Incidence, Profile, and Evolution of Suicide Attempts Seen in Emergency Wards in France: Results of a Multicenter Study
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Introduction: The suicide prevention is a public health priority in France; there are approximately 12,000 deaths by suicide (prevalence 24 cases for 100,000 inhabitants) and 150,000 suicide attempts per year; these data probably are an underestimate. The purpose of this work is to identify the incidence and profile of patients following a suicide attempt examined in Emergency Departments (ED), and to develop a different epidemiological aspect.

Methods: This was a one-week prospective study conducted in ED of various sizes, situated all over the French territory. This inquiry has been realized with the help of a questionnaire filled in at the patient's bedside. Data concerned the patient, the suicidal gesture, and the patient’s evolution.

Results: Data for a total of 640 patients following suicide attempts were collected from 57 EDs; the mean suicide attempts rate per ED was 11.2 ±9 (range 0-51) and the number of patients in one week was ≥7 in 75.4% of the EDs. Except for ≤15-year old patients, the number of females predominated (64.5%). The mean age was 34.8 ±13.6 years (range 12-95 years); only 21 (3.3%) of the patients were ≤65 years old, and the majority (77%) were 15 to 44 years old. The social status indicated that 35.5% of the patients were unem- ployed vs. 41.4% of the men. Except for those patients ≥65-years old, the age brackets, which were mostly concerned by professional inactivity, were 35-44 years for women, 25-34 years for men, and 55-64 years in both. Employees, students or schoolkids, and civil servants gathered almost 78% of all occupations. A psychiatric past history including suicide attempt, psychiatric hospitalization, or consultation was found in 68.8% of women and 62.1% of men. Drug addiction, HIV seropositivity, or chronic alcoholism concerned respectively 6.7, 1.1, and 12.8% of patients, and were significantly more frequent among men. A medical physician or a psychiatrist had been consulted by 40.5% of patients during the month preceding the suicidal act. The mean time interval between the suicide attempt and ED consultation was 332 ±550 min (range: 15 min–4 days). The suicidal procedure most often was unique (73.3%) was used (one procedure); when two different procedures were used in 24.7%, it was mostly in association with alcohol ingestion. Voluntary drug intoxications by ingestion were employed 580 times (90.6%), associated 143 times to women, 25—34 years for men, and 55—64 years in both.

Conclusions: This study emphasizes the important role of ED and short duration hospitalization units in the management of suicide attempts.

Keywords: attempts; demographics; disposition; emergency departments; epidemiology; gestures; hospitalization; outcome; suicide

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Two Cases of D-Propoxyphene Acute Poisoning with Atrial and Ventricular Conduction Abnormalities
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Propoxyphene is a compound chemically similar to methadone. Acute overdosing produces a pattern of clinical signs very similar to those of morphine poisoning with coma, respiratory failure, myosis, convulsions, and cardiogenic shock. Prolongation of atrio-ventricular conduction has been described less frequently, noted in only 20% of cases.

Case 1: A 29 year-old-man was admitted into an emergency department for ingestion of flunitrazepam, bromazepam, paracetamol and 1.3 g of propoxyphene. He took daily propoxyphene to substitute for heroin. He was restless. Suddenly, he presented with generalised tonic-clonic seizures. After resolution of the seizures, we noted: unconsciousness, low blood pressure (70/40 mmHg), pulse rate = 55 beats/min., cyanosis, bradypnea (6 breaths/min.), myosis, acidosis (pH = 7.1, HCO3− = 20 mmol.l−1, PaCO2 = 9.8 kPa, PaO2 = 6 kPa), and lactate concentration = 12 mmol.l−1. After injection of diazepam and valproate, the seizures stopped; after intubation, the PaO2, arterial blood pressure and cardiac pulse rate normalised. A gastric lavage evacuated pills. The toxic screening for antidepressant and cocaine was negative, and for benzodiazepines and paracetamol rates were weak. Electrocardiogram before intubation showed a junctional rhythm at 55 /min, QRS complexes widened to 0.16 mm with a right bundle branch block. 15 min after the PaO2 and blood pressure correction, the electrocardiogram showed a sinus rhythm at a rate of 90 /min, and persistence of a widened QRS complex and right bundle branch block. Electrocardiogram became normal by 4 hours.

Case 2: A 21 year-old-woman drug addict was admitted to the emergency department for ingestion of flunitrazepam. We noted regular respiration to 12 breaths/min., arterial blood pressure of 120/90 mmHg, cardiac pulse rate of 84, normal level of consciousness and myosis; 30 minutes later...