

ORIGINAL ARTICLE / ОРИГИНАЛНИ РАД

The impact of COVID-19 pandemic on suicide attempts in the Republic of Serbia

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SUMMARY

Introduction/Objective Previous studies suggest that the number of suicides and suicide attempts will increase due to the COVID-19 pandemic. The aim of this study was to investigate the impact of the COVID-19 pandemic on the frequency and characteristics of suicide attempts in the Republic of Serbia.

Methods The study observed two periods: the period from March to August 2020 (the COVID period) and the same period of the previous year (the non-COVID period). The observation during the mentioned periods encompassed patients who were examined at the Dr. Laza Lazarević Clinic for Mental Disorders in Belgrade due to suicide attempts (1987 persons during COVID period and 2300 persons during the non-COVID period).

Results Concerning suicide attempts, a statistically significant difference between the observed periods was registered in respect to the total number of monthly clinical examinations, monthly distribution of suicide attempts, patients' gender and age, mode of suicide attempt, and the diagnostic category. Binary logistic regression determined that statistically significant factors that can influence the suicide attempt were year, months, patients' gender and age, and diagnostic category.

Conclusion COVID-19 pandemic creates the increased exposure of the people to suicide risk factors, which points to the significance of consistent monitoring of mental health during the COVID-19 pandemic and thereafter.

Keywords: suicide; suicide attempts; COVID-19; pandemic

INTRODUCTION

In January 2020, the World Health Organization declared the COVID-19 outbreak to be a public health emergency of international concern, with a high risk of disease spreading to all countries around the world. In March 2020, the World Health Organization made an assessment that COVID-19 should be characterized as a pandemic disease [1]. The clinical spectrum of COVID-19 varies from asymptomatic forms to clinical conditions characterized by respiratory failure that necessitate mechanical ventilation and support in an intensive care unit, as well as life treating sepsis, septic shock, and multiple organ dysfunction syndrome [2]. Therefore, medical workers and public health professionals are focused on treating individuals with COVID-19, as well as on preventing the spread of corona virus in the general population, but they pay less attention to the psychiatric consequences of the COVID-19 crisis [3].

Previous studies suggest that number of suicides and suicide attempts may increase due the COVID-19 pandemic [3, 4]. Global responses such as social isolation and psychical distance

have heightened depression, anxiety, loneliness, anger, irritability, relationship conflicts, post-traumatic stress disorder, economic uncertainty, fears, and increased use of psychoactive substances [5]. All of these have been previously identified as risk factors for suicide behavior, especially in vulnerable categories (such as psychiatric patients), and the population that was not considered to be a risk for suicide prior to the COVID-19 pandemic [6].

Through its specialized organizational unit (Psychiatric Emergency Department), the Dr. Laza Lazarević Clinic for Mental Disorders is the only one psychiatric institution in Belgrade (having about 2,500,000 inhabitants) that takes care of suicide attempts, as well as other urgent psychiatric conditions.

Considering the data from current literature and the lack of data for the territory of the Republic of Serbia, the aim of this study was to investigate the impact of the COVID-19 pandemic on the frequency and characteristics of suicide attempts in the Republic of Serbia.

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METHODS

This is a retrospective study that includes two periods: the period from March to August 2020 (the COVID period) and the same period of the previous year (the non-COVID period). The mentioned two periods referred to the patients who were examined for suicide attempts at the Dr. Laza Lazarević Clinic for Mental Disorders, Belgrade. The approval for the study was obtained from the Ethics Committee of the Clinic (decision No. 7108/2020), and the study was conducted in accordance with the Declaration of Helsinki.

At the Psychiatric Emergency Department of the Clinic, medical histories of all the examined patients in the observed periods were searched in order to find suicide attempts, which was the only inclusion criterion. During the non-COVID period, 2300 persons were examined at the Psychiatric Emergency Department, 139 (6.04%) of which were suicide attempts. However, during the COVID period, 1987 persons were examined at the same department, 159 (8%) of which were suicide attempts. The patients' data noted from medical history were as follows: gender, age, residence, method of attempting suicide (self-poisoning, self-injury by a sharp object or a weapon, hanging, jump from height, and self-ignition), and psychiatric diagnosis.

Descriptive statistical methods, methods for testing statistical hypotheses, and regression analysis were used to analyze the data. Statistical differences were tested at a significance level of $p \leq 0.05$. All statistical analyses were conducted using the IBM SPSS Statistics, Version 22.0 (IBM Corp., Armonk, NY, USA).

RESULTS

During the non-COVID period, most of the clinical examinations were done during April (17.4%) and July (20.1%); during the COVID period, most of the clinical examinations were performed during June (18.5%) and August (18.4%) (Figure 1). A statistical significance between these two observed periods was registered in respect to the number of total clinical examinations distributed by months ($\chi^2 = 23.207$; $p = 0.000$).

During the non-COVID period, most suicide attempts were noted in March, July, and August; during the COVID period, the highest percentage of suicide attempts was

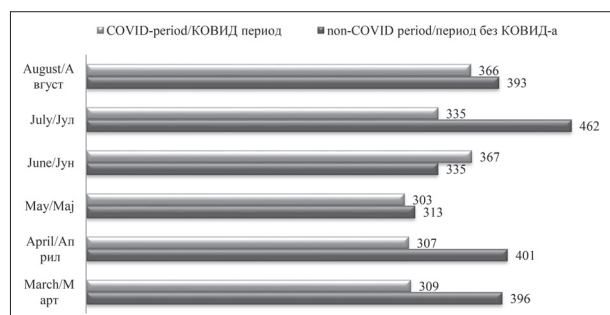


Figure 1. Total number of clinical examinations done at the Psychiatric Emergency Department of the Clinic in the two observed periods

recorded during May and August (Table 1). A statistically significant difference was noticed in the distribution of suicide attempts during the observation periods (Table 1). In the non-COVID period, the largest number of patients who attempted suicide were females (64%). All the patients were 18–86 years old, and most of them were living in Belgrade. Almost 60% of them attempted suicide by self-poisoning, and 35.3% of them belonged to the F20–F29 diagnostic category (Table 1). On the other hand, in the COVID period, most of the persons who tried to commit suicide were males, 18–92 years old, living in Belgrade (Table 1). Like in the non-COVID period, during the COVID period, over 50% of patients attempted suicide by self-poisoning and belonged to the F20–F29 diagnostic category (Table 1). A statistically significant difference between these two observed periods was noticed for month, gender, method of suicide attempt, and diagnostic category (Table 1).

During the COVID period, a statistical significance between genders in terms of month, residence, method of suicide attempt, and diagnostic category was not registered (Table 2).

Binary logistic regression determined that statistically significant factors influencing suicide attempt were year (COVID and non-COVID period), month, gender, age of patients, and their diagnostic category (Table 3).

DISCUSSION

Globally, the data and the research connected with the topic of suicide during the current pandemic are missing. The reports on the suicide rate and the successful suicide attempts are generally rare in real time, that is, there is a time delay in their publishing, which, in the current situation, is extremely important due to the need for timely response of the society and the health system to this challenge.

Our study, performed in the observed COVID period, has established that the final absolute number of patients who have attempted suicide is higher in comparison to the non-COVID period. The majority of published studies with the topic of suicide during COVID-19 pandemic are either study cases or cross-sectional surveys on non-representative samples, which have not provided us with the clear data in the change of suicide rate [7]. The only study that compared the period of the first four weeks of the pandemic with the same time period previous year, and whose subjects were patients reporting to the urgent psychiatric department, has actually shown the decrease in the number of patients attempting suicide [8]. The research performed on pregnant women in China has shown an increased level of suicidal thoughts during the pandemic in comparison to the thoughts of pregnant women in the same stage of pregnancy, just prior to COVID-19 pandemic [9]. Keeping in mind that the pandemic is still ongoing and that the performed researches, including ours, have observed only the first period of the pandemic, it can be expected, based on the study results from the previous

Table 1. Data about persons with attempted suicide

Characteristics	non-COVID period n (%)	COVID period/ n (%)	χ ² /U	p
Month				
March	28 (20.1)	24 (15.1)	16.927	0.005*
April	26 (18.7)	26 (16.4)		
May	13 (9.4)	40 (25.2)		
June	10 (7.2)	16 (10.1)		
July	28 (20.1)	17 (10.7)		
August	34 (24.5)	36 (22.6)		
Gender				
male/	50 (36)	82 (51.6)	7.316	0.007*
female/	89 (64)	77 (48.4)		
Age (years)				
X ± SD; Med (min-max)	41.6 ± 14.6; 40 (18-86)	44.6 ± 17.3; 41 (18-92)	-1.281	0.200
Residence				
Belgrade region	118 (84.9)	144 (90.6)	2.248	0.134
other regions in Serbia	21 (15.1)	15 (9.4)		
Method of attempting suicide				
self-poising	83 (59.7)	80 (50.3)	4.002	0.135
self-injury (sharp object, weapon, etc.)	24 (17.3)	42 (26.4)		
other (hanging, jumping from height, ignition)	32 (23)	37 (23.3)		
Diagnostic category (ICD-10)				
F20-F29	49 (35.3)	37 (23.3)	20.306	0.000*
F30-F39	43 (30.9)	27 (17)		
other diagnosis	47 (33.8)	95 (59.7)		

U – Mann-Whitney test;
*statistically significant

Table 2. Patients attempting suicide during the COVID period, distributed by gender

Characteristics	Males n (%)	Females n (%)	χ ² / U	p
Month				
March	16 (19.5)	8 (10.4)	7.931	0.160
April	10 (12.2)	6 (20.8)		
May	25 (30.5)	15 (19.5)		
June	6 (7.3)	10 (13)		
July	7 (8.5)	10 (13)		
August	18 (22)	18 (23.4)		
Age (years)				
X ± SD; Med (min-max)	43.7 ± 17.5; 41 (19-92)	45.5 ± 17.2; 44 (18-87)	-1.281	0.200
Residence				
Belgrade region	75 (91.5)	70 (90.9)	0.015	0.902
other regions in Serbia	7 (8.5)	7 (9.1)		
Method of attempting suicide				
self-poising	36 (43.9)	44 (57.1)	2.845	0.241
self-injury (sharp object, weapon, etc.)	25 (30.5)	18 (22.1)		
other (hanging, jumping from height, ignition)	21 (25.6)	16 (20.8)		
Diagnostic category (ICD-10)				
F20-F29	20 (24.4)	17 (22.1)	2.756	0.252
F30-F39	10 (12.2)	17 (22.1)		
other diagnosis	52 (63.4)	43 (55.8)		

U – Mann-Whitney test;
*statistically significant

Table 3. Binary logistic model concerning suicide attempts

Independent variables	95% CI	p
Year	6.234	0.013*
Month	24.319	0.001*
Gender	5.772	0.016*
Age	-0.009	0.012*
Residence	0.642	0.423
Diagnostic category	76.270	0.000*

*Statistically significant

pandemics that the suicide rate will increase. The epidemic of the Spanish flu was connected to the increased death toll caused by suicide, and it has also been established that the reductions in social interaction and fears caused by the epidemic were the factors that influenced the increase of this rate [10]. The study by Yip et al. [11] also showed a significant increase in the suicide rate in people over the age of 65 during the SARS epidemic in 2003. That research showed that the increase in suicide rate is connected with the fear of getting infected, with fears that the person might become a burden to the family, anxiety, social isolation, and distress. Many adverse risk factors which existed during these epidemics exist during the COVID-19 breakout as well. However, there are significant differences between COVID-19 and the previous pandemics, especially when we compare their virulence, speed at which the disease is spreading, death rate, and the level of socio-economic influence, which, to some extent, limits our ability to predict the influence of COVID-19 pandemic on mental health and suicide rate [12].

The results of our research show that, in the observed COVID period of time, males have attempted suicide more often, that they were on average 41 years old, and that they most often attempted suicide by self-poisoning. Comparing COVID and non-COVID periods, it can be noticed that in the COVID period, although in both periods the most common way of suicide attempt was self-poisoning, the number of people who tried suicide in this way decreased, and the number who tried suicide by self-injury increased. Researches related to the period of the COVID-19 pandemic, even when performed on a small number of test subjects, or represented as case studies, also show that men attempted and committed suicide more often [8, 13]. The most common method of suicide, according to the

available data, was either by jumping or hanging [14, 15, 16]. According to the results of the available researches, those who are facing higher risk are males who are under pressure of meeting traditional expectations, hide their feelings, do not take much care of themselves, postpone looking for medical help when they need it, are unemployed or have lost their job, have problems in establishing/maintaining emotional connections, or use psychoactive substances [17, 18].

According to our research, even though the people who have attempted suicide in the COVID period have mostly suffered from psychosis belonging to the schizophrenia spectrum, we have noticed a significant reduction in the percentage in the number of these patients in the general pool of patients, in comparison to the non-COVID period. Our study has shown that, during the COVID period, there has been an increase in the number of patients suffering from organic disorders, anxiety and stress related disorders, substance-related disorders, as well as personality and behavior disorders that have attempted suicide. Organic disorders usually appear in people belonging to the older age group, who are, according to the results of the previous researches, under a greater risk of suicide during the epidemic, both due to the increased prevalence of already known risk factors connected to suicide, and to the imposed measures targeted at the control of the spread of the virus, which increase social isolation and psychological vulnerability [19]. More researches conducted during the period of the pandemic show the increase in substance-related disorders, as well as the fact that people who had already been the consumers of psychoactive substances have increased the consumption of those substances during the period of the pandemic [20, 21]. According to a study by Ferrando et al. [22], dealing with psychiatric emergencies during the height of the COVID-19 pandemic in the suburban New York City area, the most common reason for reporting to the emergency psychiatric service was depression and suicidal ideation, as in the pre-COVID period. In the same study, a significant increase in the number of people with anxiety disorders was present, compared to the pre-COVID period, as is the case in our study. No study, to our knowledge, has dealt, in particular, with the diagnostic categories of patients attempting suicide during the COVID-19 pandemic. According to our study, comparing the data obtained in relation to gender during the COVID period, it was noted that women who attempted suicide were older than men and used self-poisoning as a method of suicide more often. Comparing the diagnostic categories, women who attempted suicide had an equal prevalence of psychotic and affective disorders, while men were more likely to suffer from psychosis than from affective disorders.

The factors that may increase suicidal risk during the pandemic, especially in the vulnerable groups (such as people with a previous history of a psychiatric disorder, people over the age of 65, people who have previously attempted suicide, health care professionals working with COVID-19-infected patients, COVID-19-infected people, people recovering from COVID-19, as well as people whose family member or a friend has died from COVID-19) are social isolation, anxiety, fear of getting infected, insecurity, chronic stress, economic consequences, and the reduced availability of doctors working in the non-COVID system [3, 12, 23].

Social isolation and quarantine are important measures in the fight against spreading of COVID-19 pandemic, but they also have negative effects on the psychic health of humans and are connected to the appearance of depression,

generalized anxiety disorder, suicidal thoughts and behavior, especially in vulnerable categories, since social interaction is an important factor of both emotional and social stability [3, 23].

Anxiety and the fear of getting infected are connected to the fear of the unknown, but could also be induced by the news and information about COVID-19 pandemic to which the people are exposed through all types of media [12]. Worries and concerns might lead to the development of anxiety disorders, depression, and insomnia [24]. Li et al. [25] have analyzed on-line posts of 17,865 users of Chinese social networks, comparing the period immediately prior to COVID-19 and the COVID period, and have noted the increase in negative emotions, such as anxiety and depression during the period of the pandemic. Huang and Zhao [26] have performed a web-based study on 7236 subjects in China during the COVID-19 pandemic period, which showed that more than one-third of the subjects met the criteria for generalized anxiety disorder, while depression prevalence was 20.1% and insomnia prevalence 18.2%. Insomnia also represents an isolated factor of suicidal risk [27].

The measures aimed at combating the epidemic have left significant consequences on the world economy and have caused global economic recession [23]. Millions of people worldwide have lost their jobs, while many others fear the loss of their jobs, experience material insecurity and are afraid for their financial future. Unemployment and the fear of losing one's job represent important risk factors for the development of depressive symptoms [3]. A study by Nordt et al. [28] has found that the suicidal risk connected to unemployment was increased by 20–30%. Kawohl and Nordt [29] have estimated in their study that, owing to the increase in the worldwide unemployment rate due to COVID-19 pandemic, the number of suicides will be increased by between 2135 and 9570 cases yearly.

Many patients are afraid of the infection and avoid coming to check-ups, which in psychiatric patients, as a vulnerable category, might lead to their own decision to stop taking their therapy, and it might also lead to disorder relapse, the appearance of depressive symptoms and suicidal thoughts and behavior [30].

CONCLUSION

Suicide can be prevented in many cases, which is why it is extremely important to formulate measures and strategies for its prevention. Early detection of people under an increased risk of suicide, people expressing suicidal behavior or verbalizing suicidal thoughts is, along with timely psycho-social and pharmaco-therapeutic interventions, imperative in preventing a tragic outcome.

Even though there are still no researches which clearly show the increase in the suicide rate during the current pandemic, the fact that is supported by the results of our research as well, COVID-19 outbreak has been connected to the increased exposure of people to suicide risk factors, which tells us that it is important to continue following the

mental health influenced by the COVID-19 pandemic. The repeated cross-sectional and longitudinal researches of the influence of the COVID-19 pandemic on mental health and suicide rate are important because of the collection of real time data, as well as the following of patients'

needs, so that the available resources could be targeted at those parts of the system used for the protection of mental health, which suffer the highest pressure.

Conflict of interest: None declared.

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Утицај пандемије ковида 19 на покушаје самоубиства у Републици Србији

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САЖЕТАК

Увод/Циљ Претходна истраживања указују да ће се услед пандемије ковида 19 број самоубиства и покушаја самоубиства повећати.

Циљ овог истраживања је био да се испита утицај пандемије ковида 19 на учесталост и карактеристике покушаја самоубиства у Републици Србији.

Методе Истраживање је укључило два периода: од марта до априла 2020. године (период ковида) и исти период током године која је претходила (период без ковида). Поменути периоди су се односили на болеснике који су због покушаја самоубиства били прегледани у Клиници за психијатријске болести „Др Лаза Лазаревић“ у Београду (1987 особа током периода ковида и 2300 особа током периода без ковида).

Резултати Статистички значајна разлика између два посматрана периода забележена је у погледу укупног броја прегледа посматрано по месецима, дистрибуције покушаја самоубиства, пола и старосног доба болесника, начина покушаја самоубиства и дијагностичке категорије. Бинарном логистичком регресијом утврђено је да су фактори који могу статистички значајно утицати на покушаје самоубиства били година, месец, пол и старосно доба болесника, као и дијагностичка категорија.

Закључак Пандемија ковида 19 ствара услове за повећану изложеност људи факторима ризика за самоубиство, што потенцира значај континуираног праћења менталног здравља људи у току пандемије ковида 19 и после ње.

Кључне речи: самоубиство; покушај самоубиства; пандемија ковида 19