

A retrospective analysis of the characteristics of deliberate self-poisoning with repeat or single presentations

Catherine Martin¹, Rose Chapman², Andis Graudins³, **Asheq Rahman⁴**

1 Monash Health/Australian Catholic University, 135 David Street, Dandenong, Vic, 3175, email: cathy.martin@monashhealth.org.au

2 Monash Health/Australian Catholic University, 135 David Street, Dandenong, Vic, 3175, email: rose.chapman@southernhealth.org.au

3 Monash Health/Monash University, 135 David Street, Dandenong, Vic, 3175, email: andis.graudins@monashhealth.org.au

4 Monash Health/Australian Catholic University, 135 David Street, Dandenong, Vic, 3175, email: asheq.rahman@monashhealth.org.au

Abstract

A proportion of patients repeatedly present to the emergency department with deliberate self-poisoning. However, little is known about how these patients differ from those who attend the emergency department following a single episode of deliberate self-poisoning. This paper will present the findings of a study that compared the characteristics of patients who repeatedly attended the department following deliberate self-poisoning with those who presented only once.

We conducted a retrospective audit of records of all patients who presented to three emergency departments following deliberate self-poisoning in 2011. Repeat presenters were defined as those patients with more than one presentation following deliberate self-poisoning. Univariate logistic regression was used to compare the characteristics of repeat versus single presenters.

The study determined 755 single and 93 repeat presenters, who contributed to 321 presentations in 2011. The repeat deliberate self-poisoning patients were more likely to be unemployed (61 versus 40%), have a psychiatric illness (37 versus 16%), were less likely to receive a toxicology consultation (12 versus 27%) and were more likely to abscond from the department (8 versus 3%) than single presenters. Repeat presenters were less likely to use antidepressants (21 versus 29%) as part of the episode of deliberate self-poisoning than single presenters but were more likely to use paracetamol (31 versus 24%) or quetiapine (12 versus 8%).

To ensure best practice emergency nurses need to understand that patients who repeatedly present to their departments following one or more episodes of deliberate self-poisoning have pre-existing psychosocial disadvantages as well as health inequities. Emergency nurses are in an excellent position to identify and flag those patients who represent and, in liaison with members of the mental health team, facilitate the development of individualised care plans with the aim to reduce repeat episodes of self-poisoning and subsequent risk of successful suicide.