

# 정신분열병 환자의 자살행동에 대한 치료 : 심리사회적 치료 전략

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## Treatment of Suicidal Behaviors in Patients with Schizophrenia : Strategies for the Psychosocial Intervention

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Suicide is the most dramatic and common cause of premature death in schizophrenic patients. Between 25 and 50% of schizophrenic patients make a suicide attempt and about 10% of schizophrenics commit suicide. Schizophrenia is a chronic and devastating disorder affecting all aspects of the individual's life. Therefore these characteristics of illness should be considered to make a preventive intervention. The effective prevention strategies for suicide in schizophrenic patients require a comprehensive, systemic approach, integrated with psychopharmacological approach, psychosocial interventions and psychotherapy. And the role of stigmatization and inpatients treatment environment in the prevention of suicide is also integrated with this comprehensive treatment. (Schizophrenia Clinics 2005;8:3-9)

**KEY WORDS :** Suicide · Schizophrenia · Psychosocial intervention · Psychotherapy · Psychoeducation · Stigmatization.

### 서론

정신분열병 환자에게서 자살행동은 가장 흔한 증상 중 하나이다. Kraepelin<sup>5)</sup>은 10%가 자살을 시도하고, Bleuler<sup>6)</sup>은 350~650명 중 100명이 자살을 시도했다고 보고했다. De Hert<sup>10)</sup>은 자살 예방을 위한 약물치료 순응과 자살 예방을 위한 심리사회적 개입의 중요성을 강조한다.

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De Hert<sup>10)</sup>

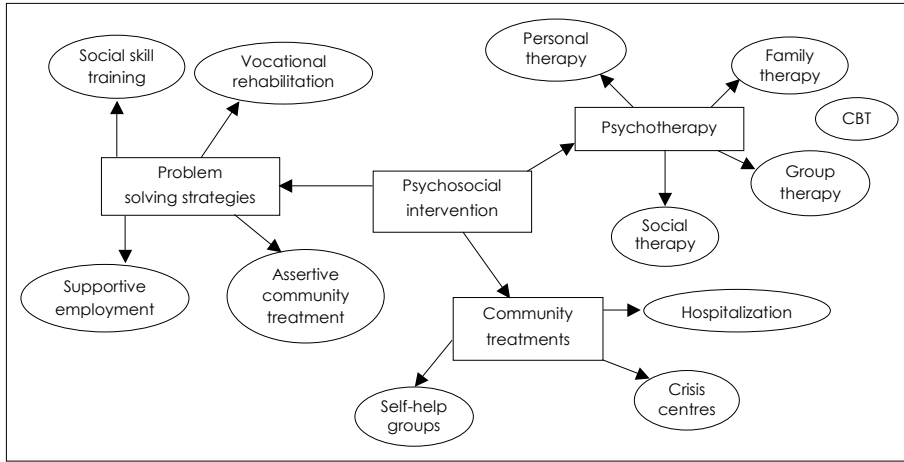
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 13,14)  
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 50% , 가 1 29)  
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 9% 가 20)  
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 21)  
 (clozapine), (risperidone),  
 (olanzapine)  
 가 22-24)  
 24-26)  
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## 입원 환경과 자살 예방

**Table 1.** Risk factors for suicide in inpatients with schizophrenia<sup>29)</sup>

- Deliberate self-harm
- Pre-admission and intra-admission suicidal attempts
- Fluctuating suicidal ideation
- Prescription of a greater number of neuroleptic and antidepressants
- Increased length of stay and increased number of ward changes
- Period of approved leave
- Apparent improvement
- Past and present history of depression
- Frequent relapses and rehospitalization
- Longer hospitalization periods than other psychiatric inpatients
- Negative attitudes towards medication
- Reduced compliance with therapy
- Undertreatment or non compliance with therapy and negative attitude towards medication
- Living alone before the past admission
- Discharge planning
- Charged feelings about their illness and hospital admission
- Early signs of a disturbed psychosocial adjustment
- Dependence and incapability of working
- Age under 30 years
- High number of hospital admissions
- Period following discharge
- Difficult relationship with staff and difficult acclimation in ward environment
- Good premorbid functioning
- Hospitalization close to crucial sites (big roads, railway stations, rivers, etc.)





**Fig. 2.** Psychosocial intervention that may help the prevention of suicide in schizophrenia.<sup>39)</sup>

42) 가 13,14)

43,44) (reassurance) 가 47)

45) Zygmunt 46) 가

가 18

가 가

14) Hogarty 47) (personal therapy)가 18

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48,49)

50)

51)

59,60)

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52)

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### 자살 예방과 사회적 낙인의 역할

### 결론

54)

55)

56,57)

Saarinen

58)

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