

CLINICAL DEPRESSION: FORENSIC INTERPRETATION OF TWO CASES

Feodor Odzhakov¹, Diyana Belezhanska², Aleksandar Apostolov¹

¹Department of Forensic Medicine and Deontology – Medical Faculty – Medical University - Sofia

²Department of Neurology – Medical Faculty – Medical University – Sofia

Corresponding author: Feodor Odzhakov, MD, PhD. Department of Forensic Medicine and Deontology, Medical University, Faculty of Medicine, 2 Zdrave St., Sofia 1431, Bulgaria, e-mail: feodor.odzhakov@gmail.com

Abstract

Introduction

Clinical depression is one of the common mental disorders worldwide. In recent years, it has been established that more and more young adults have been diagnosed with this condition.

Materials and Methods

In the following study two separate cases of suicides by mechanical asphyxia from the Department of Forensic Medicine and Deontology at University Hospital Alexandrovska – Sofia have been presented. Both of them are young males, found alone in their homes, with plastic bags around their heads. In both cases, a suicide note has been found at the scene.

Results

The autopsy finding in both cases has established relatively unspecific findings. The toxicology report of one of them has stated a concentration of 78 µg/mL pentobarbital in the blood sample and no other substances. The toxicology report of the other male has been clean. The cause of the death in both cases has been established as mechanical asphyxia from the plastic bags that have been found on their heads.

Discussion

In both cases presented the relatives and close friends of the deceased have stated that no indicators of social distancing have been noticed prior to the suicides and no previous attempts have been registered as well. Given the choice of method for committing the suicide and the lack of apparent reason for it, clinical depression must be considered in these cases.

Conclusion

The discussion for prevention of clinical depression should be active and attempts towards successful and in-time diagnosis and treatment must be made.

Key words: clinical depression, mechanical asphyxia, suicide.

Introduction

Depression is the leading cause of disability and is a major contributor to the disease burden worldwide. The global prevalence of depression and depressive symptoms has been increasing in recent decades. (1) The lifetime prevalence of depression ranges from 20% to 25% in women and 7% to 12% in men. (2) Depression is a significant determinant of quality of life and survival, accounting for approximately 50% of psychiatric consultations and 12% of all hospital admissions. (3) Notably, the prevalence of depression or depressive symptoms is higher in young adults than in the general public. (3, 4, 5, 6). Estimates of the prevalence of depression and depressive symptoms vary substantially between published studies, particularly with respect to specialty, patient age and residence. (7, 8) The inconsistency across different studies may originate from the lack of a clear definition or gold standard for the diagnosis of depression and depressive symptoms. (9, 10) The following study focuses on the impact of clinical depression in modern society by presenting two cases of suicide of two young adults.

Materials and Methods

In the following study, two separate cases of suicides by mechanical asphyxia from the Department of Forensic Medicine and Deontology at University Hospital Alexandrovska – Sofia, have been presented. Both of them are young males, found alone in their homes, with plastic bags around their heads. Blood sample for toxicology has been obtained and has been examined according the standard protocol. In both cases, a suicide note has been found at the scene.

Results

The autopsy finding in both cases has established relatively unspecific findings, relevant to the conclusion of quick death – abundance of intensive lividity, lung edema, stasis in the internal organs. However, in both cases signs of mechanical asphyxia have been established – pinpoint hemorrhages under the conjunctivae, subpleural and subepicardial hemorrhages, as well as pulmonary edema. Lack of any traumatic injuries has been registered in either of the deceased. The toxicology report of one of them has stated a concentration of 78 µg/mL pentobarbital in the blood sample and no other substances. The toxicology report of the other male has been clean. The cause of the death in both cases has been established as mechanical asphyxia from the plastic bags that have been found on their heads.

Discussion

In both cases presented the relatives and close friends of the deceased have stated that no indicators of social distancing have been noticed prior to the suicides and no previous attempts have been registered as well. Given the choice of method for committing the suicide and the lack of apparent reason for it, clinical depression has been considered in these cases.

In clinical depression, the most prominent symptom is a severe and persistent lack of motivation, apparent mood change and overall hidden sense of hopelessness and despair. Irritability is also to be registered. However, especially in cases of young adults, it may wrongly be contributed to the period of “growing up”. It is very common though to see that the person is no longer showing any excitement in tasks and activities that priorly have been found enjoyable. Clinical depression is more than just bad mood, “shadowy day” or sadness.

The symptoms of clinical depression are considered to last at least two weeks but usually they go on much longer — months or even years. A variety of symptoms usually accompany the appearing low mood and they can vary significantly among different people. One of the major concomitant symptoms is anxiety. People may seem to appear more worried than usual about a possible physical disorder and to highlight mild discomforts that are perceived as problems. Excessive and long lasting conflicts in relationships and poor performance at work are also possible demonstrations of clinical depression.

People with depression are at more risk for abusing alcohol or other substances. It is believed that clinical depression involves changes in areas of the brain that are directly related to the balance that appears as mood. One of the theories is that nerve transmitters function insufficiently in several cerebral areas. Hormone disbalance has also been registered in clinical researches of depression. It has been strongly advised that these biological processes be directly linked to life experience and possible stressful events in the past.

Many approaches have been researched for effective treatment of clinical depression. It has been reported that one of the best possible scenarios is for a relative or close friend to engage themselves in the process of diagnosis and treatment of the condition. The conscious conclusion that a person needs help for their mental and psycho emotional state is difficult, practically rare. That is why it has been proposed that the peers should direct the beginning of the treatment.

However, as it is presented in the current study, it is not always possible to timely and fully assess a person's condition and their need for professional help.

Conclusion

The discussion for prevention of clinical depression should be active and attempts towards successful and in-time diagnosis and treatment must be made. The topic is extremely relevant especially today, with the social distancing due to the global pandemic.

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