

5.2.115 **Suicidal behaviours in women's reproductive life: from puberty to postmenopause**

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Rationale and aims

The occurrence of completed suicide is higher in older men, while attempted suicides are more frequent in women and in young people. One possible explanation for this gender difference is the influence of hormones, reproductive cycle and menstrual cycle on suicidal behaviours. It's been already shown the relationship between mood disorders and suicidal behaviours, and between mood disorders and hormones, the most critical periods for depression in women being the luteal and early menstrual phases, and the perimenopause. A similar relation between gonadal hormones and suicidal behaviours in women is then plausible. It seems that the first (menstrual) and the forth (late luteal) weeks of the cycle are related with a higher number of attempted suicides in women. Also, it has been shown that suicidal ideation is more common in low-estrogens phases of the menstrual cycle, i.e. menstrual and premenstrual (late luteal).

In this work we aim to study the relation between suicidal attempts and ideation, and the menstrual/reproductive stage of women, and its correlation with any mood/anxiety syndrome. Our hypothesis is that suicidal behaviors are more common and more intense in women during the menstrual phase and/or late luteal phase than intermenstrually, or in the presence of hormonal dysregulation or with greater hormonal fluctuations (e.g. after pregnancy and in perimenopause), than in other periods. Also the effect of oral contraceptives and hormonal replacement therapy on mood symptoms and suicidal behaviours will be analyzed.

Material

We would analyze data about women interviewed during the Health 2000 project. We would need both, younger and older samples from the basic study.

Variables

For people 30 years or older we'll need data collected with the basic questionnaire (socio-demographic variables, psychiatric history, menstrual cycle and reproductive life features, use of OC or HRT), with questionnaire 1 (weight changes, anxiety and mood symptoms, psychological well-being, BDI scores) and 3 (sleeping troubles), and data collected during the health examination (mental health interview CIDI; measures from blood samples of hormone levels). For people aged 18-29 we'll need information about their socio-demographic characteristics, psychiatric history, psychological well-being, mood conditions, suicidal ideation and previous attempted suicides, from data collected with the self-reported questionnaire.

Authors

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Timetable

2010-2012

Publications

Scientific articles in English, Finnish, Italian.

Resources

Grants from foundations.