending on the frequency and severity of anxiety and depression

Level of anxiety or depression	Disabled for hepatitis C (%)		Non-disabled for hepatitis C (%)		Total (%)	
	Anxiety	**Depression**	**Anxiety**	**Depression**	**Anxiety**	**Depression**
Lack of anxiety and depression	9.4	28.0	8.1	9.7	17.5	37.7
Subclinical anxiety/ depression	14.4	23.1	34.3	13.1	48.7	36.2
Clinically expressed anxiety / depression	31.3	44.9	32.9	11.7	43	56.6

The data in the table show that clinically defined cases of anxiety and depression were significantly more common among patients with an established disability than among patients without hepatitis C disability. with restlessness and the desire to move. Depression at the clinical level was characterized by depression of mood, anhedonia, slowness of movements, a pessimistic assessment of the future against the background of severe somatogenic asthenia.

Conclusions

1. Patients suffering from hepatitis C are at high risk of suicidal behavior, especially at a relatively young age, in the early period after diagnosis and disability.
2. Suicidal behavior of patients suffering from hepatitis C is determined by anxiety and depression, the frequency and severity of which correlate with the severity of clinical manifestations and the prognosis of liver disease.
3. Providing psychological support to prevent emotional disorders and suicidal behavior in hepatitis C should begin early after diagnosis and disability and be carried out in conjunction with measures for the treatment of liver disease.

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