



LETTER TO THE EDITOR

Major depressive disorder and suicide attempt in a pediatric patient victim of sexual abuse

Trastorno de depresión mayor e intento suicida en una paciente pediátrica víctima de abuso sexual

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Mr. Director:

Depression is the leading global cause of disability and contributes significantly to the overall burden of disease, in the Americas it is one of the major public health problems requiring attention. Globally, approximately 280 million people are affected.⁽¹⁾

The second National Mental Health Survey in Colombia identified major depressive disorder as the second most prevalent disorder in the adolescent population. Depression affects the cognitive, emotional and physiological functioning of the individual and represents a maladjustment in which the person sees him/herself, the environment and the future in a negative way, which causes suffering and alters his/her social, work, school and family activities; in addition to this, it is a relevant risk factor for suicide attempts and completed suicide.⁽²⁾

The approach to the suicidal phenomenon cannot be reduced to a single cause, since it is multifactorial and involves individual, family and social aspects. Each of these dimensions is linked to both risk and protective factors associated with suicide, within which the family plays a key role.⁽³⁾

The importance of the family in the prevention of risk behaviors is due to the fact that it is the first protective agent and facilitates the healthy development of the adolescent; it is in the family where they learn and learn, and the usefulness of this learning can help the adolescent to cope with the changes in an adequate manner. It is essential for parents to know and understand the different stages of human development, in order to be able to understand the different behaviors of their adolescents. When the elements that place an adolescent at risk are known, or if it is known which factors can reduce the negative effects, parents can implement strategies that favor protection and minimize the risk.⁽⁴⁾

Specific risk factors in relation to suicide are recognized in the family environment, among which the following stand out: intergenerational transmission of suicidal risk, the suicide rate is significantly higher in families with suicide victims. Among the family characteristics associated with the suicidal phenomenon are the absence of the father figure, dysfunctionality in the home, as well as emotional distance between its members, inadequate family structure, poor emotional relationships, disharmonious family environment, authoritarian parenting styles, rigid monitoring and supervision, intrafamily violence, emotional abuse by the father and sexual abuse in childhood.^(4,5)

Teachers and school counselors play a crucial role in detecting individuals at suicidal risk. It has been shown that training teachers and school counselors in the recognition of risk factors and warning signs is a very effective prevention strategy.⁽⁶⁾

In the integral management of the case in question, a multidisciplinary approach is necessary, involving different pillars of our society:

-Family approach: perform an integral characterization of the family, since many times the perpetuator of child abuse is a member of the family and chooses victims who are members of families with some degree of family dysfunction that allows him to commit the act and silence it.⁽⁷⁾ Intervene educationally in families to raise the level of knowledge of early identification of symptoms and warning signs of suicide attempt. Emphasize at every opportunity the importance of uninterrupted maintenance of pharmacological and psychotherapeutic treatment. Explain the importance of creating an environment: harmonious, functional, stimulating conversation and positive attitudes that transmit confidence and hope.

-Basic Health Team approach: timely dispensing to the patient and identifying risk factors and helping to modify them. Daily home care assessment until signs of decompensation disappear. Conduct educational talks aimed at raising the level of self-esteem and security. Evaluate family dynamics. Early detection, treatment and consultation with psychiatry if necessary if there are symptoms or signs of depression, major depression or suicidal ideation. To achieve an adequate insertion in society, with other children or adolescents of the same age with common interests.

-Community outreach: To develop health actions aimed at strengthening the functionality of families. Advocate for the fulfillment of the rights of children and adolescents at the neighborhood level.

-School approach: Both teachers and professors play a leading role in the early identification of behaviors in children and adolescents with signs of depression. Good home-school communication is a great strength to prevent and control these risk situations.

In Cuba there is a great political will to defend the Convention on the Rights of Children and Adolescents. A new family code will soon be on the ballot, which will not only legislate their most essential rights, but will also support all their guarantees that will be a tailor-made suit for each individual.

Conflict of interest

The author declares that there is no conflict of interest.

Author Contribution

ADF and LRL were responsible for conceptualization, formal analysis, project management, writing - original draft, writing - revision, and editing. All authors approved the final manuscript.

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