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CLINICAL AND PSYCHOLOGICAL FEATURES OF ALCOHOLISM PATIENTS WITH SUICIDAL BEHAVIOR

Abstract: One of the most tragic components of the mortality of patients with alcohol dependence is violent death as a result of suicide. The importance of continuing research in this area is determined not only by the high suicidal risk of alcoholism patients, but also by the significant prevalence of alcohol disorders among the population. At the same time, today there are many open questions in the relationship in the "alcoholism – suicide" system, which require additional clarification.

Key words: alcohol, alcoholism, psychologi, behavior.

Introduction: According to the research of domestic and foreign authors, alcohol abuse and alcohol dependence can be catalysts of antisocial and antisocial behavior [1-9]. At the same time, it is implied that in itself intoxication or dependence on alcohol are not the main causes of antisocial behavior [10-19]. The behavior of a person in a state of alcoholic intoxication is determined, first of all, by the general personality structure, psychological attitudes, formed habits, intended activities, the nature of the actual social environment. Some researchers believe that the leading role in the behavior of an intoxicated person is played by the personality traits formed in his premorbid and, in some cases, not manifested in ordinary life - psychological attitudes, values, inclinations, desires, intentions of the individual [20-29]. In a state of intoxication, some people become friendlier, more sociable, others - irritable, angry, aggressive. Alcohol helps to manifest the main characteristics, often hidden from the eyes of an outsider, and in the process of chronic alcohol intoxication contributes to the formation and development of stable destructive personality traits [30-

38]. Numerous studies by Russian authors indicate the existence of a pronounced relationship between alcoholism and the manifestation of emotional instability, irritability, short temper, aggressiveness [39-46]. Nevertheless, not all alcohol drinkers, and not all alcoholics become criminals, although certain tendencies of antisocial behavior are observed in most of them due to the characterological, behavioral and social metamorphoses brought into the life of an individual by alcohol addiction.

The purpose of the study: to study the prevalence of suicidal behavior in patients with alcoholism with a description of their clinical and psychological characteristics.

Material and methods. On the basis of the regional narcological dispensary of the Trans-Baikal Territory, a questionnaire, clinical, anamnestic and psychological examination of patients with stage II alcohol dependence syndrome was conducted using a continuous method. It was carried out on the 4th-5th day of inpatient treatment after the relief of manifestations of alcohol withdrawal syndrome. The exclusion group was persons with a history of drug use.

A total of 157 people aged 20 to 60 years were examined (the average age was 41.2 ± 0.8 years). Men among them were 61.8% (97), women – 38.2% (60).

For each patient, a specially designed card was filled out, including 36 items about the general, narcological and suicidological history of the patient, the Hamilton scale for assessing depression, self-assessment of character modified by L.T. Morozov.

Depending on the identified suicidological history, the patients were divided into 3 groups: the first – those who had a history of suicidal attempts; the second – those who had previously noted thoughts, intentions or a suicide plan; the third – the absence of suicidality in the anamnesis. Structuring by gender and age within the groups was not carried out.

Statistical processing of the results obtained in the course of the work was carried out using the Microsoft Excel analysis package and the Statistica-6.0 package of applied statistical programs. The reliability of the differences was determined by the Student's t criterion.

The results of the study and their discussion. In the course of the work, it was found that 20.4% (32) of the surveyed had a history of suicide attempts, 21.0% (33) had previously noted thoughts, intentions or a suicide plan, and the absence of suicidality in the anamnesis was registered in 58.6% (92) of cases. It was found that the vast majority (more than 80%) of suicidal actions or internal manifestations of suicidality in patients with alcoholism were associated with the intake of alcoholic beverages. Thus, thoughts or intentions of suicide occurred in alcohol intoxication in 45.5% of cases, in a state of hangover – in 36.4% of cases. Parasuicides were committed under the influence of alcohol by 59.4% of the surveyed, in an abstinent state – by 25.0%.

The methods of suicidal attempts (in the anamnesis) were distributed as follows: self–cutting – 37.5%; self–hanging – 34.4%; drug poisoning – 12.5%; falling from a height - 3.1%; several different - 12.5%. At the same time, 43.8% of the representatives of this group have repeatedly committed suicidal acts. 31.3% of respondents do not exclude the recurrence of parasuicide in the future.

It was found that patients with a history of parasuicides suffered TBI more often than the third group (43.8% and 18.5%, respectively; $p<0.01$); were more often convicted (25.0% and 7.6%; $p<0.05$); their heredity was 3.2 times more likely to be burdened by alcoholism of close relatives (56.3% and 17.4%; $p<0.001$); they tried narcotic drugs more often (46.9% and 27.2%; $p<0.05$); seizures (37.5% and 18.5%; $p<0.05$) and psychoses (46.9% and 25.0%; $p<0.05$) were more common in abstinence.

Differences in self-assessment of character between patients of the three groups indicated above were also not revealed.

According to the Hamilton scale, depressive disorders were absent in 33.8% of patients with alcoholism in a post–withdrawal state, mild manifestations were registered in 22.9% of cases, moderate severity - in 29.3% of cases, severe depressive disorders were established in 7.6% of cases, extremely severe – in 6.4% of cases.

At the same time, in patients with parasuicides in the anamnesis, depression was absent only in 3.1% of patients in a postabstinent state, which significantly differed from the other two groups (30.3% and 45.7%, respectively; p<0.001); and severe and extremely severe depressive manifestations, on the contrary, were noted more (37.6%; p<0.001).

Conclusion. Thus, when examining patients with alcohol dependence, "classic" autoaggressive manifestations were detected in 41.4% of cases. The absolute majority of suicidal attempts by this contingent were made under the influence of alcohol (59.4%) or abstinence (25.0%). This fact echoes the results we obtained earlier and indicates that the presence of alcohol intoxication in people with alcohol dependence significantly increases the suicidal risk, including due to brutalization of suicidal actions.

At the same time, in the group of examined patients who committed parasuicide, there was a more frequent hereditary burden of alcoholism, a more severe course of the disease itself and a high frequency and severity of depressive disorders registered on the Hamilton scale. All this may explain the significant suicidal activity of alcoholism patients.

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