

THE INCREASING NUMBER OF SUICIDAL ATTEMPTS OF WOMEN IN ALBANIA.

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ABSTRACT

This study presents some of the cases in Albania that show that while suicides are more common in the male sex, attempted suicide is most common in females, this due to some special features of the perpetuation of female sex, such as sensitivity and fragility, emotionality, need for attention.

The data analyzed are comparable to the data described in contemporary literature. Suicide attempt at the highest percentage is encountered in gender female, 59.02% of cases, compared to males in 40.98%.

In this study, the data has shown that women that attempt suicide is younger than man and we may suspect that the risk factor is socio-economic of women in Albanian society, the dominance of the patriarchal mentality with a consequence of gender inequality and the lack of assessment of potentially suicidal soft situations. The high rate of stigma on mental disorders may have avoided the medical help (especially for women), while the high unemployment rate between women (which can also be seen in the professional composition of housewife unemployed victims) is also a risk factor. Even the average age of the victims marks an increase, compared to the previous two decades at the national level (average age of men was 36.6 years and women 31 years).

Keywords: Suicide, women, gender inequality, mental disorder

OBJECTIVES

Studies conducted by different authors in different parts of the world, report the very high percentage of suicide in affective disorders is, compared to other psychiatric disorders. So in about 50-70% of the people they have committed suicide, mood disorders are present, mainly in the depressed phase. Risk for committed suicide, is 30 times greater in patients with mood disorders compared to the general population.

Clinical treatment of more psychotropic patients indicates mixed bipolar conditions are especially associated with a high risk of suicide because in this case, the commission of the suicide favors the combination of mood disorder, high energy level and motivation to complete suicidal plans.

Other researchers in their papers refer to suicide in the diseased with disorders Bipolar affective is associated not only with the severity of depression but also with the intensity of lack of hope, loss of satisfaction (anhedonia), psychotic thinking and with the rapid cyclical change of humor from that high in depressed mood.

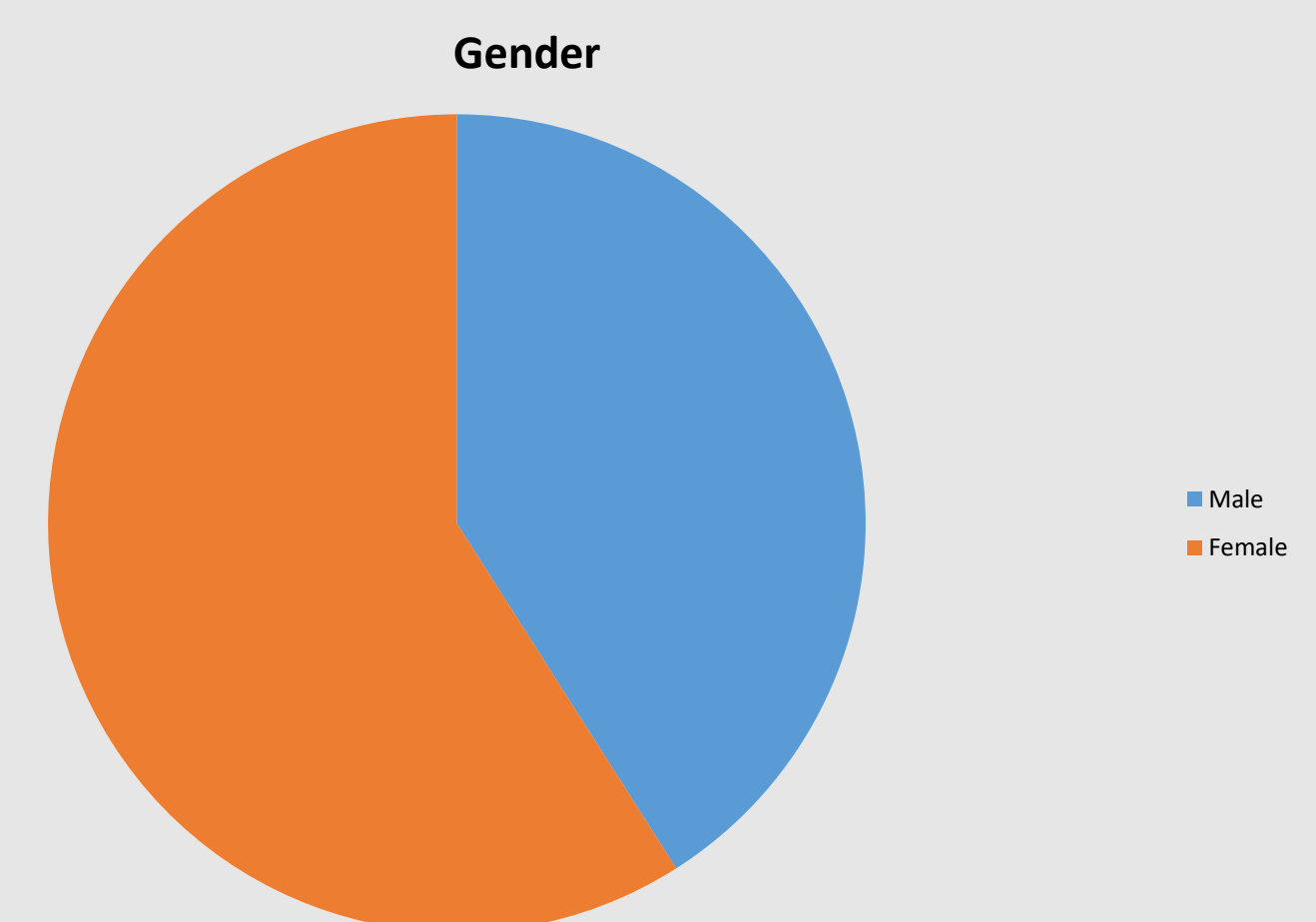
In a study conducted in the Psychiatry session of the "Mother Theresa" Hospital in Tirana based on the prevalence of suicidal attempts of patients with mood disorders (79%) compared to those with other psychiatric disorders (21%), was observed and it is reasonable and necessary to further understand which of the types of mood disorder has a higher incidence of suicidal tendencies. The data presented above for attempts suicidal patients with mood disorder were analyzed in function of years (three-year time frame (2010-2012), and type of mood disorder: bipolar disorder, major depressive disorder, mood disorder.

CONCLUSIONS

Hospitalization for suicidal attempts (2010-2012) in QSUT

Gender	Number of Cases	Percentage
Male	75	49.89
Female	108	59.02

Suicidal attempts in relation to the total number of suicidal attempts are encountered in one higher percentage in female gender (59.02% of cases), compared to gender male in 40.98% of cases, with a statistically significant difference between them (Kolmogorov Smirnov test, $p = 0.003$)



•The conclusion reached is that Females have more attempted suicidal tendencies while males commit more suicidal acts. This is only for cases that are presented in the QSUT emergency, but there are many more cases not taken in this study. The results however are basically similar.

•The highest risk of attempted suicide is for young women or the unemployed, with mood disorders especially those with major depressive disorder, disorder for determination and bipolar disorder. Because self-harm attempts, suicides, are a social worrying phenomena, an important recommendation would be to create a National Strategy, for the prevention of suicides, where their experts contribute areas of psychiatry, forensic, toxicological, psychology, primary service secondary medical, etc.

•It is recommended that information and education focuses on recognizing behaviors as suicide, to look at suicide restriction through human care, of professional psychosocial assistance.

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