

Suicidal Ideation in HIV-infected and Cancer Patients

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Abstract

The present paper will investigate the suicidal ideation in HIV-infected/AIDS and cancer patients. Total sample of present study comprise 120 subjects; age range of the sample was 30-40. This sample size of 120 was further categorized in to three groups' i.e. 40 patients in each group. They were drawn from the following two groups namely HIV, Cancer group and disease free group. Sample was drawn from Ram Manohar Lohia Hospital, New Delhi and Guru Teg Bahadur Hospital, Shadara. The details regarding the participants of each group has been given in table: The selected patients will be tested on suicidal ideation scale. The obtained data will analyzed by using various statistical technique, most pertinent to the study included Means, t-test. There would be significant on coping mdifference in HIV-infected & cancer patients.

Introduction

Cancer and HIV / AIDS are the leading causes of death across the world. The incidence of these diseases in India is increasing. Since these diseases are more or less life threatening, persons living with these diseases are confronted not only with the disease but also to various physical, social, mental and many other threats towards their physical, social, mental and sexual existence throughout the disease process.

Disease and its treatment constitute a continual source of physical and psychological stress and place a constant demand on the patient's adaptive resources and various coping strategies. Failure of the process of adjustment due to lack of social support or insufficient coping strategies leads to various forms of psychological distress along a continuum from normal reactions to pathological entities.

It is commonly believed that a person mental attitude in response to the diagnosis of these diseases affects his/her changes of survival. How a person copes with the fact that the disease is life threatening, the stigma attached to the diseases, how he

continues to perform his social roles and responsibilities or does he contemplate ending his / her life and such other factors are important to study.

Although a number of studies have been conducted on patients with such diseases and its psychological correlates, the present study has been designed to investigate the relationship among Suicidal Ideation, Coping Mechanism, and Social Adjustment in HIV-infected, Cancer patients and Disease free group.

Suicidal Ideation (SI) refers to the thoughts about taking one's own life with some degree of intent. SI with some intent does not necessarily mean that a person is an imminent risk to self. Suicide is a significant risk to those with borderline personality disorder. It is estimated that 1 in 10 people with BPD, will successfully kill themselves. Suicidal Ideation and attempts are common, and effort should be a focus of prevention.

Suicidal ideation is a common medical term for thoughts about suicide, which may be as detailed as a formulated plan, without the suicidal act itself. Although most people who undergo suicidal ideation do not commit suicide, some go on to make suicide attempts (Gliatto, 1999). The range of suicidal ideation varies greatly from fleeting to detailed planning, role playing and unsuccessful attempts, which may be deliberately constructed to fail or be discovered or may be fully intended to succeed.

Top of Form

Bottom of Form

Suicide is the intentional desire to kill one's self. Many dictionaries also note the metaphorical sense of "willful destruction of one's self-interest". Suicidal Ideation has a number of reasons, including depression, shame, guilt, desperation, physical pain emotional pressure, anxiety, financial difficulties, or other undesirable situations. The World Health Organization presented a report that over one million people commit suicide every year, and that it is one of the leading causes of death among teenagers and adults under 35. There are an estimated 10 to 20 million non-fatal attempted suicides every year worldwide (Bertolote, 2002).

Sample

Sample consisted of 80 participants; age range of the sample was 30-40. This sample size of 80 was further categorized in to two groups' i.e. 40 patients in each group. They were drawn from the following two groups namely HIV, Cancer group. Sample was drawn from Ram Manohar Lohia Hospital, New Delhi and Guru Teg Bahadur Hospital, Shadara.

Beck Suicide Ideation Scale

The Beck scale for Suicide ideation is a 21 item self-report instrument which was developed by Beck and Steer, 1988. The BSS consists of 21 groups of statements (items). The Clinicians and physicians can use to detect and measure the severity of suicidal ideation in adults and adolescents. The BSS measures the broad spectrum of

attitude and behaviour that clinician routinely consider when assessing patient suicide risk, it also reveals specific suicidal characteristics which require greater clinical scrutiny.

Testing Condition

Patients suffering from HIV-infection/AIDS, Cancer and those taken from general population (Disease free group) approached for purpose of this research and to meet the criteria of language and mental capacity. Some medical data of cancer patients (type of cancer stage of disease and any type of therapy) and of the HIV-infection/AIDS patients (time of illness first diagnosed) were obtained from the surgeons, Health professionals and psychologists in charge.

The scales were administered by the investigation to the participants individually. After explaining the purpose of the study, convincing the respondents about the confidentiality of their response, anonymity of their identity and maintaining a good rapport, the participants were asked to complete the measures. The selection of disease free sample of males and females from the general population were drawn over the same time-period from Delhi.

Statistical Analysis

The scores on all the variables were analyzed to obtain the following information: comparison means and T-test use to interpret the result.

Results and Discussion

Means score different group on suicidal ideation

Disease	Means
HIV/AIDS	18.47
Cancer	11.90
DF	6.37

Table shows significant differences between HIV/AIDS (18.47) and Cancer(11.90) patients, HIV/AIDS(18.47) and Disease Free(6.37), and Cancer patients (11.90) and Disease free group (6.37). It shows HIV/AIDS patients have a higher suicidal ideation than Cancer patients, HIV/AIDS patients have a higher suicidal ideation than Disease free group, and Cancer patients have a higher suicidal ideation than disease free group.

The F-ratio and mean difference using Tukey's multiple comparison test for the suicidal ideation.

F-value				
Disease	HIV	Cancer	Disease free	Tukey' multiple comparison
Suicidal ideation	18.47	11.90	6.37	HIV (18.47 * Cancer(11.90)
				HIV (18.47) * Disease Free (6.37)
				Cancer (11.90) * Disease free(6.37)

1. The mean difference was significant at 0.01 level of significance
2. The mean difference was significant at 0.05 level of significance

It is clear from table 2 that a significant main effect of disease for the suicidal ideation. Tukey test revealed significant difference between HIV/AIDS (18.47) and Cancer group(11.90) as well as HIV/AIDS and Control group(6.37) and between cancer group(11.90) and disease free group(6.37).

Table 2 that a significant main effect of disease ($F=.014 < 0.01$) for the suicidal ideation. Tukey test revealed significant difference between HIV/AIDS (18.47) and Cancer group (11.90). HIV/AIDS group scored higher than Cancer group on this dimension.

There were a significant main effect of disease ($F=.00 < 0.01$) for the suicidal ideation. Tukey test revealed significant difference between HIV/AIDS (18.47) and Disease free group (6.37). HIV/AIDS group scored higher than disease free group on suicidal ideation.

Significant main effect of disease ($F=.047 < 0.05$) for the suicidal ideation. Tukey test revealed significant difference between Cancer (11.90) and Disease free group (6.37). Cancer group scored higher than disease free group on suicidal ideation.

Discussion

This results have been supported and revealed that the people with HIV are at an increased risk of suicide compared to those without the infection (Catalan, 1995). In a case audit study (Sherr, 1995) the incidence of suicidal attempts was 21% and one-half of the sample was noted have suicidal Ideation. Those who has attempted suicide as well as those who expressed Ideation were more likely to be HIV positive and well diagnosed with AIDS. Kizer et al. (1988) examined California death certificates for the year 1986 and found that the relative suicide rate of men with AIDS aged 20 to 39 years was 21 times the rate of men without AIDS. And one has cancer also shows higher risk of attempting suicide or developed suicidal Ideation in Cancer patients (Fox, 1972). Cancer patients are at increased risk of suicide relative to the general population. Recent studies (Bolund, 1985) suggest that although only small numbers of cancer patients commit suicide, their relative risk of suicide is twice that of the general population. AIDS patients who commit suicide generally do so within 9 months of diagnosis. Methods of suicide in AIDS tend to be similar to those used in cancer patients (Marzuk, et al.,1988).