

# Frequency of Suicide and its Related Factors in Patients Referring to Emergency Department of Hospitals of Abadan City in 2014

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## Abstract

**Introduction:** The present study was conducted to determine the frequency of suicide and its related factors in patients referred to Emergency Department of Hospitals of Abadan city in 2014.

**Materials and Methods:** This is a descriptive, cross-sectional study. The statistical population of the study consisted of all Abadan population and the sample of the study consisted of those who were referred to the Emergency Department of Abadan during the year 2014 which included 282 people who were selected by census sampling method. Data were collected using a checklist and analyzed using relative risk and mental health and SPSS-22. The level of significance was considered ( $p < 0.05$ ).

**Results:** The results showed that the prevalence of suicide was estimated 2.01 among the women and 4.95 among men in every 100,000 people. The suicide rate in the studied society was 3%, which was not statistically significant in the two genders. In 83.5% of the cases, the method used was medications but it included only 1.7% of the lesions. The highest frequency of suicide attempts was observed in single and employed men and also in married and housewives.

**Conclusion:** Due to the high rate of suicide attempts in young people, it is recommended that an effective step should be taken through careful planning by the authorities and families and the necessary training in this area. The training of people at risk, including people who have attempted suicide seems necessary.

**Key words:** suicide, frequency, factors, Abadan

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## Introduction

One of the major health problems in the whole world is suicide (1). Suicide and suicide attempts are important public health and social behavior issues (2). The phenomenon of suicide can be considered along the continuum of thinking of suicide until action to commit it (3).

The World Health Organization (1993) has defined suicide as a deliberate, voluntarily, and conscious termination of life (4). Some see suicide as a practice in which a person, without interference of other people, may have abnormal behavior such as self-harm or substance abuse (5). Every year, one million people die from suicide in the world (6), and in the past 45 years, the rate of suicide has increased by 60% in the world (7) while suicide is considered as the 13th cause of death in the world (8) and the third cause of death in the age group of 15-45 years (9).

The attempted suicide rate was 10 to 40 times more likely than suicide leading to die in Bahar city, Iran (10). This phenomenon is also considered to be a social loss, in addition to personal and family losses (11), and due to the complexity of interactions and communication in all human societies, the suicide rates are increasing (10), so that the World Health Organization (WHO) reported that suicide rates have been rising over the past half century and have predicted that rates would lead to an increase of 1.5 million people in 2020 (12), and for each suicidal attempt, 10 to 20 suicide attempt cases occur, while more suicide attempts are observed in young people and women (13).

This phenomenon is one of the most complex aspects of human life, and its dimensions and angles are not well understood (14). There are a series of risk factors for this action that include psychiatric disorders, social factors, psychological factors, biological factors and physical illness (10). The age of over 45, females, marital status (single, divorced and widowed), unemployment, conflicting interpersonal relationships, chronic psychological disorders, smoking and alcohol are among the risk factors for committing suicide (15-16).

The results of previously conducted research reveal that issues such as marital conflicts (17) and acute crisis and family problems (15), complications with spouses' families (18), differences with parents (10), forced marriage of women, women's fear of husband, and husband violence (15), unemployment, economic problems are the most common causes of suicide (19).

Recent studies of epidemiology suggest that the prevalence of suicide among adolescents is increasing dramatically, while its prevalence among high school students reaches 3.5 to 11% (20). Suicide is currently the cause for 12% of adolescent deaths, the second most common cause in people between the ages of 25 and 37, and the third most common cause of death in people aged 15 to 24 in the United States (24-21).

Studies also show that nearly half of suicides occur in the three vast countries of India, China, and Japan (25).

But studies during the recent two decades in Iran have shown that suicide and attempting suicide is increasing especially among adolescents and young people of most regions of the country, such as Kerman, Tabriz, Qazvin, Karaj, Shiraz, Kurdoki, Hamedan, Gilan, Masjed Soleiman and Dezful, Ahvaz, Islamabad, and Mazandaran (26), and about ten suicides occur daily and the western provinces of the country account for the largest share (27); however its rate is reducing in most advanced countries, including Britain and Australia. (29-28).

Since Abadan is an industrial city which is very diverse due to the migration of different people and considering the impact of cultural and ethnic factors on the rate of suicide and the difference between Abadan society and other cities in Iran, and the effects of the war and its consequences, such as unemployment and addiction, knowing these factors can provide solutions to prevent suicidal attempts for the Social and health care providers and health authorities. Since there is no statistical data on suicide rate and its causes and methods used by these people in Abadan, we decided to carry out a study to investigate the frequency of suicide and its related factors in Abadan.

## Research methodology

The present study is a descriptive and cross-sectional study in order to determine the frequency of suicide and its related factors in patients referred to Emergency departments of Hospitals in Abadan city in 2014. The population consisted of all population of Abadan city and the sample of the study included subjects who referred to the emergency department of Abadan (emergency department of Taleghani Hospital, Shahid Beheshti Hospital) during the year of 2014 with suicidal attempt. Due to the fact that the annual statistics are generally approved by the World Health Organization or forensic medicine, and given that different seasons are effective on suicide rates, it was decided that the timeframe of the four seasons should be considered.

The criterion of the study inclusion is committing suicide (attempting or acting), willingness to participate in the study by a person or companion and literacy, and the exclusion criteria included only those who refused to participate in the project. After obtaining a written license from Abadan Faculty of Medicine and Heads of Hospitals and explaining the objectives of this study to emergency head nurses, the researchers presented the checklist and completed the questionnaires using information from the suicidal person or his companions, orally, through questions and answers. The completion of the questionnaire was considered to be the consent of the subjects to participate in this research project. Unsolicited information on the name was completed. It is worth noting that the information was collected monthly and the sampling lasted twelve months. In order to collect data and carry out the research, a checklist with 20 questions was first set up, in which the questions were closed as response and included the demographic information and the field of suicide (age, gender, marital status, place of residence, occupation, level of education, ethnicity, History of mental illness, addiction, alcohol

abuse, suicide season and suicide), suicide (self-burning, self-mutilation, poison, pills, arms, fall, etc.), the cause of suicide (family differences, differences with the spouse, Emotional failure, academic failure, sexual harassment, etc.) and was confirmed by four faculty members in nursing. It is worth noting that the two hospitals of Oil and the 17th of Shahrivar refused to provide data.

Data analysis was performed using descriptive statistical methods (mean, frequency, percentage, standard deviation) and analytical methods including relative hazard and Mental Hazards-22 and SPSS tests. The data were analyzed using SPSS version 22. The level of significance was considered ( $p < 0.05$ ).

## Results

According to the results of this study, a total of 300 people were included in the study. The age range of patients was between 11 and 54 years old with a mean and standard deviation of  $25.44 \pm 7.50$ . Among these, there were 199 women (66.3%) and 101 men (33.7%). 253 people were resident in the city (84.6%) and 44 were rural residents (14.7%). The most abundant ethnicities were Arabic with 146 and 48.8%, and the lowest demographic was Kurdish ethnicities with 3 and 1%. 244 subjects (81.6%) had committed suicide for the first time and 55 (18.4%) had a history of suicide. 33 (11%) had mental illness (depression, schizophrenia, and obsession). 29.7% of suicides happened in the Spring, 28.7% in the Summer, 22% in the Autumn and 19.7% in the Winter. 60 people (21.1%) had one child, 33 (11.6%) had 2 children, 8 (2.8%) had 3 children, and 3 (1.1%) had 4 children while 36 (12.6%) had no child.

84.6% were urban and 14.7% were rural. 49.3% of household cases had more than 5 people. 37.3% had 3-5 people. 43.8% had revenue more than 1 million Tomans. The revenue of 30% was between 500,000 and 1 million Tomans and 26.3% of population had less than 500,000 Tomans. 18.4% had previous suicidal experiences.

277 people (92.3%) did not have a history of physical illness. 97.3% had no addiction. 99.7% had no alcohol and no history of suicide. 44.3% of suicide cases happened between 20:00 and 5:00 am and 38.7% happened between 13:00 and 20:00. Information was collected from Shahid Beheshti Hospital and 36.3% was collected from Taleghani Hospital. 97% of suicides were unsuccessful. 66.3% of cases of suicide subjects were female and 33.7% were male.

**Table 1: Suicide rates in different age groups of women and men (RR - Relative risk of suicide in men compared to women)**

Age	Suicide attempt		Relative Risk	Significance Level
	Male	Female		
10- 24	94.4	97.1	0.972(0.904, 1.046)	0.405
+2	95.7	98.9	0.968(0.908, 1.031)	0.202
Total	95.05	97.99	0.970(0.924, 1.018)	0.158

Suicide attempts in women were more than men with 199 suicide attempts in women against 101 suicide attempts in men, indicating that women nearly doubled the suicide rate of men. As shown in Table 1, men commit suicide in total of 95.05 and in women 99.97, aged between 24 and 10 years, respectively, for men and women 94.4 and 97.1, and at age 25 it is more in 95.7 and 98.9. In two age groups, the rate of suicide in women is higher than the men, although there is no significant difference, and as it is observed that with the change of age, the rate of suicide also increased slightly.

**Table 2: Suicide rates in different age groups of women and men (RR - Relative risk of suicide in men versus women)**

Age	Suicide attempt		Relative Risk	Significance Level
	Male	Female		
10- 24	5.6	2.9	1.962(0.402, 9.222)	0.694
+25	4.3	1.1	4.043(0.376, 43.456)	0.531
Total	4.95	2.01	2.463(0.676, 8.972)	0.293

Although suicide attempts was higher in women than men, successful suicide rates in men are higher than in women, although this is not statistically significant.

The suicide rate in the population of Abadan males was 5.6 at the age group of 24-10 years and in the population of Abadan women was 2.9. As a result, the relative risk of death from suicide in men compared to women at the age of 10-24 years is 1.926 with a confidence interval (9.222.9, 0.402). The suicide rate in the population of Abadan men over age of 24 was 4.3 and in the population of Abadan women was 1.1. As a result, the relative risk of death from suicide in men compared to women aged 10-24 years is 4.043 with a confidence interval (0.4456, 0.337). The suicide rate in the population of Abadan men was 4.95 and in the population of Abadan city was 2.01. As a result, the relative risk of death from suicide in men against women is 2.463 with a confidence interval (0.89772, 0.6676). In general, it can be stated that the relative risk of death from suicide is 2.5 times that of women.

Table 3: Frequency and relative rate of suicide in different age groups in two genders

Age	Male			Female		
	Complete Suicide	Suicide Attempt	Rate of lethality	Complete Suicide	Suicide Attempt	Rate of lethality
10- 24	3(60)	51(53.1)	5.55	3(75)	101(51.8)	2.88
+25	2(40)	45(46.9)	4.25	1(25)	94(48.2)	1.05
Total	5(100)	96(100)	4.95	4(100)	195(100)	2.01

Table 3 shows the relative frequency and rate of successive suicides, suicide attempts, and the rate of death in men and women in terms of age. Overall, total suicide in men is 5, of which 3 occurred at the age of 24 to 10 years, and two cases at 25 to 25 years of age. In total, 96 unsuccessful suicides have occurred, 51 of which were at the age of 24 to 10 years and 45 at age of 25. In women, the total number of suicides was 4, of which 3 occurred at the age of 24 to 10 years and one case was 25 years and older. Suicide was unsuccessful in a total of 195 cases, 101 of which were at the age of 24 to 10 years, and 94 cases were over 25 years of age. Death rate decreased with age in men and women.

Table 4: Relative Suicide Frequency and suicide attempt in Career Groups, Marriage and Education of two genders

Age	Male			Female		
	Complete Suicide	Suicide Attempt	Rate of lethality	Complete Suicide	Suicide Attempt	Rate of lethality
Unemployed	1(20)	34(35.4)	2.8	2(50)	139(71.6)	1.4
Employed	4(80)	55(57.3)	6.7	0(0)	30(15.5)	0
Education	0(0)	7(7.3)	0	2(50)	25(12.9)	7.4
			P=0.679			P=0.219
Single	3(60)	67(69.8)	4.3	1(25)	78(40)	1.3
Married	2(40)	29(30.2)	6.5	3(75)	117(60)	1.5
			P=0.645			P=0.545
Illiterate	0(0)	4(4.2)	0	0(0)	16(8.2)	0
High School	1(20)	38(39.5)	2.6	3(75)	65(33.3)	4.4
More than High School	4(80)	54(56.3)	6.9	1(25)	114(58.5)	0.8
			P=0.287			P=0.286

Table 4 shows the prevalence and relative frequency of successive suicides, suicide attempts, and rate of death in men and women in terms of career, marriage and literacy. Overall, complete suicide in males was 5, of which 1 case was an unemployed man, and 4 cases occurred in working men. Suicide was unsuccessful in a total of 96 cases, of which 34 were unemployed men.. In women, the total number of suicides was 4, of which 2 were in housewives and 2 were working women. Unsuccessful suicide happened in a total of 195 cases, of which 139 were in housewives, 35 in employed women and 25 in women in education. There was no significant difference between men and women.

Complete suicide in single men was 3 cases, 2 cases in married men, and attempted suicide 67 cases in single men while in 29 cases in married men. The highest rate was in the married men. Complete suicide included one single woman, 3 married women, and suicide attempts included 78 cases of single women and 117 of married women, while the highest rate was also observed in married women. There is no significant difference in lethality between women and men.

Complete suicide happened in one case with literacy of high school, and in 4 cases of men with literacy higher than high school; however, suicide attempts included 4 cases in illiterate men, 38 cases in men with high school literacy and 54 cases in men with higher than high school literacy. The highest rates of lethality happened in male graduates with degrees and higher education levels. Complete suicide included 3 cases of women with high school literacy, and 1 in women with high school and higher education level, and suicide attempts in illiterate women was 6 cases, in women with high school education was 65 cases and in women with high school and higher was 114 cases, the highest rate. Fatalities in women with a post-secondary education are lacking. There is no significant difference between women and men.

**Table 5: Frequency and relative rate of suicide and suicide attempts based on the suicide method in two genders**

Method	Male			Female		
	Complete Suicide	Suicide Attempt	Rate of lethality	Complete Suicide	Suicide Attempt	Rate of lethality
Hanging	4(80)	1(1.05)	80	0(0)	0(0)	-
Medicine	0(0)	82(85.4)	0	3(75)	175(90.2)	1.7
Poisoning	0(0)	9(9.4)	0	1(25)	16(8.3)	5.9
Gun	1(20)	0(0)	100	0(0)	1(0.5)	0
Phlebotomize	0(0)	1(1.05)	0	0(0)	0(0)	-
Self-Immolation	0(0)	0(0)	-	0(0)	2(1)	-
Others	0(0)	3(3.1)	0	0(0)	0(0)	-

Table 5 shows the prevalence and frequency of successful suicides, suicide attempts, and lethal rates in men and women. Complete suicide in men was conducted through hanging in 4 cases and guns in 1 case. The highest suicide attempt rate in men was conducted by medicinal drugs in 82 cases. Complete suicide in women was conducted through medicines in 3 cases and poisoning in 1 case, and most cases of suicide attempts, 175 reported use of medicines.

**Table 6: Frequency and relative lethal rate of suicide and suicidal attempts based on the suicide causes in two genders**

Causes	Male			Female		
	Complete Suicide	Suicide Attempt	Rate of lethality	Complete Suicide	Suicide Attempt	Rate of lethality
Family problems	1(20)	46(47.9)	2.1	1(25)	69(35.5)	1.4
Problems with spouses' family	0(0)	8(8.3)	0	1(25)	35(17.9)	2.8
Emotional failure	0(0)	1(1)	0	0(0)	31(15.9)	0
economic problems	0(0)	1(1)	0(0)	0(0)	3(1.5)	0
Nervous	1(20)	4(4.2)	20	1(25)	12(6.2)	7.7
Addiction	0(0)	18(18.8)	0	0(0)	22(11.3)	0
Others	3(60)	16(16.7)	16	1(25)	21(10.7)	4.5
Educational failure	0(0)	0(0)	-	0(0)	2(1)	0

Table 6 shows the relative rate successful suicides and suicide attempts, and the rate of death in men and women in terms of suicidal ideation. Complete suicide was observed in 1 man due to family history, in 1 case due to the nervousness, and the other 3 cases, and the highest cause of unsuccessful suicide was familial problems. In women, the causes of suicide included familial problems in 1 case, problems with spouse's family in 1 case, nervousness in 1 case, and 'other' in 1 case, and most cases of suicide attempts have occurred due to family problems.

## Discussion

In Abadan, as in other parts of the country, suicide is a major public health issue. The present study was conducted on the frequency of suicide and related factors in patients referred to the emergency department of Abadan hospitals. In the present study, the results indicate that suicide attempts in women are more than men, which can be explained by the fact that most suicide attempts occur in the second and third decades of life, which seems to be due to important factors such as puberty, marriage, emotional relationships, responsibility, and finding social

status. Therefore, the stresses of a person in this age range are more and more severe and increase the rate of suicide attempts (30). This may be due to less tolerance of women against the problems or more perceived problems and their subordination in some areas due to specific cultural conditions (31).

Due to the many problems that women are exposed to and the social vulnerability of women, which has weakened them more than before, as well as the violence of men against women and sexual assaults that may be directed toward some women, and in some cases women's lack of awareness of their rights or being under control in some

areas due to specific cultural conditions. They may attempt suicide when dealing with problems. In some cases, they use suicide as a means of protesting against problems (32-32).

According to the global statistics, Iranian women commit suicide three times more often than men (32). Suicide among women in the provinces of Ilam, Kermanshah and Lorestan is the highest rate (33). In the study of Golestan province (34), suicide attempts were observed in women more than men which is consistent with our study, but it is inconsistent with the results of a study conducted in Hamadan and (35) showed that female patients were less than men in the hospitals (48% versus 52%).

The study found that suicide rates in men are more than women, which can be explained by the fact that men are more likely to be at risk of suicide compared to women, so that these factors increasingly lead to committing suicide (36). The man's character is such that his job, social relationships, and identity are separate from each other. Similarly, the desire of loneliness is more in men than women even when they are not isolated in society, and they find it difficult to create friendly and social relationships. As it is acknowledged that deaths due to suicide in men is more three times than women (37).

Additionally, the high rate of successful suicide in men depends on the methods used by them; they use harsher methods than women, including shooting and hanging, which can point to (38) the aim of suicide in men is ending their lives, and they don't consider suicide as a means of protesting their status. These findings are similar to the findings of a study in the United States (39). Some internal studies also report the opposite results to this study so that the number of female suicide causing deaths with 32 cases was higher than the number of men with 19 cases (40). This difference can be due to cultural and economic issues in different parts of the country (41).

The finding that, on the contrary unsuccessful suicide has declined with age and this decline is significant in women, can be interpreted that, at adolescence and young age, women seek attention after any failure, and because of lack of familiarity with the correct problem-solving skills and perhaps observational learning, quickly attempt suicide, and this is the dominant mode of life for women during this period, but as the age rises and they find relative stability in their lives, they become acquainted with the correct ways of coping and dealing, and their attitude toward the strain of life changes and it is sometimes due to love for their child and the spouse or parent, they try to raise their threshold of tolerance and solve the problem and help those who are expert in this regard; therefore, the rate of successful suicide decreases.

The finding that the highest rate of suicide and suicide attempts in men and women aged 24 to 10 years can be explained by the fact that this is due to adventure, less tolerance, problems from adolescence to youth, intellectual instability, social, occupational and economic factors, the increasing expectations and sometimes the weakness of

faith. Suicide is also the 11th cause of death in the general population and the third cause of death in the population of 15 to 24 years old (42). In this study, the highest rate of suicide attempt was reported in the age group of 10-80 years old (85%), which is similar to other studies in our country (43), and a study in Greenland reports similar results to this study (44). This finding is consistent with the study of Ardabil with the highest rate of mortality in the group under 25 years of age (45) but inconsistent with studies of Mousavi and Taziki (47-46) in the fact that the mortality rate in the age group over 45 years was several times more than lower ages.

Regarding the level of literacy and the highest rate of lethality in women with high school education, we also saw a similar situation in the way that suicide attempts could be seen as a higher proportion of literacy than in the successful suicide group. In the sense that more literate people are committing suicide, they use this method to solve their problems, while illiterates have had more suicide. Similar results can be seen in several other studies (48-46), (37). Regarding the relationship between suicide and marital status, the situation was different in the two genders. For this reason, we discuss each separately. In women, both in successful suicides (75%), and in suicide attempts, the majority were married women (60%). Additionally, married women in successful suicide attempts against single women are unfortunately found in most regions of Iran. In most cases, women suffer from more mental stress through marriage, and most of these stresses seem to be related to spouses' misconduct (41).

But in men, while there were not many differences in successful suicides, the number of married and single people showed almost three times the rate of marriage in unsuccessful suicides. In the study of Semnan among suicide committers, married women were reported more than single women with 61%, but it was reported as 34% in married men and 66% in single men, which is almost the same as the results of our study (50).

In a study by Dawas and colleagues in a study, suicide rates in married women and single men were the most frequent (51). Their results are consistent with the present study. Single life is accompanied by failures that may lead to suicide. Given the high rate of suicide in married women, the value of addressing the problems of housewives is doubled (41).

However, it is inconsistent with the studies conducted by Gaidi's (52) and Bakhsha (53) and studies conducted in Italy and Canada (54-55), which shows that suicide rates are more significant in singles. This could be due to the worse economic conditions and the beliefs of families over the years.

The economic situation is related to suicide. Occupation is a good barrier against suicide and, in fact, those who do not have a job and source of income are more suicidal (41). However, the findings of the study revealed the opposite, with 80% of the deceased suffering from suicide in men, and in suicide attempters in employed men with 57.3% and

housewives were 71.6% in most groups (40). Therefore it can be said that the occurrence of suicide is not a single factor, and there are certainly several underlying and revealing factors happening in the life of the individual.

Our findings are inconsistent with the studies of Golder Michael and Yasaki who showed that unemployed people are at risk of suicide and have a positive and specific relationship between unemployment and suicide rates in their studies (56-57).

In the present study, successful suicide rate through hanging, medicine, drug usage, self-immolation and use of weapons was significantly higher than other methods. The results of the Ministry of Health survey in 18 provinces showed that most of the methods used include self-immolation, hanging, drugs, poisoning and weapons (58). In general, there are differences in the suicide methods between different countries. In Sweden, four methods of poisoning, hanging, weapons, and drowning are more common. In the United States, weapons, hanging, poisoning and the use of cold weapons such as knives (59), in Australia high doses of drugs, car carbon monoxide poisoning, weapons, and hanging, in India poisons, hanging, self-immolation, drowning and in China hanging, drowning, poisoning, and jumping from a height make up the most used objects (60).

Meanwhile, the mortality rate of each method is largely influenced by the time elapsed between the use of the method and the time of death, which is more than self-immolation in the use of germination. Therefore, it is possible to save them. (41).

In the present study, a higher percentage of subjects had selected drug consumption and poisoning for suicide attempt (85.4% men and 90.2% women). In other studies, the most common suicide attempt was high-dose (63-61), although in some studies other approaches are at the top (31). Maraveji and colleagues in their study state that the prevalence of suicide with medicine in Iran can be due to availability of drugs, familiarity with various drugs and painlessness of this method. The use of drugs in those whose main purpose of committing suicide is a way of solving their problems, and not death, can be another cause of the high prevalence of this method, which may somehow be used to attract the attention of others to their problems, and this necessitates the increase of emotional communication in this group of people. (31).

Another difference is the relationship between the rate of suicide and sex. In the present study, most men used medicines (84.4%) and then poisons (9.4%), but most women (90.2%) had used medicines followed by poisoning (8.3) to commit suicide, and men used drugs to complete suicide with methods of treating them, using weapons and drugs.

In this study, there was a significant relationship between the outcome of suicide and the seasons of the year. The highest rate of successful suicide was reported in Autumn and Spring, and the highest rate of unsuccessful suicide

was reported in Summer and then in Winter. In a study, it has been determined that the difference in seasonal cycles is highly dependent on the method and the results of suicide (64). In these findings, in some internal studies, it has also been proven that there is a significant relationship between season and frequency and the outcome of suicide (65), as well as a seasonal suicide pattern with peak suicide in the Spring and Summer and a clear reduction has been reported in the Winter and Summer (66) which may be due to the climatic and occupational conditions of people in different seasons (67).

However, Sadat did not see any connection in Yasuj between suicide and the season (68). To justify the effect of the seasons on suicide can be referred to two hypotheses. The socio-demographic hypothesis, which clarifies that the social connections of individuals increase with the onset of the warm season. Such connections increase psychological pressure and ultimately commit suicide in them in those who do not tolerate these connections increase while the climate hypothesis states that with the onset of the spring, the temperature of the environment and the length of hours of light per day increases. Such important changes in the environment will increase melatonin and cholesterol, especially changes in the serotonin pathway. Which itself increases the access of brain cells to serum tryptophan and, as a result, to readiness for B One person leads to suicide (69).

## Conclusion

Since this study revealed that women are more likely to use less risky methods, and that sedative drugs have been used more than once, and one of the essential requirements and practical steps in reducing suicide attempts, is training and stressing physicians particularly for general practitioners, prescribing drugs to those who do not cause poisoning and death in case of abuse. Other studies also emphasized the role of educating general practitioners for the correct and timely treatment of mental health patients and control of those at risk of suicide.

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