

# EPMA World Congress: Traditional Forum in Predictive, Preventive and Personalised Medicine for Multi-Professional Consideration and Consolidation

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## Prediction and prevention of suicidality among patients with depressive disorders: Comorbidity as a risk factor

Lence Miloseva <sup>\*1</sup>, Vladimir Milosev <sup>1,2</sup>, Kneginja Richter <sup>1,3,4</sup>, Lukas Peter <sup>3</sup>, Günter Niklewski <sup>1,3</sup>

<sup>1</sup>Faculty of Medical Science, Goce Delcev University, Stip, R.Macedonia

<sup>2</sup>Clinical Hospital Stip, R. Macedonia

<sup>3</sup>University Clinic for Psychiatry and Psychotherapy, Paracelsus Medical University, Nuremberg, Germany

<sup>4</sup>Technische Hochschule Nuernberg Georg Simon Ohm

**\*Correspondence:** Prof. Dr. Lence Miloseva, Faculty of Medical Science, Goce Delcev University, Stip, Krste Misirkov 10-A, 2000 Stip, R.Macedonia;  
e-mail: [lence.miloseva@ugd.edu.mk](mailto:lence.miloseva@ugd.edu.mk)

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### Abstract

The aim of this paper is twofold. The first aim is assessment of the role of comorbidity as a risk factor in prediction of suicidality among patients with depressive disorders and patients with comorbidity or dual diagnosis. The second aim is to discuss implications for prevention. In the frame of the UGD supported project, the data were collected from Clinical Hospital, Stip, Macedonia, during the period January 2015 to March 2017. The sample consists of 140 patients (64 % female and 36% male) aged 19-72 years. The respondents were divided on the basis of mono & comorbid diagnosis into four subgroups: I) those with depressive disorder; II) those

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with depressive disorder and physical illness; III) those with depressive disorder and another mental disorder; IV) those with depressive disorder, physical illness and mental disorder, together. Data were collected using questionnaires about sociodemographic data, structure interview, medical documentation, while suicidal behavior was studied using a scale C-SSRS [1,2]. Written informed consent was obtained by all study participants.

Specific focus was on examining the relationship of suicidal thoughts with gender and comorbidity, frequency and intensity, as well as differences in preparations, trials, ways and number of suicides. Additionally, we examined the characteristics of suicide on 46 respondents and whether there was a difference among groups in terms of suicidal behavior. The results are in line with our expectations and they showed that comorbidity is a significant factor in predicting suicidal behavior [3-5]. Detailed statistical analyses is reported in the paper.

Although we are talking about a small sample, still, at the level of absolute numbers and percentages where comorbidity is a clinical reality and suicides are related to the number of diagnoses - a larger number of diagnoses leads to a greater risk of suicidal behavior.

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