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Repetition of deliberate self-poisoning in rural Sri Lanka

Janaka Pushpakumara¹, Andrew Dawson²

¹ Faculty of Medicine & Allied Sciences, Rajarata University of Sri Lanka

² Royal Prince Alfred Hospital, Sydney

Objective: Deliberate self-harm is a major public health problem globally. One out of ten re-attempt within a year in Asia. To calculate incidence of deliberate self-poisoning (DSP) and suicides, and, to determine the rate and pattern of repeated DSP in Kurunegala District (KD).

Methods: Details of deliberate self-poisoning (DSP) admission in all hospitals (n=46) and suicides in all police stations (n=28) of KD were collected for 3 years, from January 2011. Demographic details of cohort of DSP patients admitted to all hospitals in 2011, were screened to link with patient records and police reports over successive two years with high sensitivity using a computer program, and manual matching was performed with higher specificity. Randomly selected DSP patients (n=438), who admitted to main referral centre which receives 60% of DSP cases of the district, were interviewed to assess life-time repetition.

Results: There were 15,914 DSP admissions and 1078 suicides for the three years. Suicide and DSP incidences were, 20.7/100,000 and 248.3/100,000 in 2012. Repetition rate for four weeks, one-year and two-years were 1.9% (95% CI 1.5-2.3%), 5.6% (95% CI 4.9-6.3) and 7.9% (95% CI 7.1-8.7). Median interval between two attempts were 92 (IQR 10 - 238) and 191 (IQR 29 - 419.5) days for one and two-year repetition groups. One fifth and half of first repetitive events occurred within first two weeks and 28 weeks, respectively. Majority used the same poison in repetitive attempt. Age and hospital stay of individuals with repetitive events were not significantly different from those who had no repetitive events. Two-year rate for suicide following DSP was 0.7%. Nearly 40% and 50% of fatal repetitive events occurred within one and 3 weeks, respectively. 9.5% reported life-time history of DSH attempts.

Conclusion: Though DSP and suicide incidences were very high in rural Sri Lanka repetition rates were lesser than the regional values.