



RISK FACTORS FOR SUICIDAL BEHAVIOR IN AFFECTIVE DISORDERS IN ADULTS AND ADOLESCENTS

Sh. J. Jurayev

Bukhara State Medical Institute

Annotation

This article states that currently suicide attempts and suicides among adults and adolescents are a common and serious global clinical problem and a public health problem. health care among psychiatric hospital patients. It was mentioned that the identification of risk factors for certain types of major affective disorders can help in determining the risk of suicide, supporting preventive measures and treating patients from risks and improving prognosis. In particular, bipolar disorders and depressive disorders have a particularly high risk of mental illness.

Keywords: depression, suicide risk factors, bipolar disorders, suicide attempts.

Relevance

among patients with severe depressive episodes , the diagnosis of bipolar disorder or the presence of concomitant borderline personality traits imply an extremely high risk suicidal attempts. Risk factors for suicidal thoughts and suicidal actions partially coincide, but may not coincide. The supposed severity of borderline personality traits, apparently, It is associated with a history of suicidal behavior and the current severity of suicidal thoughts in C 384 ISSN 2181 -712X. EISSN 2181 -2187 2 (34/3) 2021 dose-dependent in all patients with mood disorder. Therefore, a reliable assessment of borderline characteristics can contribute to the assessment of suicide risk.

Material and Methods

We looked at risk factors before, during and after 32 patients with and without suicidal actions, in general, and with bipolar disorder compared with depressive disorder, using two-dimensional comparisons. The included patients underwent a re-evaluation of their medical history and suicidal behavior (attempts or suicides) or reported suicidal ideation during several years of follow-up. Suicide attempt included any action with self-harm with or without proof of intent to die ; violent actions included self-inflicted bodily harm. injuries with medical intervention or death, as well as hanging, drowning or strangulation, or jumping from a height. Clinical information on demographic, descriptive and clinical characteristics, including prospectively assessed morbidity over time, the characteristics of suicidal behavior





and prescribed treatment were obtained on the basis of semi-structured interviews and life schedules constructed at admission and updated during prospective clinical observation weekly through an index episode of the disease), at admission and thereafter at intervals of 1 to 6 months, depending on clinical indications.

Result and Discussion

The study sample included 32 patients with one of the following major mood disorders according to ICD-10, with type I bipolar disorder (BR-I), type II bipolar disorder (BR-II) and major depressive disorder (BDD) [1 -30]. The average duration of the disease was 17.0 years and 11.7 years; 68.6% were women. The age of patients at the time of examination was from 24 to 42 years (average age 30.1 ± 5.4 years). The risk of identified suicidal thoughts was significantly higher among patients with type II bipolar disorder (32.0%) than in patients with type I bipolar disorder (22.2%) and major depressive disorder (BDD) (29.2%) The risk of suicide attempts during life was slightly higher among participants with BR-I (19.9%) than the participants with BR-II (14.9%); but this risk was significantly 3.84 times higher among all patients with bipolar disorders (18.8%) than in patients with largedepressive disorder of BDR (4.78%). The frequency of attempts at exposure time (percentage per year) was higher in patients with BR-I compared with BR-II (1.18 for BR-I v.0.88 for BR-II, 1.45 times more; and 1.11 for BR-I vs. 0.41 for BR-II, 2.52 times higher) and for patients with BR compared to BDR. The risks and frequency of suicide were the same in patients with BR-I (1.71%; 0.10%/yr) and BR-II (1.71%; 0.08% yr), but significantly higher in patients with BR in general (1.63%; 0.11% yr) than in patients with BDR (0.48%; 0.03% year) [2-25].

Regarding the risk and frequency of all suicidal actions (attempts +suicides), patients with BR-I (21.7%; 1.34%/year) had the highest rates, followed by patients with BAR-II (16.3%; 0.97% year). year), and then by patients with BDR (4.96%; 0.45% year); these indicators were high for patients with BR in general (21.4%; 1.19% year). The ratio of the number of attempts and suicides (12% year), a measure of lethality (greater lethality with a smaller ratio), indicates the ame lethality among all diagnostic groups: BR-II (9.69), PDR (11.2), BR-I (10.6) and all BR (11.1). The proportion of violent attempts or suicides (including jumping, hanging, drowning or suffocation) among all suicidal actions was higher among patients with BR-I than in patients with BR-II (37.1 vs. 22.1%), and was not significantly higher in patients. patients with BR compared to patients with BDR (32.8 vs. 22.9%). In addition, as expected, suicidal actions were 1.58 times more common among men (39.8%, 94% CI 31.2–48.7) compared with women (22.6%, 19.2–30.6, $\chi^2 = 10.4$, $P = 0.001$) in both BR and BDR [4-15]. Among





all patients with affective disorders, factors that were present before admission to the study facility and that were largely associated with suicidal actions throughout life included: family history of major affective disorder, suicide; being unmarried or divorced and have fewer children; unemployment and low socio-economic status; experienced early violence or trauma and relatively early loss of a parent; be younger at the beginning of the illness and be at risk for more years; have more than four previous depressions; and hospitalization for mental illness.

Conclusions

This study presents the risks and average annual rates for patients with suicidal actions (attempts or suicides), the relative risks of violent and nonviolent suicidal actions, as well as estimated indicators of suicidal thoughts among 32 equally and consistently evaluated patients with serious affective disorders in one study. In general, we found that the lifetime risk of suicidal thoughts is about 58%, suicide attempts of varying severity - 29%, suicidal actions - 2.4% and for all actions - 29% with an average exposure time of 13.8 years. The ratio of attempts and suicides was the same in patients with DB (10.9) and patients with DB (10.2) and several times lower. The study also determined quantitative associations of many demographic and clinical factors with suicidal actions, as well as their relative probability among people diagnosed with BR or BDR [8-28]. As expected, signs of less successful social functioning were associated with an increased risk of suicidal behavior. Such risk factors included being unmarried or divorced and therefore having children, as well as lower socio-economic status and more unemployment.

These factors are also independently associated with the presence of a mood disorder. Also, earlier onset of the disease, a longer time from onset to admission, and a higher current age were associated with suicides and attempts, indicating a stronger impact or a greater number of years of risk. The higher suicide risk was more associated with Br than with BDR, and the risk was 386 ISSN 2181 -712X. EISSN 2181 -2187 2 (34/3) 2021 the same among patients with BR-I and patients with BR-II. These results are They are consistent with previous observations concerning cases of BDR sampling according to the severity of the disease. Concomitant diseases associated with suicidal actions included ADHD and substance abuse, as well as smoking. However, contrary to expectations, concomitant anxiety disorders were associated with a lower risk of suicidal actions, possibly due to a lower degree of impulsivity [9-19].





REFERENCES

1. Nazarov, A. I. (2022). ATROF-MUHITNING INSON SALOMATLIGIGA TA'SIRI. *Scientific progress*, 3(1), 881-885.
2. Назаров, А. И. (2022). АУТИЗМ КАСАЛЛИКИНИ ЭРТА АНИҚЛАШДА ВА ДАВОЛАШДА ДАВО ЧОРАЛАРИНИ ИШЛАБ ЧИҚАРИШ ВА ДАВО САМАРАДОРЛИГИНИ ОШИРИШ. *Scientific progress*, 3(1), 1143-1152.
3. Nazarov, A. (2021). Challenges to Uzbekistan's secure and stable political development in the context of globalization. *Journal on International Social Science*, 1(1), 26-31.
4. Назаров, А. И. (2022). COVID-19 БИЛАН КАСАЛЛАНГАН БЕМОРЛАРНИНГ БОЛАЛАРНИНГ КЛИНИК ВА ЭПИДЕМИОЛОГИК ХУСУСИЯТЛАРИ. *Scientific progress*, 3(2), 1026-1031.
5. Nazarov, A. I. (2022). Consequences of seizures and epilepsy in children. *Web of Scientist: International Scientific Research Journal*, 3(02), 483-489.
6. NAZAROV, A. (2022). TECHNOLOGY OF PREPARATION OF GLUE FROM CARPET FACTORY WASTE. *International Journal of Philosophical Studies and Social Sciences*, 2(2), 32-36.
7. Nazarov, A. (2018). The globalizing world: the conditions and prerequisites for political development through innovative politics and preventive democracy. *Theoretical & Applied Science*, (4), 9-12.
8. Ilxomovich, N. A. (2022). CLINICAL AND EPIDEMIOLOGICAL FEATURES OF COVID-19 DISEASE IN CHILDREN. *BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIIY JURNALI*, 2(9), 182-186.
9. Nazarov, A. (2021). Healthy generation-the basis of a healthy family. *Galaxy International Interdisciplinary Research Journal*, 9(11), 409-413.
10. Kuchkorov, U. I., & Nazarov, A. I. (2021). Disorders of the autism spectrum in children a new approach to the problem. *Academicia Globe: Inderscience Research*, 2(5), 1-6.
11. Ilxomovna, N. F. (2023). GROUP PLAY THERAPY AS A METHOD OF PRESERVATION MENTAL HEALTH OF THE CHILD. *IQRO JURNALI*, 2(1), 262-267.
12. Ilxomovna, N. F. (2023). INCREASING THE EFFECTIVENESS OF EDUCATION AND THE ROLE OF INTERACTIVE MEDODES IN TEACHING THE SUBJECT OF BATANICS. *IQRO JURNALI*, 2(1), 268-272.
13. Baxriyevna, P. N., & Ilxomovna, N. F. (2023). EFFECTIVE METHODS FOR THE FORMATION OF COMMUNICATIVE CULTURE IN PRIMARY SCHOOL STUDENTS BASED ON AN INTEGRATIVE APPROACH. *IQRO JURNALI*, 2(1), 257-261.
14. Ilxomovich, N. A., Ilxomovna, N. F., & Ilxomovich, N. J. (2022). STUDYING THE FEATURES OF THE CLINIC POSTABSTINENT NEUROSIS-LIKE STATES WITH HEROIN ADDICTION. *Uzbek Scholar Journal*, 11, 165-169.



15. Nazarova, F. I. (2022). ABU ALI IBN SINONING SOG 'LOM TURMUSH TARZINI SHAKILANIRISHI HAQIDA. *Scientific progress*, 3(1), 1137-1142.
16. Nazarova, F. (2022). Qaridoshlar orasidagi ofat. *Scientific progress*, 3(1), 663-669.
17. Nazarova, F., & Hudaikulova, N. (2019). Healthy generation-the basis of a healthy family. *Scientific Bulletin of Namangan State University*, 1(7), 69-73.
18. Nazarova, F. I. R. U. Z. A. (2021). The use of phenological observations in the determination of the main phases of the development of thin-fiber goose varieties in the conditions of bukhara region. *Theoretical & applied science Учредители: Теоретическая и прикладная наука*, (9), 523-526.
19. Ilhomovna, F. N. (2022). LATE SEIZURES AND CONSEQUENCES OF EPILEPSY IN YOUNG CHILDREN. *Conferencea*, 219-223.
20. NAZAROVA, F. (2022). Creation of fine-fiber cotton varieties in the conditions of the bukhara region. *International Journal of Philosophical Studies and Social Sciences*, 2(2), 50-54.
21. Ilhomovna, F. N. (2022). RESPONSIBILITY OF PARENTS BEFORE THE OFFSPRING. *Conferencea*, 441-446.
22. Nazarova, F. I. (2022). SOG'LOM FARZAND OILA QUVONCHI. *Scientific progress*, 3(2), 1010-1015.
23. Назарова, Ф. И. (2022). БУХОРО ВИЛОЯТИ ШАРОИТИДА ИНГИЧКА ТОЛАЛИ FЎЗА НАВЛАРИНИ ЯРАТИШ-ДАВР ТАЛАБИ. *BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI*, 2(2), 92-94.
24. Ilkhomovna, N. F. (2022). Negative Impact of Seizures on Quality of Life. *Miasto Przyszłości*, 24, 120-122.
25. Ilhomovna, N. F. (2022). DORIVOR O'SIMLIKLARNING O'ZBEKISTONDAGI AHAMIYATI. *BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI*, 507-512.
26. Ilhomovna, N. F. (2023). A Healthy Child is a Guarantee of Family Joy and a Country Prospect. *Scholastic: Journal of Natural and Medical Education*, 2(2), 127-131.
27. Ilhomovna, F. N. (2022). Let "Wolf Mouths" and "Hares" Not Be Born.... *Research Journal of Trauma and Disability Studies*, 1(12), 38-44.
28. Ilhomovna, N. F. (2022). BATANIKA FANINI O'QITISHDA TA'LIM SAMARADORLIGINI OSHIRISH VA INTERFAOL MEDODLARNI ROLI. *BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI*, 289-295.
29. Dildora, N. (2021). Genre Features o.\
30. Nazarova, D. (2019). Literary Motives of Sufizm and Spiritual, Moral Ideas in the Lyrics of Jamal Kamal. *International Journal of Recent Technology and Engineering (IJRTE) ISSN: 2277-3878, Volume-8. Issue, 3(October 2019), 223.*