

## Presence of suicidal ideation among adult patients admitted to Teaching Hospital, Karapitiya.

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### Introduction

Sri Lanka has one of the highest suicide rates in the world. Only a few studies have looked at prevalence of suicidal ideation in general population and no studies were done among hospitalized patients. This study was conducted to find the prevalence of suicidal ideation and study its associated factors in a sample of hospitalized adult patients.

### Methods

A descriptive cross sectional co relational survey was conducted among 294 randomly selected adult patients admitted to general medical, general surgical and seven special units of Teaching Hospital Karapitiya. Suicidal ideation during the past week was assessed by using the validated Sinhala translation of Beck Scale for suicidal ideation, a 19-item self-report instrument for detecting and measuring the current intensity of the patient's attitudes, behaviors, and plans to commit suicide. Demographic data and diagnoses were also obtained.

### Results

In the sample, 59.9% were females, 66% were below 50 years, 74.5% had studied up to grade 11 and 55.4% had monthly income above Rs. 10,000. Majority were Sinhala (92.5%) Buddhists (87.1%). One hundred and six (46%) patients had suicidal ideation. Of them, 53 (50%) had passive suicidal ideation and 15 (14.15%) had severe active suicidal ideation. From those with suicidal ideation, 52.8% had cancers and 18.9% had functional disabilities. Most of them (69.8%) had at least one co-morbidity and 52.8% were receiving surgical care.

Suicidal ideation was significantly high in 50-60-year age group (32.1%, IQR=21, Median=6), who had monthly income of Rs. 10,000-20,000 (46.2%, IQR=20, Median=5), who had more than one co-morbidity (48.1%, IQR=17, Median=8) and those who had cancer (52.8%, IQR=17, Median=22). There was no association with gender, educational level, type of treatment and duration of hospitalization.

### Conclusions

In this study, suicidal ideation was higher in hospitalized patients particularly in cancer patients and in those with co -morbidity. Comprehensive assessment of the mental state and suicidal risk is recommended for high risk categories.