

SCHIZOPHRENIA AND SUICIDE IN PSYCHIATRY

Abstract

Suicide is a significant issue in public health. Mood and psychotic disorders are the psychiatric conditions most frequently linked to suicide or severe suicide attempt. About 10% of people with schizophrenia commit suicide in their lives. The main factor lowering life expectancy in people with schizophrenia is suicide. Psychosocial and demographic factors that raise the risk of suicide in people with schizophrenia. In patients with schizophrenia, a higher risk of suicide is linked to negative treatment attitudes or non-adherence. Even after the symptoms of schizophrenia have faded, treatment is still necessary for life. The illness can be managed with medical care and psychosocial counselling. Hospitalization may be required in specific situations. Changes in sleeping habits or social withdrawal can be misinterpreted for an adolescent "phase" among other symptoms. Recognizing patients at risk, providing the appropriate therapy for psychotic symptoms, and managing co-occurring depression and substance abuse are all important components of the prevention of suicide behaviour in schizophrenia.

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I. INTRODUCTION

Schizophrenia can be a fatal condition. Its victims occasionally lose their sense of self, their ability to reason normally, and their grasp on reality. They risk losing motivation, aspirations, friendships, social and professional roles, productivity, self-esteem, and other people's respect. The remainder of the article is structured so that it first discusses aspects of suicidality in schizophrenia that are related to the disorder, then moves on to potential medication-related aspects, and finally considers psychosocial issues that may be connected to suicidality in schizophrenia. Some of this research discussed the connection between suicidality in people with schizophrenia spectrum disorders and neurocognitive factors. At some point throughout their disease, people with schizophrenia (40–79%) have thought of taking their own lives. Additionally, the lifetime risk of suicide death is 5.6% and the projected suicide rate for people with schizophrenia is 579/100,000 person-years. However, compared to patients with other psychiatric illnesses, schizophrenia patients have lower reported rates of completed and attempted suicides. Suicidal tendencies may result from anxiety brought on by unsettling new pre-psychotic experiences. Schizophrenia patients at FEP may have a significant increase in their risk of suicide due to the delay in entering the mental health care system and beginning treatment (referred to as DUP). Psychotic symptoms, such as disturbing delusions, command hallucinations, or passivity phenomena, as well as emotions like dread, shame, and loss (in patients with some insight), are important risk factors for suicide during the acute phase of schizophrenia. Growing up in a low-income home has been linked to higher risks of schizophrenia, according to some research. In schizophrenia, specific neurotransmitters—chemicals that enable communication between the brain, nerves, and essential organs—are at play. Neurochemicals that are thought to be particularly important in this disorder's mental processes and behavioural patterns include glutamate and dopamine. Schizophrenia can leave people with severe cognitive, work, interpersonal, and social impairments because it interferes with thought, behaviour, and communication. Common effects of this illness include hospitalization, unemployment, homelessness, and suicide attempts. The majority of patients with schizophrenia first exhibit symptoms while they are teenagers.

- 1. Epidemiology of suicide in schizophrenia:** A multistage continuum that includes suicidal ideation (concept, intent, and plans), as a crucial first step, attempted suicide, and completed suicide can be used to assess the risk of suicide. The risk of suicide over the long term in those without mental illnesses is 0.3%, whereas the risk in individuals with mental illnesses ranges from 3.4% for those with one mental disorder to 6.2% for those reporting several psychiatric diseases. Additionally, the lifetime risk of suicide death is 5.6% and the projected suicide rate for people with schizophrenia is 579/100,000 person-years. A severe mental illness called schizophrenia is marked by cognitive failure and behavioral abnormalities. People with schizophrenia have a 10–25-year shorter life expectancy than the general population. greater incidence of early mortality, with suicide being the leading cause of death. An important worldwide health issue is suicide.
- 2. History of Suicide Attempts:** Between 20% and 40% of people with schizophrenia report trying to commit suicide at least once in their lifetime. According to a meta-analysis, one in every twenty people with schizophrenia will commit suicide. In those with schizophrenia, suicide occurs on average earlier than in people without the condition.

- 3. Disorder-related potential for suicide in schizophrenia:** One of the core characteristics of schizophrenia is psychosis. Suicidal behaviour has been linked to more severe kinds of psychosis, notably the state of being deluded and/or suspicious, in schizophrenia. The fact that death was not the intended outcome of the psychotically driven behaviour in question, despite the fact that it was the result, is a second way in which more severe forms of psychosis may come to be linked with suicide. For instance, as a result of psychotic disorganization, a patient may act in a highly dangerous manner without being aware of the risks that would normally be expected. It is simple to comprehend how a patient who is surrounded by false hazards may succumb to attempting to flee or perform an act of bravery that had unfavorable real-world repercussions. Technically, the deaths or near-deaths that arise from such events would be regarded as "accidents," but to an outsider, it might be very challenging to tell them apart from openly suicidal acts. Third, there are deliberate suicides carried out for psychotic motives. Patients who are experiencing psychosis may respond to command hallucinations by harming or killing themselves in order to escape imagined pursuers or other terrifying situations.
- 4. Depression and drugs Abuse:** A differential diagnosis that includes depression-like extrapyramidal side effect symptoms of antipsychotic medications, negative symptoms of schizophrenia, and other medical disorders makes it difficult to diagnose depression in people with schizophrenia. The literature has made a point of highlighting the link between depression and/or depressive symptoms and suicide in schizophrenia. Both acute and chronic disappointment reactions can happen when a loss or frustration interferes with a life expectation and ruins it. There was a link between this substance and alcohol misuse and lower survival rates. According to a population-based study conducted in Denmark, those under the age of 35 had the highest suicide risk across all age groups. This applied to both sexes. Even while schizophrenia can have a significant impact on a person's thoughts, speech, and behaviour, it is not always simple to recognize these effects as symptoms, especially in those who also struggle with substance use disorders. Abuse of alcohol or other drugs can conceal the signs of schizophrenia, and vice versa. Alcohol and marijuana, both of which slow down the central nervous system, can calm an overactive mind that is full of hallucinations or delusional ideas. Cocaine, amphetamine, and methamphetamine are stimulants that can, at least momentarily, make the mind feel more focused. Drug and alcohol abuse is more common among these people than it is in the general population, and they frequently use these substances to cope with the disease's crippling symptoms.
- 5. Treatment:** Treatment for schizophrenia and addiction involves a strong commitment to addressing the signs and symptoms of this severe mental illness, as well as a profound awareness of its implications. Schizophrenia cannot be cured by psychiatric drugs. Antipsychotic medications typically have fewer negative side effects and can help lessen the severity of hallucinations and delusional thoughts. There are cautions about an increased risk of suicide thoughts and actions in young people, adolescents, and children when taking antidepressants and antipsychotic medications. For instance, the more recent drugs have distinct effects on the brain and are less likely to result in aberrant movements of the body. Included in atypical antipsychotics

 - Haloperidol (Haldol)

- Fluphenazine (Prolixin)
- Chlorpromazine (Thorazine)
- Loxapine (Loxitane)
- Perphenazine (Etrafon)
- Trifluoperazine (Stelazine)
- Quetiapine (Seroquel)
- Clozapine (Clozaril)
- Risperidone (Risperdal)
- Olanzapine (Zyprexa)
- Aripiprazole (Abilify)
- Asenapine (Saphris)
- Lurasidone (Latuda)

6. Symptoms: Schizophrenia symptoms in teenagers are similar to those in adults, but the condition may be more difficult to recognize.

- Withdrawal from friends and family
- A drop in performance at school
- Trouble sleeping
- Irritability or depressed mood
- Lack of motivation

7. Suicidal thoughts and behaviour: Schizophrenia patients frequently experience suicidal ideas and actions. Patients with schizophrenia who had suicide thoughts or actions frequently were typically more conscious of their troubling symptoms and delusions than patients without such thoughts or actions. Schizophrenia patients frequently engage in suicidal behaviour. Clinicians have several difficulties while treating schizophrenic patients who are at risk for suicide. These patients have an 8.5-fold higher risk of suicide than the overall populace. In addition to reducing depressive symptoms in people with schizophrenia, selective serotonin receptor inhibitors (SSRIs) also seem to reduce suicidal thoughts.

- Suicide people with schizophrenia
- Long-term illness or chronic pain
- Family history of suicide
- Past or present history of depression
- Drug abuse
- Being very upset and impulsive
- Suicidal thoughts
- Greater number of prescriptions for schizophrenia medications and antidepressants
- Negative attitudes toward medication and not following their treatment plan

8. Types of Psychotherapy: Psychotherapy fall into five broad categories

- **Psychoanalysis and psychodynamic therapies:** This method focuses on altering negative feelings, ideas, and behaviours by identifying their hidden causes and meanings.

- **Behaviour therapy:** This strategy focuses on how learning influences the development of both typical and aberrant behaviours.
- **Cognitive therapy:** According to cognitive therapists, faulty thinking is the root cause of dysfunctional emotions or behaviours. People can alter how they feel and act by altering their thinking.
- **Humanistic therapy:** This method highlights people's ability to make intelligent decisions and reach their full potential. Other significant themes are caring and respect for others.
- **Integrative or holistic therapy:** There is no standard session for holistic therapy; instead, they might vary greatly. Depending on the specific type you choose, you might experience some of the following common activities in holistic therapy:

II. CONCLUSION

Thus, preventing suicide in people with schizophrenia would require identifying those people who also have the risk factors mentioned above, actively treating any comorbid depressive disorder and positive psychotic symptoms, and managing any concurrent substance abuse. Since clozapine is the only antipsychotic drug with proven efficacy (and a license in the USA) for the management of suicidality in schizophrenia, efforts to prevent suicide should also concentrate on maximizing medication adherence and perhaps earlier use of clozapine.

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