

Short Article

Human Suicide, Management Landscape

Da-Yong Lu*¹, Hong-Ying Wu² and Ting-Ren Lu²¹School of Life Sciences, Shanghai University, Shanghai 200444, PRC²College of Science, Shanghai University, Shanghai 200444, PRC

*Corresponding author: Da-Yong Lu, School of Life Sciences, Shanghai University, Shanghai 200444, PRC

Received: May 16, 2024; Accepted: May 23, 2024; Published: May 30, 2024

Abstract

Suicide is still a biologically mystery process with a high rate of human mortality. External and internal stresses may drive human suicide behavior. Clinical suicide prevention and treatment are ever-growing. Bridging the gap between molecular basis and psychiatric intervene has great medical or pharmaceutical importance. Final medical success (molecular targeting and curative therapies) in the clinic will ensure high-quality pharmaceutical utility in the clinic.

Keywords: Human suicide, Neurobiology, Modern technology, Suicide prediction

Introduction

Global suicide death is huge (outnumber the death of war and homicide) [1]. Approximately 2% of human mortality is accounted among all episodes of suicide behaviors [2]. However, the incidence of suicide-induced death (SID) is not average distributed. These kinds of epidemic information and stress should be analyzed. General picture of biomedical study of suicide pathogenesis and intervention is depicted in early [3-8]. It contains different strategies and methods. Guideline for new diagnosis, technology and therapeutic selection can be updated.

Medical Causalities

Early clinical evidence suggests that external and internal risk factors or stresses may drive human neuropsychiatric consequences and suicide behavior. However, an accumulated data suggests that human suicide behavior is not an absolutely impulsive act or behaviors. It is possibly a disease-related. After two decades of hard work, association began to emerge between suicide behaviors and different types of human mental diseases [9-13]. To attain a goal of high-quality suicide management, external stresses, pathogenesis cascade and therapeutic targets should be targeted.

Patho-therapeutic Mechanisms

Currently suicide ideation is a common feature of all human population. As a result, this public health burden needs to be overcome as early as possible. Since human mental health problems show many identical signs in suicide patients, molecular mechanisms between different psychiatric diseases and suicide ideations should be promoted [14-18].

Different types of management strategies in the clinic are listed as:

- Education for students, teachers or clinicians [19]
- Stress response mechanisms

- Diathesis and prevention
- Cognitive-behavioral therapy (CBT)
- Restriction for lethal means
- Anti-psychiatric agents
- Drug treatments
- Traditional medicine (herbs) [20]
- Treatment of co-morbid [21]
- High-quality nursery [22,23]

Currently, the widest used drugs for suicide are ketamine, lithium and clozapine [14]. The effect of ketamine is acute and short. It commonly treats patients in suicide ideation. Its treatment is commonly through injections and responses are quick. Since most psychiatric diseases are chronic diseases, curable therapeutics against mental disorders is still a medical dream. It also affects the high-quality of suicide prediction and prevention [24-30].

Future Direction

According to law of traditional Chinese medicine (TCM), human illness is caused by emotional instability and angry. The hidden molecular aberrant in human is not enough to create a disease or suicide behaviors. In context of Chinese medical book, there are recorded of "disease is caused by psychiatric health problems", "angry will be a major risk factor for different disease emerge", "angry" is the main source of most diseases. Comedy, music or sports may alleviate suicide behaviors in the clinic.

References

1. World Health Organization: World Health Statistics 2019: Monitoring Health for the SDGs. Geneva, World Health Organization, 2019.
2. Bondy B, Buettner A, Zill P (2006) Genetics of suicide. *Mol Psychiatry* 11: 336-351.

3. Lu DY (2017) Suicide Risks and Treatments, New Ideas and Future Perspectives. Ed Da-Yong Lu, Nova Science Publishers, 2017, New York, US.
4. Lu DY, Wu HY, Cao S, Che JY (2021) An overview of suicide study. *EC Psychology & Psychiatry* 10: 37-43.
5. Mann JJ, Michel CA, Auerbach RP (2021) Improving suicide prevention through evidence-based strategies: A systematic review. *AJP* 178: 611-624. [[crossref](#)]
6. Serafini, G, Salano P, Amore M (2015) Suicidal ideation: a comprehensive overview. Suicidal Ideation: Predictors, Prevalence and Prevention. Ed. Bradley Weaver. *Nova Science Publishing*. US.1: 1-42.
7. Kapur N, Gask L (2009) Introduction to suicide and self-harm. *Psychiatry* 8: 233-236.
8. Lu DY, Zhu PP, Lu TR, Che JY (2016) The suicidal risks and treatments, seek evidences from multi-disciplinary. *Cent. Nerv. Syst. Agents Med. Chem* 16: 231-239. [[crossref](#)]
9. Shandilya S (2018) Suicide and suicide prevention: a historical review. *The Research Journal of Social Science* 9: 35-40.
10. Lu DY, Wu HY, Cao S, Che JY (2020) Historical analysis of suicide. *J Translational Genetics & Genomics* 4: 33.
11. Lu DY, Zhu PP, Wu HY, Yarla NS, Zhu H, Che JY (2016) Human suicide study, is there an association between suicide and mental illness. *Metabolomics* 6: 186.
12. Na EJ, Lee H, Myung W, Fava M, Mischowlon D, et al (2019) Risks of completed suicide of community individuals with ICD-10 disorders across age groups: A nationwide population-based nested case-control study in South Korea. *Psychiatry Investig* 16: 314-324. [[crossref](#)]
13. Acheampong AK, Aziato L (2018) Suicidal ideations and coping strategies of motors living with physical disabilities: a qualitative exploratory study in Ghana. *BMC Psychiatry* 18: 360. [[crossref](#)]
14. Mann JJ, Rizk MM (2020) A brain-centric model of suicide behavior. *Am J Psychiatry* 177: 902-916. [[crossref](#)]
15. Lu DY, Wu HY, Xu B (2021) Pathology study for human suicide. *Health and Primary Care* 5: 1-4.
16. Lu DY, Wu HY (2021) Neuropsychiatric approaches for human suicide prediction and management. *Int J Neuropsychology and Behavioral Science* 2: 87-91.
17. Lu DY, Wu HY (2021) Neuropsychiatric insights for human suicide. *Int J Scientific Res Updates* 1: 11-18.
18. Lu DY, Zhu PP, Wu HY, Yarla NS, Xu B, et al (2018) Human suicide risk and treatment study. *Cent Nerv Syst Agents Med Chem* 18: 206-212. [[crossref](#)]
19. Rutz W (2001) Preventing suicide and premature death by education and treatment. *J Affect Disord*.62: 123-129. [[crossref](#)]
20. Kwon CY, Lee B (2023) The effect of herbal medicine on suicidal behavior: a protocol for systematic review and meta-analysis. *Healthcare* 11: 1387. [[crossref](#)]
21. Salis F, Belfiori M, Bellisai A, Bernardini E, Murtas M, et al (2024) Cognitive impairment in people living with HIV and the impact of mood: results from a cross-sectional study. *J Clinical Medicine* 13: 1633. [[crossref](#)]
22. Lu DY, Chen YZ, Lu DF, Che JY (2019) Patient's care and nursery in different diseases. *Hospice & Palliative Medicine International Journal* 3: 28-30.
23. Lu DY, Chen YZ, Lu DF, Che JY (2019) Patient's care and nursery in modern medicine. *Nursery Practice and Health Care* 1: 101.
24. Desmyter S, Bijttebier S, Heeringen K.V (2013) The role of neuroimaging in our understanding of the suicidal brain. *CNS & Neurological Disorders-Drug Targets* 12: 921-929 [[crossref](#)]
25. Yuan Q, Seow E, Ablin E, Chua BY, Ong HL, et al (2018) Direct and moderating effects of personality on stigma towards mental illness. *BM Psychiatry* 18: 358 [[crossref](#)]
26. Jiang JJ, Yan ZZ, Sheng C, Wang M, Guan QL, et al (2019) A novel detection tool for mild cognitive impairment patients based on eye movement and electroencephalogram. *J Alzheimer's disease* 72: 389-399 [[crossref](#)]
27. Kohyama J (2018) Serotonin is a key neurotransmitter in suicide. *Encyclopedia of Suicide*. Vol 3, Ed. Torres OB 9: 105-114. Nova Science Publishing, US.
28. Lu DY, Che JY, Wu HY, Lu TR, Putta S (2020) Suicide risks and prevention, neuropathogenic study. *EDEWEISS: Psychiatry* 4: 124.
29. Wang LL, Li JM, Liu HL, Wang ZP, Yang L, et al (2021) Influence factors for decision making performance of suicide attempts and suicide ideation: The roles of somatic markers and explicit knowledge. *Front Psychology* 12: 693879.
30. Cornelius JR, Walker JD, Klima G, Fisher B (2015) Suicidal symptoms among veterans with chronic PTSD evaluated for treatment at a VA hospital. Suicidal Ideation: Predictors, Prevalence and Prevention. Ed. Bradley Weaver. Nova Science Publishing. US 2: 43-56.

Citation:

Lu DY, Wu HY, Lu TR (2024) Human Suicide, Management Landscape. *Psychol J Res Open* Volume 6(3): 1-2.