
MEDICAL AND SOCIAL PROBLEMS IN SUICIDE ATTEMPTS BY SELF-POISONING IN CHILDHOOD

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Abstract: Suicides bear the imprint of the era in which they are committed. They become more frequent in economic, political and spiritual crises affecting the public life of a country. This also impresses on adolescents, especially in puberty reactions, which are expressed in aggressive and self-aggressive acts. In suicidal attempts by self-poisoning in childhood, it is a conscious and deliberate self-harm that is associated with many social and medical problems.

The purpose of this study is to make a comparative analysis of suicide attempts in childhood at two time intervals: 2001 - 2005 and 2011 - 2015 in the Pleven region. To assess basic criteria such as etiology and age. To identify basic social issues and improve the prevention of this problem.

It was made a retrospective comparative study suicide attempts by self-poisoning in childhood during two time intervals – from 2001 to 2005 and from 2011 to 2015 in the Pleven region.

We found increased incidence of suicide attempts in childhood during the period 2011 - 2015, change in the profile of poisonings and lower age.

Against the backdrop of the deteriorating demographic situation in the country, with low fertility and aging of the population, suicide attempts, through self-poisoning in childhood, are a priority problem to solve.

Keywords: children, self-poisoning, suicide attempts

INTRODUCTION

Self-denial is the most common way of self-aggression, and as such has established itself in all ages because of its easy realization. Over the last decade, suicidal behavior has increased, through self-indulgence in childhood and adolescence, with a tendency for age decline. The Charter of the Rights of the Child states: "Every living being from 0 to 18 years is a child".¹²¹³

According to the American Psychological Association (APA), suicides are the third leading cause of death among young people between 10-24 years of age and account for 20% of deaths per year. The most common ways to do it are self-immolation, suffocation, poisoning. In adolescence suicide ranks third as the cause of death.

According to the WHO, Bulgaria is one of the most prominent women in the juvenile suicide deaths ranking - 6th among the girls and 1 among the boys¹⁴¹⁵.

In our country, higher mortality was recorded in boys who choose hard suicide methods. They are more aggressive and impulsive, and rarely act under the influence of alcohol and drugs, which contributes to their fatal outcome. Girls do more suicidal experiments, perhaps because they are more likely to develop depression, but are also more

¹² Александров Н. – “Практическа спешна токсикология”, “Знание” ЕООД, 2000

¹³ Бобев Д., Е. Генев – “Педиатрия”, МИ, “АРСО”, 1998, 29-32.

¹⁴ Burillo-Putze G., P. Munne, A. Duenas (SEMESTOX) – “National multicentre study of acute intoxication in emergency departments of Spain”, Eur. J. Emerg. Med., 2003, Yun, 10, (2), 101-4.

¹⁵ Бояджиева М., Л. Живков – “Социологично и клинично проучване на опити за самоубийство сред младежи”, Сп. Неврология, психиатрия и неврохирургия, 19, 1980, 4, 261-266.

likely to talk about their problems and seek help. On average, one child per day in Bulgaria makes suicide attempts, with 5% ending with a tragic end, according to data from the National Center for Public Health and Analysis.¹⁶¹⁷

An age structure analysis shows that about 25% of suicide attempts were committed by young people aged 15-19.¹⁸ Suicide and suicidal attitudes are a complex problem for which there is not one single reason. It is the result of the complex interaction of biological, genetic, psychological, social, cultural factors and environmental factors.¹⁹²⁰

Suicidal acts through acute exogenous intoxications in minors and juveniles are a serious toxicological, psychiatric and medical-social problem.²¹

AIM

1. To compare the suicidal pathology through self-indulgence among the children in the Pleven region - for the period 2001-2005 and the period 2011-2015.

2. Analyze the causes of poisoning and the reasons for suicidal behavior in patients under 18 years of age.

MATERIAL AND METHODS

Two prospective clinical and epidemiological studies of the suicide attempts were performed among the children treated at the Toxicology Clinic of «Dr. G. Stranski» University Hospital in Pleven for these two periods (2001-2005 and 2011-2015), among which there are 10 years difference.

Also examined - sex, age, domicile, seasonality, types of toxic nodes, quantitative changes in the mind during hospitalization.

RESULTS

The periods 2001-2005 and 2011-2015 are the first years of the new millennium, where the society is subjected to severe social stress - economic and political events that change the lifestyle of the population. This undoubtedly affects the growing generation as well.

1. Share of cases of suicide attempts by self-removal from all exogenous childhood intoxications - Fig. 1, 2.

Fig. 1 – 2001 – 2005

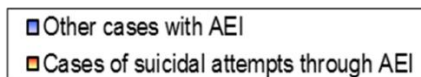
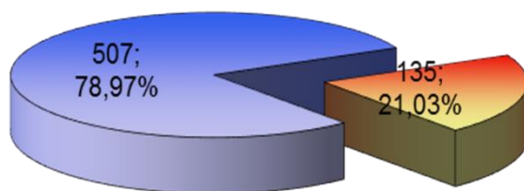
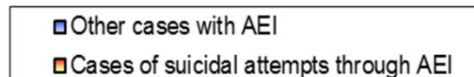
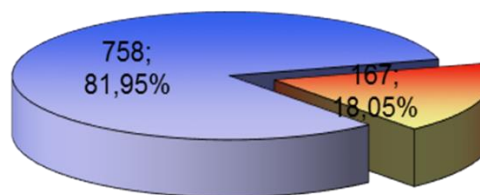


Fig. 2 – 2011 – 2015r



Toxicological pathology as well as suicide attempts in ten years have increased in absolute terms.

2. Distribution of SA cases by somotope in children by years - Fig. 3, 4.

¹⁶ Derelanko_M.J._*Handbook_of_Toxicology_(2ed.,_LLC,2002)*

¹⁷ Jerrold B. Leiken and Frank P. Paloucek, *Poisoning and Toxicology Handbook* - 4th Ed, 2007

¹⁸ V. V. Pillay, *Modern Medical Toxicology*, 2013

¹⁹ Kent R., *Poisoning & Drug Overdose* - 4th Ed, Olson, 2003

²⁰ Casarett, Doull - *Toxicology The Basic Science of Poisons* 6th ed

²¹ Johan duffus, *Fundamental Toxicology_2ndEdition*, 2006

Fig. 3. Cases of SA through AEI in 2001-2005

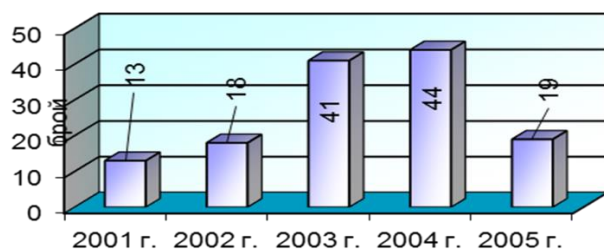
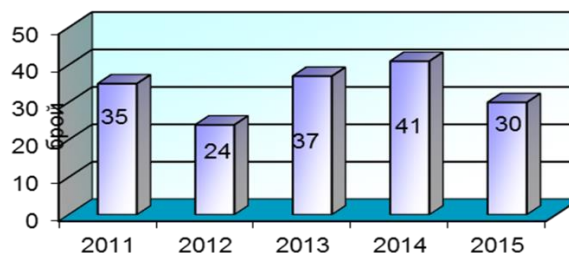


Fig. 4. Cases of SA through AEI in 2011-2015



3. Age distribution of children with CO - Fig. 5, 6.

This distribution is consistent with the pediatric practice prevailing in the age range (W. Nyno, Dr. Bobev, N. Mumdzhev / .¹³Significantly increases the adolescent age group in absolute terms.

Fig. 5. Age distribution 2001 - 2005

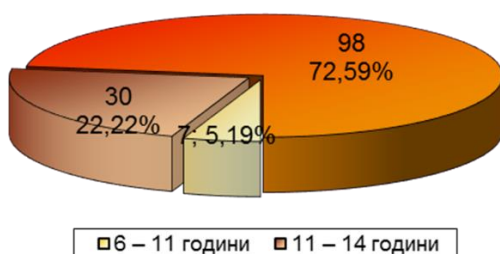
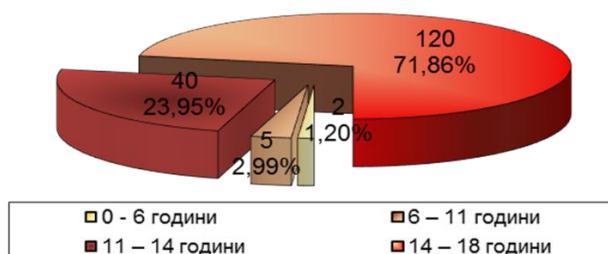


Fig. 6. Age distribution 2011 - 2015



The adolescent age is markedly labile psyche and is the most difficult period for educational influence. This determines the large proportion of suicide self-irritations in our region as well as data from the National Center for Public Health and Analysis and the WHO.^{22,23}

In the first period of 2001-2005, the smallest child with self-denial was 9 years old, his parents are abroad, and he suffers for them, grown by the grandmother, drinking a vague amount of chlophazoline. In the second period 2011-2015 the smallest child is 4 years old and the other at 5 years 6 months.

4. Distribution of cases by sex - Fig. 7, 8. Both boys' relative and absolute share decreases at the expense of the more sensitive sex – girls.

Fig. 7. Distribution of sex 2001 - 2005

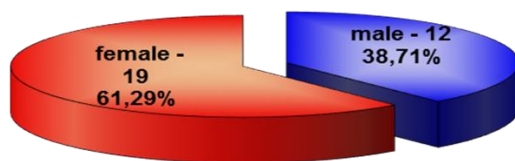
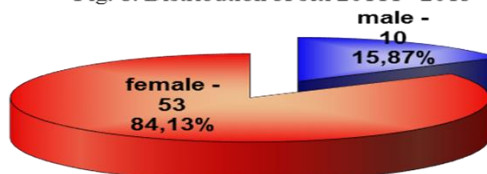


Fig. 8. Distribution of sex 2011 - 2015



5. Distribution of the case by place of residence - Fig. 9, 10.

²² Мендеримов А. И. – “Острые лекарственные отравление у детей”, Сб. научн. тр. Ростов Н/Д, мед. институт, 1979, 115-116

²³ Harrison's *Principles of Internal Medicine* 16th Edition

Fig. 9. Distribution of place of residence - 2001 - 2005

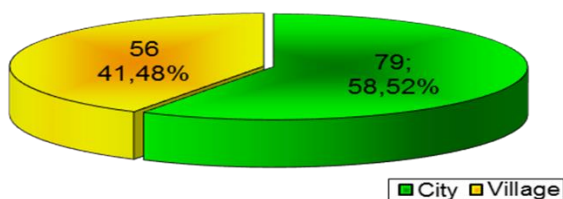
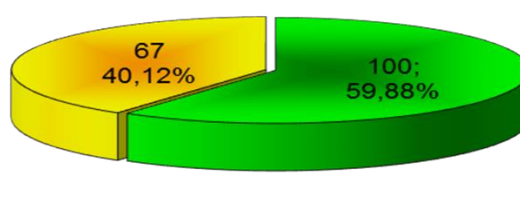


Fig. 10. Distribution of place of residence - 2011 - 2015



6. Seasonal dynamics on SA through self-tapping - Fig. 11, 12

Fig. 11. Distribution by season 2001-2005

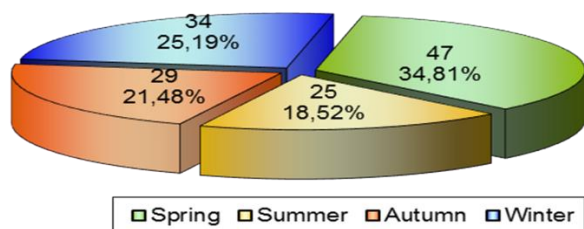
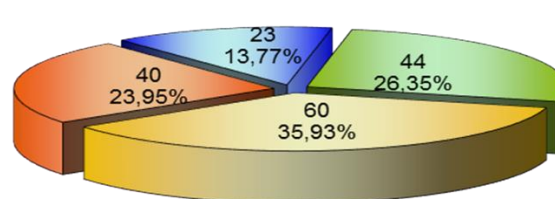


Fig. 12. Distribution by season 2001-2005



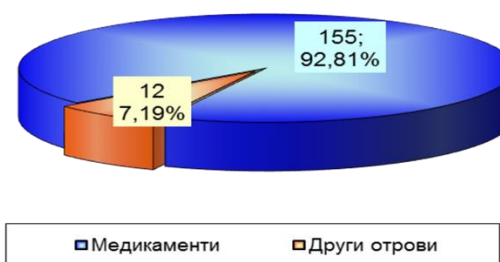
In 2001-2005, SA prevailed in the spring winter period, and in 2011-2015 they were the most common in summer and spring. Reporting the most COs in the spring and winter we assume that they are related to the accumulated negative emotions and the exhaustion of the learning process. During the last 5 years, the seasonal dynamics have changed and summer and summer months are followed by spring. This is most likely related to reduced parental control and greater freedom when not in school.

7. Distribution of SA cases by type of toxic nose - Fig. 13, 14.

Fig. 13. Distribution by type of the toxic nose 2001 - 2005



Fig. 14. Distribution by type of the toxic nose 2011 - 2015



In the case of suicide self-inflammation, medication takes the lead among the toxic nodules. They are also leading across all EPEs, due to easy access to all types of drugs.

8. Distribution of CO cases according to quantitative changes in consciousness - Fig. 15, 16

Fig. 15. Distribution according to quantitative changes in consciousness 2001 - 2005

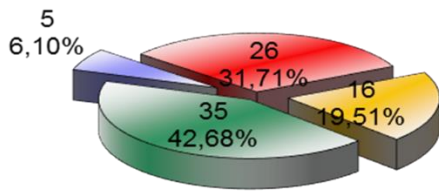
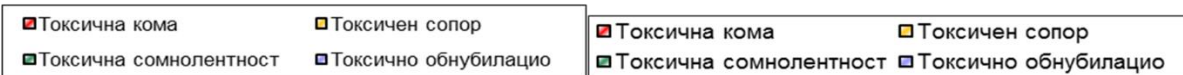
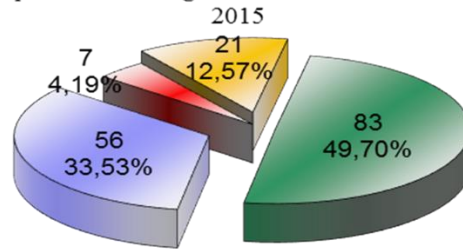


Fig. 16. Distribution according to quantitative changes in consciousness 2011 - 2015



Quantitative changes in consciousness are an open door to the lethal exit of each. Illness, which is why we pay attention to AEI. They determine the severity of the disease and the outcome of it. The motivation for suicidal behavior has a complex genus and is related to experiencing serious crises. According to literary data in this age, SAs are more common than suicides. This is due to the fact that SA is a "cry for help" towards family and society rather than a real desire for death..

9. Causes of suicidal behavior - Fig. 16, 17

Fig. 16. Distribution for reasons 2001-2005

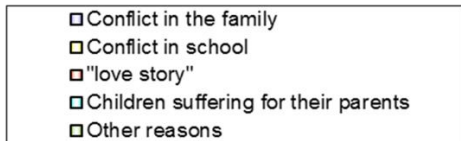
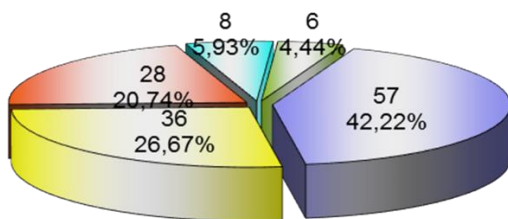
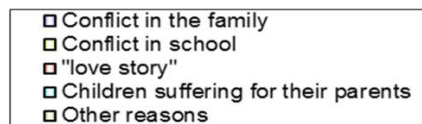
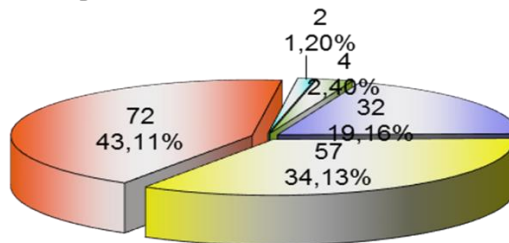


Fig. 17. Distribution for reasons 2011-2015



During 2001 - 2005, Leading during this period are conflict in the family, conflict in school and «Love Story». During 2011 - 2015, The first is intimate drama, followed by family conflicts and school problems.

DISCUSSION

In case of school failures, family conflicts or other spheres of life, psychic and neurotic reactions occur as well as behavioral abnormalities. In the first years of the new century, the leading cause of SA is a family and school conflict, caused by fear of punishment and low success. In connection with accelerating and freer living in a democratic society, they have recently emerged as a motivation for the SA intimate youth relationships. Love disappointments - jealousy, separation and infidelity are dominant.

From the exported data there are the alarming tendencies for increase of AEI, as well as the suicide attempts in childhood globally, which affect Bulgaria and in particular the Pleven region.

The standard of living and socio-economic status of families in which children are raised directly affects: culture, quality, diversity of information, the psycho-emotional state of the growing generation. The juvenile's pubertal reactions are expressed in aggressive and self-aggressive acts, most often they are demonstrative in character and are performed with the presumption of intimidation or achievement of a particular purpose.

Outside the context of any psychological theories, it can generally be said that physical and mental changes in adolescence form suicidal behavior. This develops against the background of specific personal and social factors.

It is alarming that younger children have a suicidal tendency and attempts at self-denial.

Thomas Bronisch in "Suicide - Causes, Signals, Protection," describes the intention of suicide attempts in 4-year-olds. He emphasizes that they are extremely rare, but the tendency is disturbing.

We also treated a suicide case of a child of four years of wealthy gypsy family origin from a village near Pleven with a disposable behavior, in which to make his whims drink an entire pack of gastrocid / homeopathic medicine for functional abdominal pain. Here, behind the child's behavior, the parental education and influence of the media is the first thing that they allowed him to watch TV all night while he was asleep.

The other 5-year-old child accepts alcohol (beer) that has a imitative character - the grandfather wants to get drunk and die when he gets drunk and has trouble at home.

In both cases, a demonstration of a crisis response in preschool children due to the impact of the environment

CONCLUSION

Adolescents remain the most vulnerable, but the tendency for unconscious, demonstrative attempts in early childhood to be real and dangerous.

Behind every child with problematic behavior there is a series of parental mistakes and social failures. Suicidal attempts by self-elimination are considered in the aspect of toxicological morbidity as a toxicological and pediatric problem.

His psychiatric and psychotherapeutic side are a serious pathology of fellow psychiatrists and psychologists. In view of this, we pose this problem as a multidisciplinary and priority social because.

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