Case Report

HIGH FAMILY INCIDENCE OF AFFECTIVE DISORDERS AND SUICIDES

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Summary

Different aspects of suicides have been analyzed in literature, yet little has been published about suicides in the family. It is a well known fact that the incidence of successful suicides in the family is higher. The role of genetic factors in the aetiology of affective disorders is well-known but whether predisposition to suicide is inherited remains unclear. The aim of the report is to present a case of high incidence of suicide acts in a family and the existing high risk in it, as well that even the way of committing suicide has become a mode of behaviour in the family. The study of the family established a high incidence of affective disorders in four generations. The phenomenon of anticipation was observed: earlier onset and more severe course of the condition in the children.

Key words: suicide, suicide attempt, genetics, family suicides, high suicide risk

Introduction

Suicides are a problem of national importance and the object of an increasing number of investigations from various aspects. Suicide behaviour is defined as "all forms of attitudes of the individual /thoughts, emotions, acts/ directed towards possible death as a result of its own acts" [1]. Ways, planning and realizing suicides have been analysed in depth, while little has been published on high incidence in some families. Porot (1963) defines the repetition of suicides in different generations of a family as "heredosynchronism". The concentration of these acts is greatest in the nuclear family, but is also found in distant relatives. In these families, there is a high suicidal risk for the future generations as "a model of reaction to cope with problems" [2].

One report has presented a family, in which in five generations men commit suicide after the age of 45 [3]. Other authors have published data about suicides, relating them to translocation of chromosome 6 and 11 in three generations [4].

A study has shown that suicidal risk in cousins of patients with psychiatric disorders is eight times

higher than in controls; another one has reported 9 suicides in 51 monozygotes, and 4 families of patients with affective disorders with 26 suicides, discussing the hypothesis of low concentration of serotonin as a result of reduced metabolism of 5 - hydroxy-indolacetic acid (5HIAA) in the spinal fluid [1].

According to other authors, family history of suicidal behaviour tends to become a factor for suicide risk that is to be considered as separate from the history of psychiatric disorder [5].

In 1998, we reported cases of high suicide rates in two families [6].

The aim of the present study is to show the high incidence of affective disorders and suicidal acts in a family as a reason for a high suicidal risk, as well as the fact that even the way of committing suicide may become a mode of behaviour in a family [7].

Depression was evaluated using MADRS scale [8].

Material and Methods

Four generations of a family with a large number of members with affective disorders accompanied by suicide acts were studied.

Case 1. P.P.P. - a female, 33, with bipolar affective disorder with an alternating course.

The onset of the disorder was in 1998, with an episode of depression at the age of 24. After that, many depressive and manic episodes occurred, the depressive ones being accompanied by suicidal thoughts and two suicidal attempts.

Family history includes relatives with affective disorders, two suicides, epilepsy; great-grandfather, grandmother, mother and aunt registered with recurrent affective disorder. Her great grandfather and mother committed suicide by drowning in the draw-well. A cousin of hers suffers from epilepsy.

The patient was admitted to the clinic with a depressive disorder. A month before admission, she had gradually become depressed, with insomnia, bad appetite and weight loss. She reported losing interest in things around her and no desire to work, and staying in bed all day. During the night before admission, she had suicidal thoughts: she woke up at 2am with an intention to drown in the draw-well in the yard. She spent an hour at the well, then hesitated and went back to her room.

Psychiatric examination: deeply depressed, with suffering facial expression, sad, staying for a long time in a stiff posture, eyes looking down, with bad rapport, without insight for the psychiatric disorder, her process of thinking slow in flow, answers with prolonged latent periods after the questions. The content of thinking process revealed delusions of hopelessness and no cure of the disorder, as well as suicidal thoughts. She reported her experience during the night before admission: “Last night I got up at stood up at 2a.m. and went to the draw-well in the yard. I wanted to jump in and drown but I had no idea how to do it - go down with my head or legs first. I decided to ask my mother who had drowned in December 2006. I asked her 'Mother, tell me how you did it?' At that moment I remembered about my child who would be pointed at by people who would say that he is the son of a mother who drowned herself. Then I stood up and returned to my room. You have to understand, though, that one day I will do it I will drown myself in the draw-well.”

The patient had made two suicide attempts in the past: by overdosing medications and by jumping under a motor vehicle.

Case 2. E.S.C. (the patient's mother) - a female, 60 years of age, with recurrent depressive disorder since 1989 at the age of 43. She had had several depressive episodes and a history of affective disorder, suicide and epilepsy in the family: grandfather had committed suicide by drowning himself; her mother, sister and daughter had been diagnosed with affective disorder; her daughter had made two suicide attempts, and her nephew had epilepsy.

The patient was admitted to the psychiatric clinic on November 22, 2006 with deep depression. Two weeks before, she had become depressed, had stopped to talk and eat, lost weight, slept badly and stopped going to work. She had lost hope and sense of perspective but she had not believed she was ill and had refused to be admitted for treatment. .

Psychiatric status: the patient had reduced motor activity and mimic expression, with eyes looking down and avoiding eye contact. Her speech was quiet, monotonous and badly modulated. She had no sense of being ill, and was emotionally depressed, with reduced drives. The process of thinking was slow in flow, with delusions of hopelessness and hypochondriac ideas in its content. Attention and cognitive functions were reduced. On December 29, 2006 she committed a suicide by drowning in the draw-well.

Results

The family studied presents with a high incidence of affective disorders and suicide acts in four generations on the mother's side: great-grandfather, grandmother, mother, aunt and daughter. Four of them had recurrent depressive disorder, and one (the daughter) has bipolar affective disorder. There are totally five suicide attempts and two successful suicides (great-grandfather and mother) (Fig.1.).

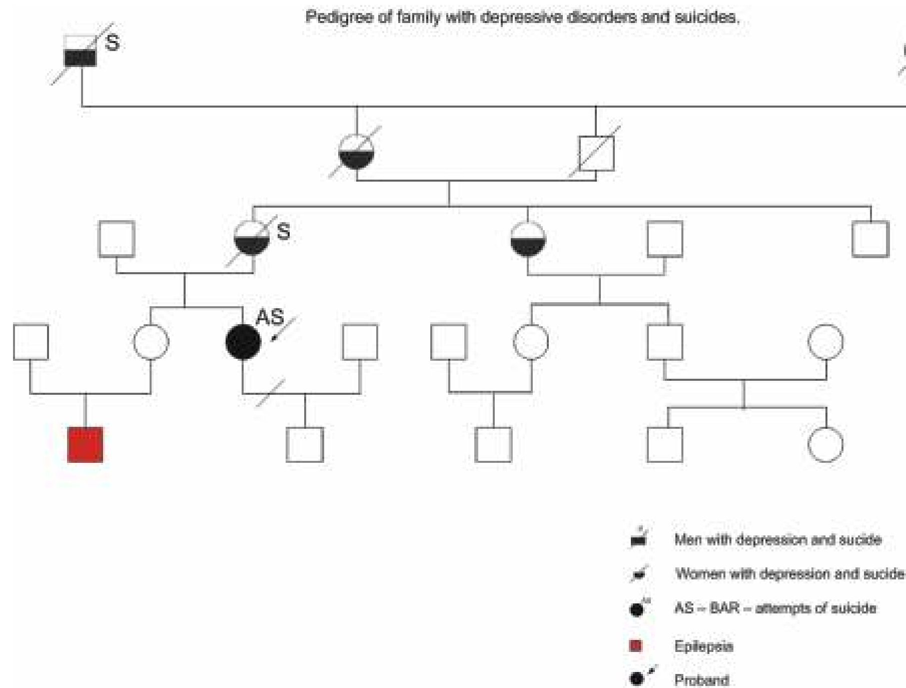

Figure 1. Pedigree of family with five suicide attempts and two successful suicides

Conclusions

The study of the family reveals a concentration of affective disorders, high incidence of suicide attempts and two successful suicides in two generations, committed at the same age (60 years).

The phenomenon of anticipation was established - the onset of the disorder in the daughter was earlier than in the mother, and its course was more malignant.

The way the suicides were committed was the same - self-drowning in a draw-well. Is this a model of behaviour or a genetic mechanism of inheriting ways to commit suicide? There is no answer to the question as yet. The role of the genetic factor in the aetiology of depression is known but further studies are needed to find out if it is involved in inheriting predisposition to suicide and the way of committing it.

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