



FAMILIAL PATTERNS OF SUICIDE: ANALYZING TRENDS, RISK FACTORS, AND PSYCHOLOGICAL IMPLICATIONS

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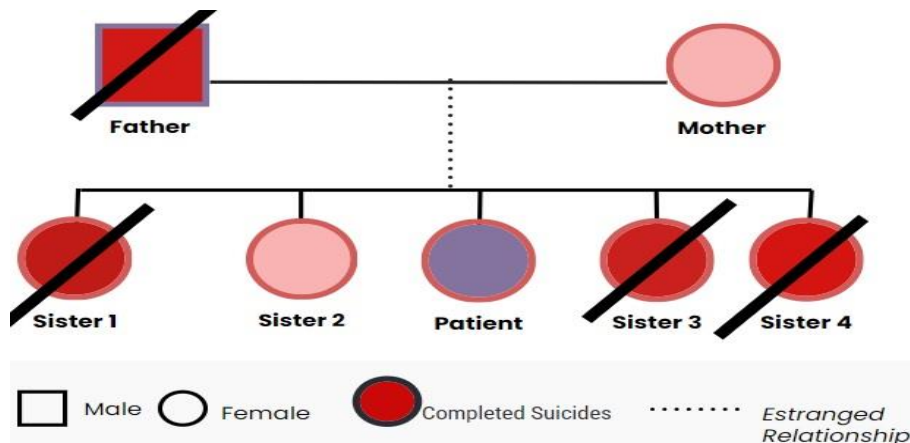
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INTRODUCTION

Suicide and suicidal behavior have a familial and genetic basis that goes beyond psychiatric disorders. Retrospective studies show higher rates of both attempted and completed suicides among the first-degree relatives of suicide victims¹. Adoption studies reveal that biological relatives of suicide adoptees have elevated suicide rates regardless of the adoptees' psychiatric conditions². Twin studies further highlight a genetic influence, with monozygotic twins showing greater concordance for suicidal behaviors than dizygotic twins³.

CASE REPORT:

A 33-year-old woman with a family history of four suicides (in father and three sisters) and a personal history of four prior suicidal attempts presented with: low mood, disinterest, suicidal thoughts, and periods of intense crying over the past four months amid various stressors. Physical examination showed multiple hesitation cuts on both the wrists. The patient, diagnosed with Recurrent Depressive Disorder, current episode severe depression without psychotic symptoms, was treated with T.ESCITALOPRAM (titrated from 5 mg to 20 mg), T.LITHIUM 300mg (BD) and Cognitive-Behavioural-Therapy. Assessments showed HAMD 21 and BSIS 20. After three weeks, she reported a 50% of improvement symptomatically and according to psychometric assessment.



DISCUSSION:

Retrospective studies show that suicide and attempted suicides frequently occur among the first-degree relatives of suicide victims, highlighting the importance of family-genetic research³. Treating suicidality as a distinct issue, rather than just a symptom of psychiatric disorders, allows for the exploration of unique risk factors and the enhancement of treatment strategies³. This perspective could unlock valuable insights into the genetic origin of suicidal behavior and lead to more effective, personalized interventions⁴.

CONCLUSION:

When treating a patient with suicidality, it's essential to consider their familial history to uncover cultural and genetic risk factors, address underlying psychiatric disorders, and prevent further suicides within the family⁴. Future research should focus on these hereditary aspects to enhance understanding and improve prevention strategies, paving the way for more effective interventions and support⁴.

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