S21.04

Hepatitis infection rates in addicted migrants

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The article examines infection with viral hepatitis A, B, and C and socio-ethnic factors in a population of injection drug users seeking treatment. The study was conducted between 2001 and 2003 in a rural German hospital; selected sociodemographic and drug-related data as well as a serology for hepatitis A, B and C were obtained from 1499 patients. Statistical analyses were performed by univariate analysis of variance and post-hoc Scheffé tests or with the c2-test and Bonferroni-adjustment. Ethnic minority patients manifested a more severe course of addiction and showed a higher frequency of infection with hepatitis A, B, and C. Low-threshold culture sensitive drug user treatment programs should be implemented and evaluated.

W06. Workshop: SUICIDE: PSYCHOLOGICAL PAIN IN SUICIDE VICTIMS AND SURVIVORS

W06.01

The role of psychological pain in suicide victims. What do we make of it?

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It is perhaps the scientific 'law' in suicidology that suicidal individuals are experiencing psychological pain or suffering and that suicide may be, at least in part, an attempt to escape from this suffering. Suicide occurs when the psychological pain or psychache is deemed by the person to be unbearable. Shneidman proposed that the key questions to ask a suicidal person are 'Where do you hurt?' and 'How may I help you?' If the function of suicide is to put a stop to an unbearable flow of painful consciousness, then it follows that the clinician's main task is to mollify that pain. Shneidman also pointed out that the main source of psychological pain is frustrated or thwarted psychological needs. These psychological needs include the needs for achievement, affiliation, autonomy, counteraction, exhibition, nurturance, order and understanding.

Although the concept of psychache is used in discussions of suicidal behavior, there have not been many attempts to devise quantitative measures of the variable for research. Also, for suicidal psychiatric patients, amelioration of symptoms is not sufficient to reduce pain associated with certain events, probably because of the lack of proper management. In addition, efforts should be made to reduce the psychache currently experienced and to restructure the cognitions of the patients about the traumata that they have experienced in the past. Asking of the suicidal person about psychache and suicidality may be useful in establishing rapport with the patient and in assessment, beyond psychometric scores.

W06.02

Programs and campaigns: introducing better understanding of suicide phenomenon

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Although suicidal behaviour is a rare event in the community, it is very common among psychiatric (mostly depressive) patients who contact different levels of healthcare (mostly GPs) before the suicide event. The most common current psychiatric diagnosis among suicide victims and suicide attempters is major depressive episode (56-87%), which, in the majority of cases is unreferred, unrecognised and untreated. The current prevalence of major depressive episode in the primary care practice is between 8 and 12%, and earlier studies reported that only a minority of these cases are recognized and treated adequately by GPs. Fortunately, most recent studies reported much higher (62-85%) recognition and treatment rates. Since successful acute and log-term pharmacotherapy of depression significantly reduces the risk of suicidal behaviour and 34-66% of suicide victims (two-thirds of them should have current major depression) contact their GPs 4 weeks before their death, GPs play an important role in suicide prevention (Luoma et al, 2003). In fact, several large-scale community studies (The Swedish Gotland and Jamtland Studies, the Nuremberg Alliance Against Depression, the Japanese Elderly Suicide Prevention study and the most recent Hungarian Kiskunhalas GP Suicide Prevention Study) demonstrated that education of GPs on the diagnosis and treatment of depression, particularly in combination with public education, improves the referral, identification and treatment of depression and reduces the frequency of committed and attempted suicides in the areas served by trained GPs.

W06.03

Practical intervention for suicide survivors

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The act of suicide and the consequential death provoke a lot of different emotions and reactions in those who used to be involved in the life of the deceased.

The group most affected by the aftermath of suicide are members of the family, but the same can be true with friends, colleagues, teachers, a therapist, if the person had been in treatment, and a general physician, who took care of his/her health. Who is suffering most and who needs most help can be different in every case, depending on the circumstances. Every suicide produces a unique emotional response in the bereaved survivors, ranging from desbelief, despair, sorrow, guilt, shame and anger, and this is why some of the survivors search professional help and support, either individual or in a group. This therapy has a dual purpose: first, it helps the individual or family to go through rather extreme and very difficult time while also getting more insight, understanding and accepting of their own feelings and reactions, and second, it presents a good example of practical prevention of further potential dysfunctioning of an individual or the family as a whole (e.g. suicide). Some practical examples of cases based on seventeen years of therapeutic work with suicide survivors will be discussed to show possibilities and limitations of such help.

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