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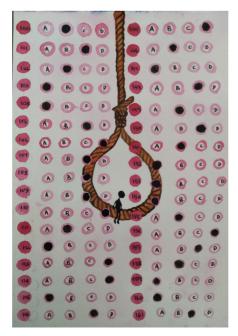
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Student Suicide Linked to NEET Examination in India: A Media Report Analysis Study

The National Eligibility Cum Entrance Test (NEET) for undergraduate students is a highly competitive examination conducted by the National Testing Agency for admission to medical schools in India. In the year 2020, approximately 1.6 million students registered for nearly 1 lakh Bachelor of Medicine and Bachelor of Surgery and Bachelor of Dental Surgery seats.1 Due to the COVID-19 pandemic, there was uncertainty related to the conduct of examination, and the exam dates got postponed multiple times. The competition itself is quite stressful, and the uncertainty over the exam dates added to the students' miseries.2 Too much uncertainty evokes anxiety and also affects the preparedness to face challenges adversely. The inability to handle performance pressure, meet parental expectations,

and achieve aspirations may lead to psychological distress and subsequent suicidal behavior. Before the examination, multiple instances of suicide by students who anticipated failure were reported from different parts of the country.^{3,4}



Clustering of suicide may happen as there are places, such as Kota, Thrissur, and Chennai, which are popular hubs of competitive coaching examinations where students often go to prepare for the NEET examination.

In this context, we would like to report findings from our evaluation of the news articles, published online between January 2018 and September 2020, that discussed students' suicide in relation to the NEET examination (**Figure 1**).

We found a total of 32 reported cases: 11 from 2018, 7 from 2019, and 14 cases till September 2020. Female aspirants constituted 65% (n = 21) of the deaths. This might partly be due to the higher representation of female aspirants preparing for NEET.⁵ Besides, it may be due to differences in stress perception, which has been reported to be higher among girls ⁶. The factors leading to this difference need further evaluation. The maximum reported cases were from the states of Tamil Nadu (n = 15, 46%) and Bihar (n = 4, 13%).

We attempted to assess the temporal correlation by relating the date of suicide

with the dates of NEET examination in 2018, 2019, and 2020. About 55% (n = 10) of the total suicides from 2018 and 2019 occurred in the month the result was declared. This year, the exam was held on 13th September, and the results are still awaited. The peak of suicides related to the NEET examination, which used to happen in June, seems to have shifted to September in 2020, with nine suicides. Academic challenges were reported to be the most common attributing factor (in 65% of cases, n = 21). Anxiety regarding the exam was reported in 78% (n = 11) of student suicides in 2020. The presence of any life event was affirmative in 23 cases (72%), with the failure in the NEET exam being the event among 9 students. Hanging (n = 21, 65%), drowning (n =4, 13%), and poisoning (n = 3, 9%) were the leading methods of suicide. News reports mentioned and discussed suicide note in 22% (n = 7) of cases. Mental health issues were referred to in 22% (n = 7) of cases. The suicide statistics is expected to change in the aftermath of the result declaration.

Anxiety related to NEET examination was found to be a factor commonly associated with suicide. Students should be taught about anxiety management, coping skills, and various other life skills to face life's challenges. Such training should be integrated into the existing educational curriculum, which may help

students develop preparedness against different life challenges.⁷

In the society, success stories are often glorified too much and suicide stories are often linked with failure. As a result of such a portrayal, many people tend to equate failure with suicide. Thus, developing the ability to handle failure and frustrations and to accept them as essential learning of life may be the need of the hour. It may be helpful in the prevention of suicidal behavior among the students. In addition, the underlying issues, such as peer pressure to perform, family expectations, and students' poor coping abilities, need to be addressed.⁸

The media also has an important role to play in suicide prevention. Sensational media reporting is likely to increase suicidal behavior (Werther effect) in society. The existing evidence suggests low quality of suicide reporting by media in India.9 Thus, the media should adhere to the international suicide reporting guidelines, collaborate with mental health professionals, and discuss stories on coping and resilience and opportunities for help from mental health professionals, by providing helpline numbers.10 The Indian Psychiatric Society had also issued a position statement and guideline for responsible media reporting on suicide to mitigate its harmful societal consequences.11

There are some limitations to this research. Firstly, the data collection source was online news portals, which is not the

most authentic source for data collection. There is a possibility that some suicides go unreported or that some reports did not mention that the individual was a NEET aspirant. Secondly, we could get the articles from 2018 onwards only; the data from the period before that was scarce and probably deleted. Thirdly, despite our efforts to cater to all the published news reports with respect to NEET aspirants' suicide, we might have missed some regional news reports.

The result of NEET 2020 has been declared, three more suicides by NEET aspirants are reported following declaration of result. All the three students committed suicide by hanging (two were girls and one was a boy). These reports were from Punjab, Maharashtra, and Madhya Pradesh.

Suicide among NEET aspirants is a significant public health issue. They are the future of the country, and their mental well-being is vital to them, their family, and society at large. There is tremendous pressure among this group of students to perform well in the examination. The inability to handle performance pressure, meet parental expectations, and achieve aspirations may be responsible for psychological distress and subsequent suicidal behavior. This is the first article that discusses the suicide-related problems of medical education aspirants in India. There is a need to systematically study suicide in specific populations so that accurate recommendations for suicide prevention can be made.

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Delirium as a Presenting Feature of Myelodysplastic Syndrome in Old Age: A Case Report

Sir,

elirium is an acute neuropsychiatric condition with multifactorial etiology. Treatment is usually symptomatic till the underlying pathology is corrected. Delirium is a common concern among cancer patients and has been found to be secondary to pain, hypoxia, infection, constipation, altered glycemic control, drug toxicity, and other unidentifiable causes. Delirium is also common with hemato-oncological conditions but has rarely been reported as one of the presenting features. We encountered a unique presentation of delirium in a geriatric patient with myelodysplastic syndrome (MDS) associated with hyponatremia, anemia, hemorrhoids, and hypertension.

Case Report

An 87-years-old temple priest presented with 20 days' history of high-grade fever, poor oral intake, disturbed sleep, decreased socialization, and socially inappropriate behavior in the form of spitting at people, associated with cough and expectoration. On admission to the psychiatry ward, he was found to be confused and disoriented. On serial mental status examination, it was noted that he could not recognize his family members or the place where he was admitted. Routine investigations showed hyponatremia (124 mmol/L) and anemia (9.5 gm %), with normal blood counts of white blood cells (WBC; 8400/mL) and platelets (167,000/ mL). He was found to be hypertensive (BP = 160/100 mmHg). Brain magnetic resonance imaging was suggestive of hypertensive encephalopathy. During the course of admission, the patient had double incontinence and two episodes of hypertensive crisis, which were managed with intravenous labetalol. Blood and

urine cultures were negative for infection. Sputum samples were negative for tuberculosis (TB). Contrast-enhanced computed tomography (CECT) of the chest showed unclear signs of pulmonary TB, and the patient was started on empirical antituberculosis treatment (isoniazid, rifampicin, pyrazinamide, and ethambutol-HRZE regimen).

Meanwhile, the patient had staring, mutism, and motoric unresponsiveness, which led to a score of 6 on Bush Francis Catatonia Rating Scale. A diagnosis of organic catatonia with delirium was considered, and he was started on intravenous fluids, T. lorazepam 1 mg TID, and T. quetiapine 25 mg HS.

Colonoscopy was done, which showed grade 3 hemorrhoids (external and internal). After treating hyponatremia, dehydration, and fever, he was found to be stable and improving in terms of catatonia and delirium. However, his total WBC counts were raised (17,000/mL). The patient have had a similar episode two years back, lasting a month, and associated

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