

Editorial

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Human suicide, biomedical knowledge and therapeutic advances

Abstract

Suicide has a high rate of human mortality (outnumber of mortality of war and homicidesixth place for all morbid categories). External and internal stresses are responsible risk factors for human suicide rates and fatalities. Medical knowledge and therapeutic advances of clinical suicide prediction, prevention and treatments are ever-growing for its therapeutic progress. Psychiatric intervene is a recent hotspot in this field of suicide prediction and treatments. Molecular targeting and diagnostic transition in the clinic will be a suitable pathway for suicide therapeutic management promotion against suicide-induced human mortality and economic burdens. This Article addresses this fast-growing medical area and breakthroughs.

Keywords: human suicide, neurobiology, modern technology, suicide prediction

Volume 7 Issue 3 - 2024

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Received: August 05, 2024 | Published: August 08, 2024

Introduction

Suicide has a huge human mortality (ranking sixth place for human fatality). Global suicide death is outnumbered to the total death of war and homicide nowadays.1 However, the incidence of suicide-induced death (SID) varies in different areas and countries. Two decades ago, human suicide study was commonly not well defined in biological framework. Psychiatric analysis was the major choice for suicide persons and medication.^{2,3} With the quick advances of neurobiology, human suicide and other mental diseases are associated and flourished. Facing with the boost of neurobiology, new therapeutics was designed. General picture, genetics, phenotypes, mechanisms and knowledge is depicted in early reports.²⁻¹⁰ Not only defined in genetics or molecular, integrated strategies are present in diagnostics and treatments.¹¹ It contains strategies and methods in different biomedical and mathematical fields. Routines for diagnosis and therapeutics should be changed for serving patients with high tendency of suicide behaviors.12

Medical landscape

External and internal stresses are responsible risk factors for these human fatalities and economic burdens to the society. Clinical suicide prevention and treatments are ever-growing for its prediction and therapeutic progress. Psychiatric intervene of suicide prediction and treatment is a recent hotspot in this field.

Diagnostic significance

External and internal risk factors or stresses may differently affect human neuropsychiatric and suicide behaviour.^{13,14} Association and evidence began to accumulate for different types of human health, diseases and well-being.^{15–19} This article addresses this fast-growing medical area and breakthroughs. To promote suicide management, external stresses, neuropsychiatric axis, diagnostic tools, drug treatments or others should be focused and totally analyzed. It poses a great medical challenge or opportunity for a lot of disease pathological study and potential clinical paradigms.

Pathophysiologic evidence

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Human suicide is popular.¹¹ This public health burden needs to be alleviated and reversed. Since identical signs are discovered between

suicide and psychiatric patients, genetic alteration, molecular profiling and clinical paradigms should be focused and promoted by different biomedical approaches.²⁰⁻²⁴ (Figure 1)



Figure I Potential link for suicide onset and progress.

New diagostic and therapeutic modalities

Since co-morbid of neuropsychiatric disease and suicide, major psychiatric diseases are associated with suicide, such as autism, schizophrenia, mood disorders and possibly neurodegenerative diseases. Diagnostic categories have various drug selection systems. Techniques for these diagnoses are divided (Figure 2). With the diagnostic merge and integration, more suitable diagnostic and therapeutic modalities will be popularized and updated. Figure 2 shows such diagnostic integration.



Figure 2 Different categories and advances for human suicide-related diagnosis.

Hos Pal Med Int Jnl. 2024;7(3):92-94.



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Treatment studies

Clinical strategies and approaches are outlined

- Mood healthcare¹³
- Anti-psychiatric agents²³
- Education for students, teachers or clinicians²⁴
- Herbal medicine²⁵
- Co-morbid treatment study²⁶
- Nursery progress^{27,28}

Suicide prediction and prevention needs constantly move forward.^{29–32} As a result, education, diagnostic, nursery and therapeutic transition should be made.

Emotional stimulation

According to law of traditional medicine, human illness is affected by human emotion (angry, fright or depression). In the past literature, "many diseases are originated from psychiatric disease". Correspondingly, comedy, music or sports will alleviate these emotional changes and reduce human suicide possibly.

Discussion

Human biological study for suicide prevention and treatment is not new. However, there is a turning point among 2005-2008 for the size of literature expanding (four times) for human suicide study worldwide.⁷ In the past, we could not well evaluate in systematical ways of genetics and molecular profiling and targeting. With the quick development of bio-techniques and animal models, many past dilemma (molecular diagnosis and clinical evaluation) have been addressed. Some breakthroughs were found. Facing with this technical progress, more research funds should be provided.

Conclusion

Human suicide has a high mortality and economic burden to the society. As an emerging therapeutic frontier and fastest evolving field, we wish new investigation can change the situation of limitation in biomedical knowledge and save the life of million worldwide.^{33,34}

Acknowledgments

None.

Conflicts of interest

The author declared that there are no conflicts of interest.

References

- 1. World health statistics 2019: monitoring health for the SDGs, sustainable development goals. World Health Organization: Geneva. 2019.
- Read J, Runciman O, Dillon J. In search of an evidence-based role for psychiatry. *Future Sci OA*. 2016;2(1):FSO101.
- 3. Marshall M. The hidden links between mental disorders. *Nature*. 2020;581:19–21.
- Bondy B, Buettner A, Zill P. Genetics of suicide. *Mol Psychiatry*. 2006;11(4):336–351.
- Lu DY. Suicide risks and treatments, new ideas and future perspectives. New York, US: Nova Science Publishers. 2017. pp. 120.

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- Lu DY, Wu HY, Cao S, et al. An overview of suicide study. EC Psychology & Psychiatry. 2021;10(3):37–43.
- Mann JJ, Michel CA, Auerbach RP. Improving suicide prevention through evidence-based strategies: a systematic review. *Am J Psychiatry*. 2021;178(7):611–624.
- Serafini G, Salano P, Amore M. Suicidal ideation: predictors, prevalence and prevention. Bradley W, editor. US: Nova Science Publishing. 2015. pp.1–42.
- Kapur N, Gask L. Introduction to suicide and self-harm. *Psychiatry*. 2009;8(7):233–236.
- Lu DY, Zhu PP, Lu TR, et al. The suicidal risks and treatments, seek medications from multi-disciplinary. *Cent Nerv Syst Agents Med Chem.* 2016;16(3):231–239.
- Lu DY, Wu HY, Lu TR. Human suicide, an overview of management strategies. *Journal of Clinical & Medical Review*. 2024;3(1):1–6.
- Lu DY, Wu HY, Lu TR. Human suicide, management landscape. Psychology Journal: Research Open. 2024;6(3):1–2.
- Lu DY, Zhu PP, Wu HY, et al. Human suicide study, is there an association between suicide and mental illness. *Metabolomics*. 2016;6(3):186.
- Lu DY, Ding J, Lu TR. May genetic factors play a role in the risk of antidepressant-induced suicide? *Medical Hypotheses*. 2007;69(6):1380– 1381.
- Shandilya S. Suicide and suicide prevention: a historical review. *The Research Journal of Social Science*. 2018;9(12):35–40.
- Lu DY, Wu HY, Cao S, et al. Historical analysis of suicide. *J Translational Genetics & Genomics*. 2020;4:33.
- Na EJ, Lee H, Myung W, et al. 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.* 2019;16(4):314–324.
- Acheampong AK, Aziato L. Suicidal ideations and coping strategies of motors living with physical disabilities: a qualitative exploratory study in Ghana. *BMC Psychiatry*. 2018;18(1):360.
- Mann JJ, Rizk MM. A brain-centric model of suicide behavior. Am J Psychiatry. 2020;177(10):902–916.
- Lu DY, Wu HY, Xu B. Pathology study for human suicide. *Health and* Primary Care. 2021;5:1–4.
- Lu DY, Wu HY. Neuropsychiatric approaches for human suicide prediction and management. *Int J Neuropsychology and Behavioral Science*. 2021;2(3):87–91.
- Lu DY, Wu HY. Neuropsychiatric insights for human suicide. Int J Scientific Res Updates. 2021;1(2):11–18.
- 23. Lu DY, Zhu PP, Wu HY, et al. Human suicide risk and treatment study. *Cent Nerv Syst Agents Med Chem.* 2018;18(3):206–212.
- Rutz W. Preventing suicide and premature death by education and treatment. J Affect Disord. 2001;62:123–129.
- Kwon CY, Lee B. The effect of herbal medicine on suicidal behavior: a protocol for systematic review and meta-analysis. *Healthcare*. 2023;11(10):1387.
- Salis F, Belfiori M, Bellisai A, et al. Cognitive impairment in people living with HIV and the impact of mood: results from a cross-sectional study. *J Clin Med.* 2024;13(6):1631.
- Lu DY, Chen YZ, Lu DF, et al. Patient's care and nursery in different diseases. *Hospice & Palliative Medicine International Journal*. 2019;3(1):28–30.

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- Lu DY, Chen YZ, Lu DF, et al. Patient's care and nursery in modern medicine. Nursery Practice and Health Care. 2019;1(1):101.
- 29. Desmyter S, Bijttebier S, Heeringen KV. The role of neuroimaging in our understanding of the suicidal brain. *CNS Neurol Disord Drug Targets*. 2013;12(7):921–929.
- Yuan Q, Seow E, Ablin E, et al. Direct and moderating effects of personality on stigma towards mental illness. *BM Psychiatry*. 2018;18(1):358.
- Jiang JJ, Yan ZZ, Sheng C, et al. A novel detection tool for mild cognitive impairment patients based on eye movement and electroencephalogram. *J Alzheimer's Dis.* 2019;72:389–399.
- Kohyama J. Serotonin is a key neurotransmitter in suicide. Encyclopedia of Suicide. Torres OB, editor. US: Nova Science Publishing. 2018. pp. 105–114.
- 33. Lu DY, Che JY, Wu HY, et al. Suicide risks and prevention, neuropathogenic study. *Edelweiss: Psychiatry*. 2020;4(1):124.
- Cornelius JR, Walker JD, Klima G, et al. Suicidal symptoms among veterans with chronic PTSD evaluated for treatment at a VA hospital. Suicidal Ideation: Predictors, Prevalence and Prevention. Bradley W, editor. US: Nova Science Publishing. 2015. pp 43–56.