

# Retrospective Cohort Study of Middle- and Long-term Suicide Attempters Admitted to the Emergency Department at Fukuoka University Hospital: Affective Clinical Factors Related to Self-harm and Repeat Suicide Attempts .

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## Abstract

**Background:** A history of previous suicide attempts is the strongest risk factor for completed suicide. Clinical factors predicting the outcomes of suicide attempters are poorly understood, and few studies have been conducted on this topic in Japan. We therefore performed a retrospective cohort study of middle- and long-term suicide attempters with respect to future self-harm and repeat suicide attempts among patients admitted to the emergency department at Fukuoka University Hospital.

**Objective:** To investigate the rates of self-harm and repeat suicide attempts and determine risk factors associated with future self-harm and repeat suicide attempts.

**Subjects and methods:** A total of 155 suicide attempters were admitted between April 2006 and December 2007 and between November 2009 and May 2011. Eighty-two patients were evaluated in terms of age, gender, psychiatric diagnosis, method of suicide (non-violent overdoses, poisoning, gas, and drowning; violent other methods) and previous suicide attempts. We also assessed the patient's intent to commit suicide, dissociative symptoms, and trait impulsivity using the Suicide Intent Scale (SIS), Dissociative Experience Scale (J-DES), and Barratt Impulsiveness Scale (BIS-11). Of the 82 patients, we were able to contact and interview 45 subjects concerning their level of self-harm and repeat suicide attempts in the period from January 2013 to May 2013.

**Results:** The rate of self-harm and repeat suicide attempts was 28.9 during an average follow-up period of 3.8 years (1.7-6.7 years). No completed suicides were observed. The period of observation for subsequent self-harm and repeat suicide attempts was different between the violent method group (average: 3.3 years) and non-violent method group (average: 0.6 years). A female gender, diagnosis of a personality disorder, use of a non-violent method and previous suicide attempts were related to self-harm and repeat suicide attempts. There were no correlations between the SIS, J-DES and BIS-11 scores and self-harm and repeat suicide attempts.

**Conclusions:** The rate of self-harm and repeat suicide attempts was the same as that observed in previous studies, although a high frequency of self-harm and repeat suicide attempts is expected in severe suicide attempters. In this study, the clinical factors of a male gender and diagnosis of a neurotic disorder carried a lower risk in comparison with that noted in previous studies. We were successfully able to perform middle- and long-term follow-up of severe suicide attempters in this study. Coordination between the emergency and psychiatric departments is required to reduce future repeat suicide attempts.

**Key Words:** Self-harm, Repeat suicide attempt, Suicide attempters, Emergency department, Retrospective cohort study