

Treatment of Patients with Suicidal Behaviors with emphasis on emergency services

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Aim: Standards of medical care are determined on the basis of all clinical data available for an individual patient and are subject to change as scientific knowledge and technology advance and practice patterns evolve. These parameters of practice should be considered guidelines only.

Methods: This is a library research. This article will show Relevant literature was identified through a computerized search of PubMed for the period from 1966 to 2002. Keywords used were "suicides," "suicide," "attempted suicide," "attempted suicides," "parasuicide," "parasuicides," "self-harm," "self-harming," "suicide, attempted," "suicidal attempt," and "suicidal attempts." A total of 34,851 citations were found. After limiting these references to literature published in English that included abstracts, 17,589 articles were partitioned by using title and abstract information. This article will survey and show the important matters and subjects which presented in a book entitled: Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors.

Results: The following guide is designed to help readers find the sections that will be most useful to them. Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors consists of three parts (Parts A, B, and C) and many sections, not all of which will be equally useful for all readers. The following guide is designed to help readers find the sections that will be most useful to them. Part A, "Assessment, Treatment, and Risk Management Recommendations," is published as a supplement to the American Journal of Psychiatry and contains the general and specific recommendations for the assessment and treatment of patients with suicidal behaviors. Part B, "Background Information and Review of Available Evidence," and Part C, "Future Research Needs." are not included in the American Journal of Psychiatry supplement but are provided with Part A in the complete guideline, which is available in print format from American Psychiatric Publishing, Inc., and online through the American Psychiatric Association (<http://www.psych.org>). Part B provides an overview of suicide, including general information on its natural history, course, and epidemiology. It also provides a structured review and synthesis of the evidence that underlies the recommendations made in Part A. Part C draws from the previous sections and summarizes areas for which more research data are needed to guide clinical decisions.

Conclusion: In assessing and caring for patients with suicidal ideas and behaviors, multiple questions remain to be answered and would benefit from additional research. These future research directions can be divided into three major categories: describing the neurobiological reinforcing of suicide and other suicidal behaviors, more precisely defining the factors that affect short-term and longer-term risk for suicide and other suicidal behaviors, and defining the most effective interventions for falling such risks.

Key words: Suicide, Suicide, Attempted, suicidal behavior

