

W03-01 - DEPRESSION, SUICIDE AND SUICIDE PREVENTION IN HUNGARY

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Data consistently show that around 90% of suicide victims and attempters have at least one Axis I major mental disorder (mostly major depression) at the time of their suicide event. As major mood disorder patients commit or attempt suicide mostly during major depression, treating acute mood episodes and stabilizing the remission period is crucial for suicide prevention.

In a Budapest psychological autopsy study more than 25 years ago, 63% of consecutive suicide victims had current depressive disorders (almost half of them bipolar depression). More than half of depressed suicide victims had medical contact during their last depressive episode, but less than 20% of them received antidepressants and/or mood stabilizers. In a recent case-control psychological autopsy we found that 49% of victims (and 6% of controls) had current major depression, 26% of victims (and 38% of controls) had medical contact and 18% of the suicide victims (and 8% of the controls) took antidepressants during the 4 weeks preceding the interview. Strong relationship between suicide attempts and agitated/mixed depression has been found both in population-based epidemiological and clinical samples.

In agreement with the Swedish Gotland Study findings, two major community-intervention suicide preventive projects in Hungary showed that education of doctors, healthcare professionals, and the public effectively reduces suicide mortality. Better recognition and more widespread treatment of depression seems to be a main contributing factor to markedly declined suicide rates of Hungary in the last 3 decades.