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INTRODUCTION

As the suicide rate is relatively high in Flanders (Belgium) in comparison with other countries in the European Union, the Flemish government developed and implemented a Suicide Prevention Action plan from 2006-2010. A decrease in the rates of attempted suicide is an important objective of this action plan. Therefore, a monitoring study of suicide attempters admitted to A & E departments in general hospitals was developed.

This poster will describe, first, the results of the monitoring study in terms of rates and trends of attempted suicide in Flanders (Belgium).

In addition, the geographical distribution of attempted suicide in Flanders will be discussed. Previous studies have shown differences in **suicide** rates between urban and rural areas. In Flanders, epidemiological data show higher suicide rates in the Western part of Flanders, while regions with low suicide rates are situated in the Eastern part of Flanders. However, little is known about the geographical distribution of **attempted suicide** in Flanders.

METHOD

Sample: The data refers to all suicide attempters aged 15 years or more who were admitted to the participating A & E departments in general hospitals between the 1st of January 2007 and the 31st of December 2010. A suicide attempt was defined according to Bille-Brahe et al (1994) (3).

Instrument: By means of a standardized monitoring form (the Instrument for Psychosocial Evaluation and Care for suicide attempters = IPEO), trends, sociodemographics, and method related characteristics of all attempted suicide cases presented to the A & E departments of the participating Flemish general hospitals were assessed.

Analyses: Statistical analyses were conducted with SPSS 20 and included chi square analyses. Annual rates per 100,000 were calculated using the population data of each catchment area. Analyses of variables such as age and gender were person-based, while the other variable method was event-based.

RESULTS

Rates and trends of attempted suicide

During 2007 - 2010 the average rate of suicide attempts was 173/ 100,000. The highest rate was found in 2008 (197/100,000) (Fig.1). During the four year period the average female/male ratio was 1,5:1.

Self-poisoning (SP) was the most commonly used method in both genders. Significantly more females than males poisoned themselves and significantly more males than females injured themselves (SI, Fig. 2). The use of sedatives and hypnotics was the most common method in attempting suicide during the study period with annual percentages ranging from 48% in males in 2007 to 44% in 2010, and 61,2% in females in 2007 to 61,4% in 2010.

The average age of the suicide attempters varied between 36,7 years in 2008 and 37,8 years in 2010.

Figure 1: Event-based rate-evolution of attempted suicide per 100,000

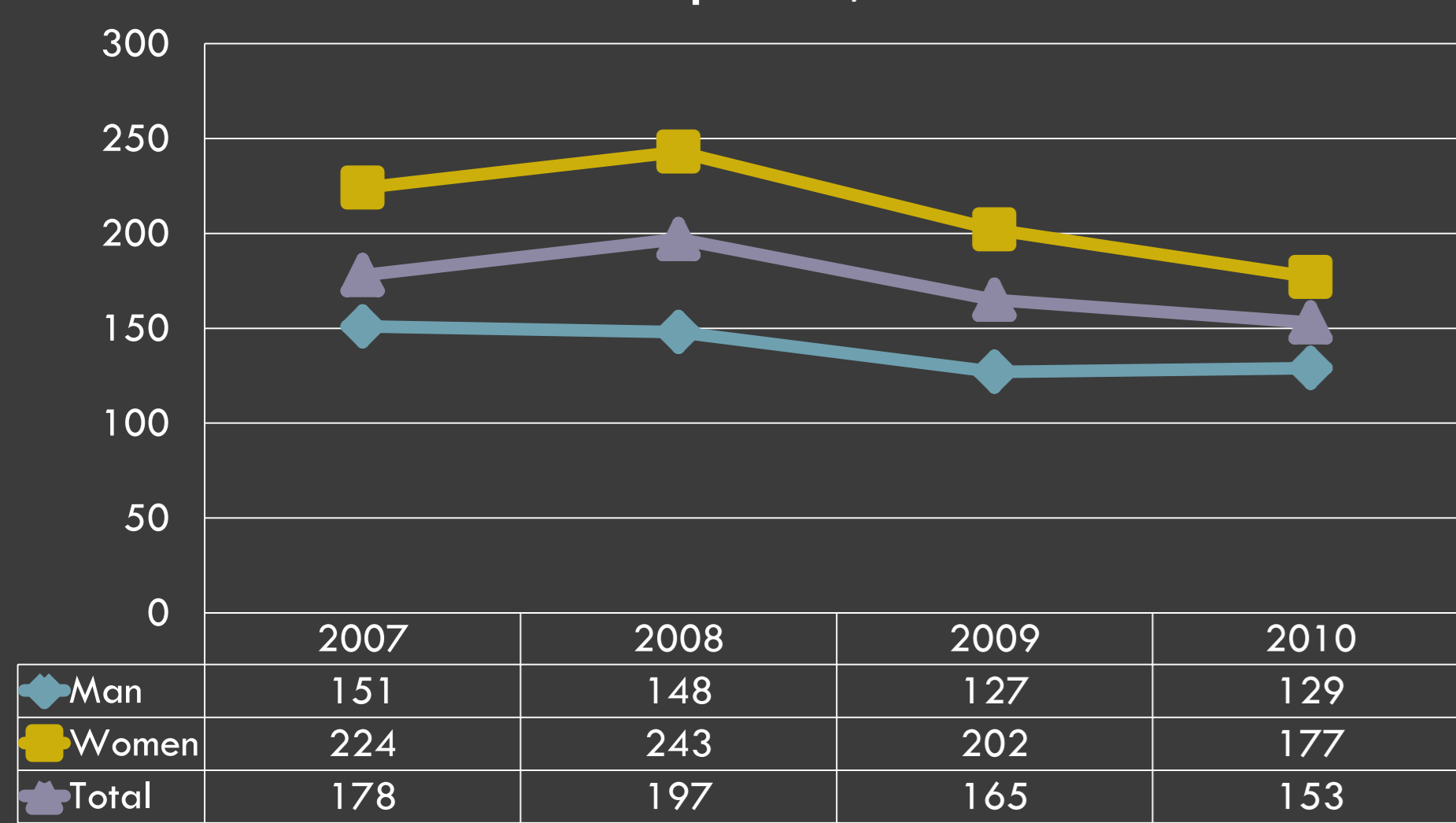


Figure 2: Method attempted suicide by gender

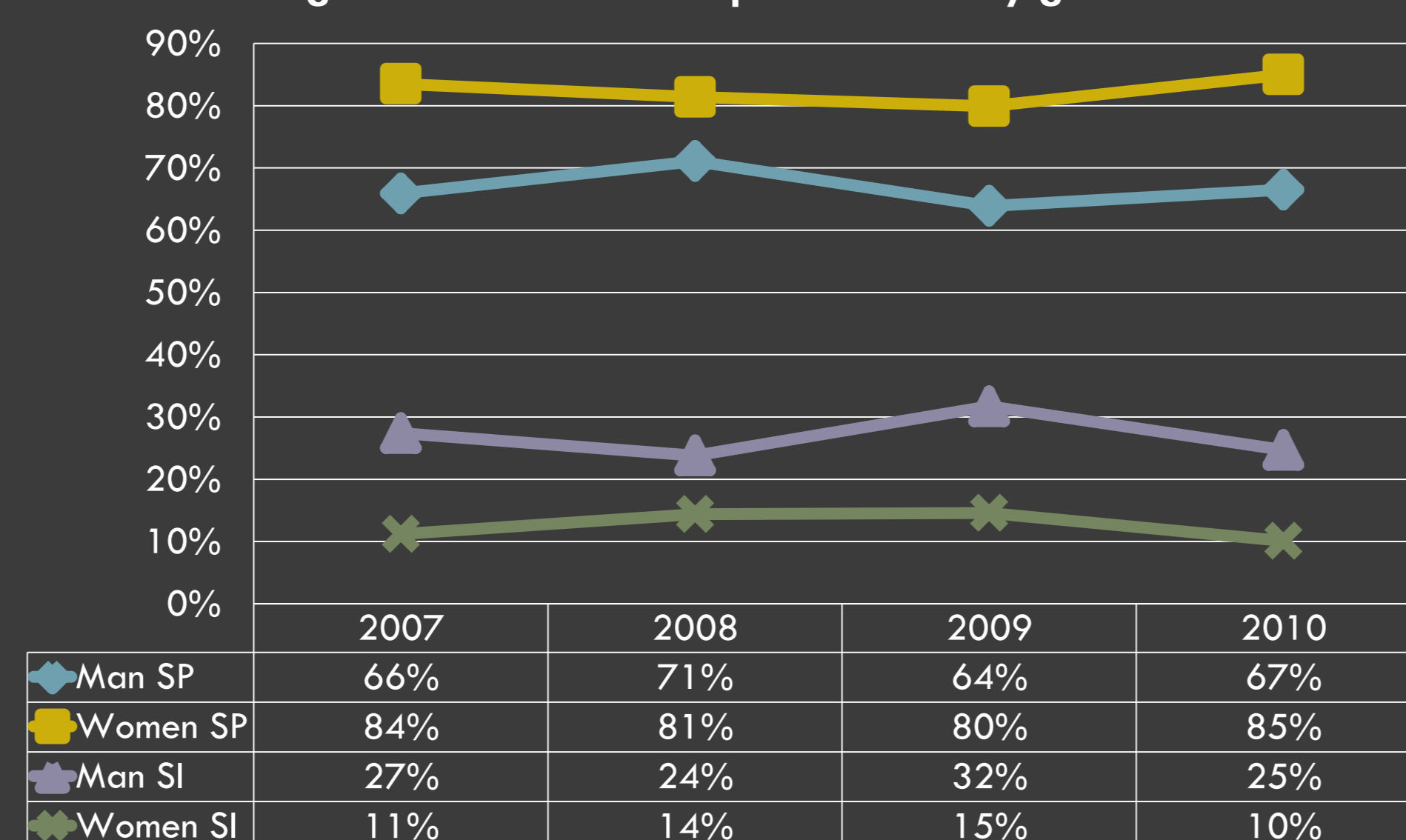
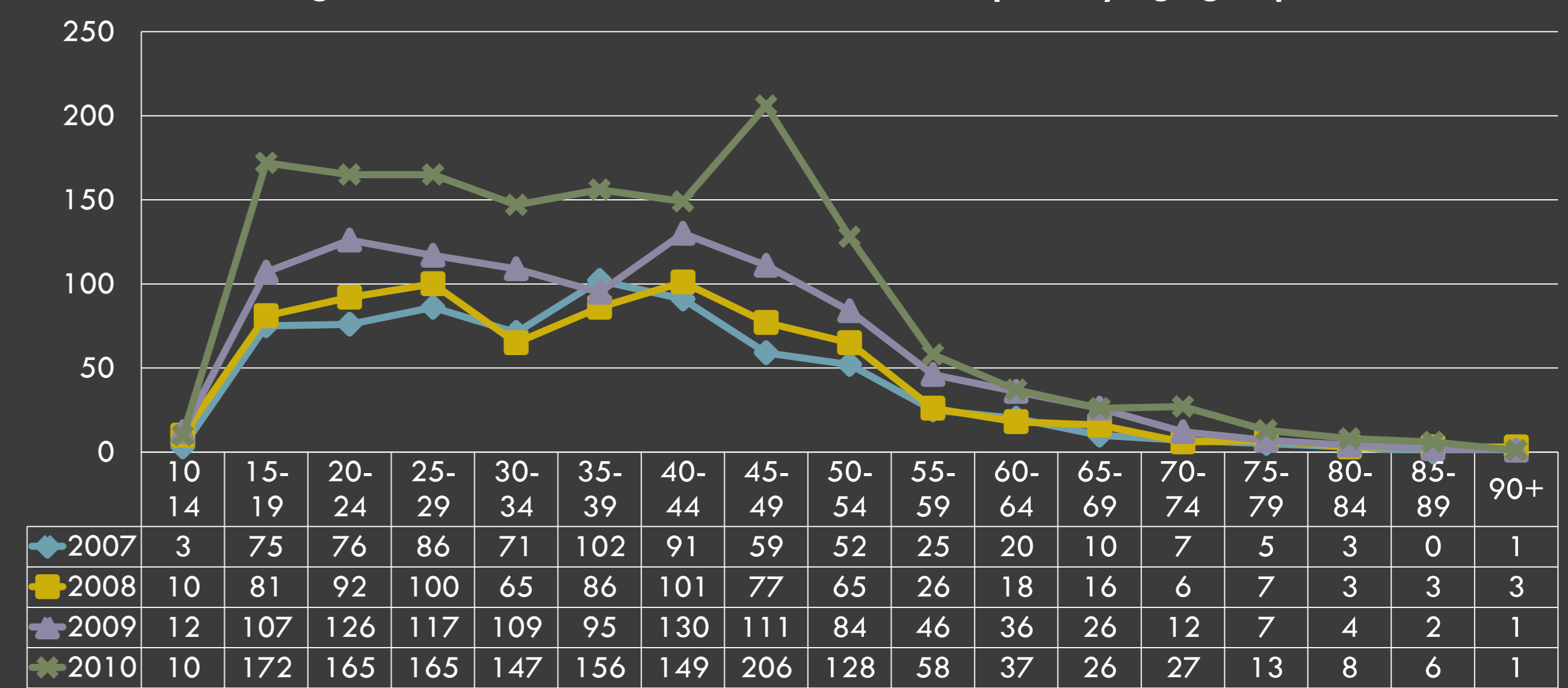
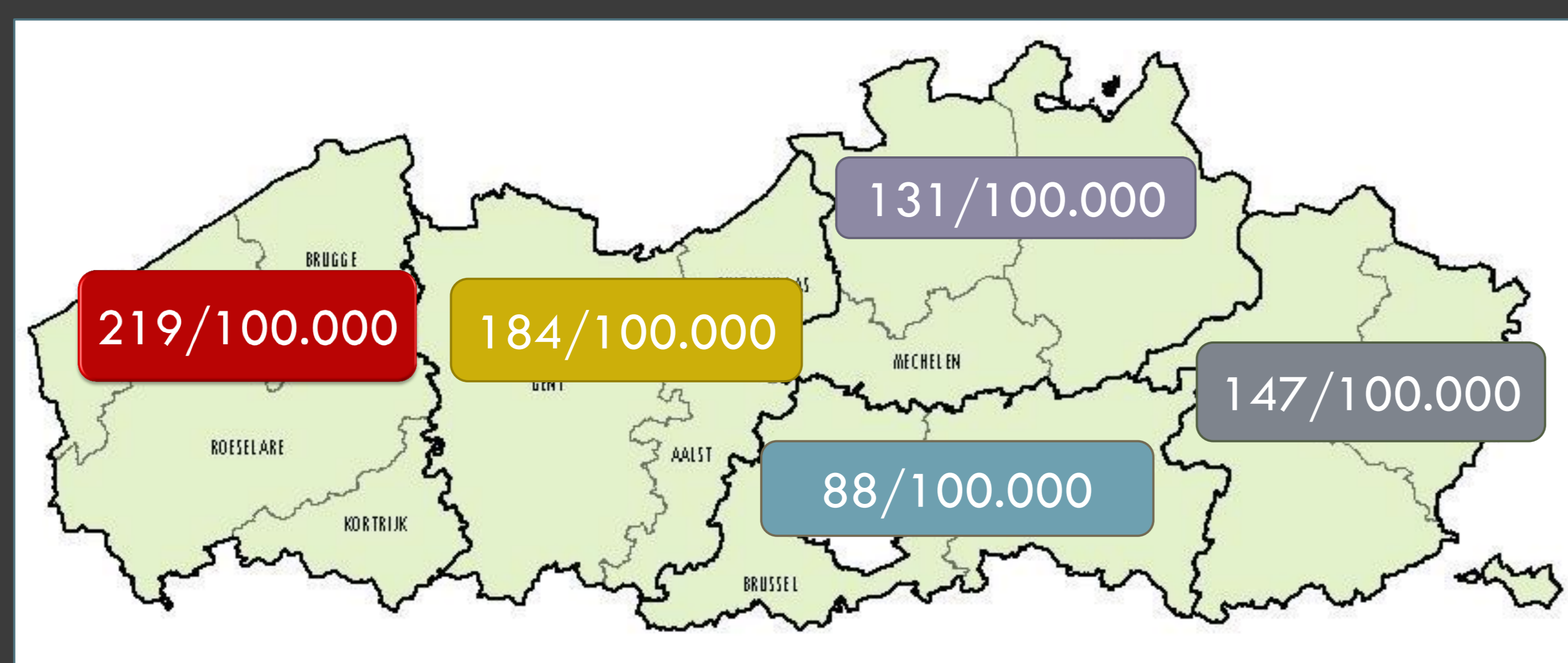


Figure 3: Absolute numbers of suicide attempters by age group



Geographical distribution of attempted suicide

Rates of attempted suicide in 2010 were significantly higher in the Western parts of Flanders than in the Eastern parts of Flanders. There was no significant difference between region A and Region B in the Western part. A significant difference was found between Region C and D and between Region D and E in the Eastern parts of Flanders.



Western regions of Flanders

- Region A: 7 G H*
- Region B: 6 G H + 1 U H**

Eastern regions of Flanders

- Region C: 4 G H
- Region D: 1 G H + 1 U H
- Region E: 6 G H

*G H: General Hospital
** U H: University Hospital

CONCLUSION

This study shows that rates of attempted suicide remain high in Flanders. The highest rates were found in 2008, which may be related to the beginning of the economic crisis. Belgium experienced, like many other countries an economic crisis with rising rates of unemployment. Previous studies (2, 3) have showed a positive association between economic crisis, unemployment and suicidal behaviour. However, the rates of attempted suicide declined after 2008. With regard to age, rates were highest among adolescents and young adults, but rates increased in particular in the 35-49 age group (4).

The geographical distribution of attempted suicide appears to be similar to the geographical distribution of completed suicide.

Taking these trends into account continued monitoring of suicide attempts is warranted.