

Cuadro I
USO DE TECNOLOGÍAS DE LA INFORMACIÓN POR MÉDICOS DE TIJUANA,
BAJA CALIFORNIA, MÉXICO, 2011

Variable	Clasificación	Frecuencia	Porcentaje
Tiene computadora de escritorio	Sólo en casa	53	23.7
	Sólo en consultorio	25	11.2
	En casa y oficina	119	53.1
	No tiene	27	12.1
Tiene acceso a Internet	Sólo en casa	64	28.6
	Sólo en oficina	38	17.0
	En casa y oficina	119	53.1
	No tiene	3	1.3
Tiene correo electrónico		217	96.9
Tiene laptop		187	83.5
Tiene palm o tablet		68	30.4

Principales motivos para usar Internet

Buscar revistas médicas	178	79.5
Usar correo electrónico	130	58.0
Buscar entretenimiento	78	34.8
Buscar noticias	87	38.8
Actualizarse en enfermedades	141	62.9

Acceso a artículos médicos

Ha impreso algún artículo médico en el último mes	105	46.9
Ha pagado por bajar algún artículo médico	51	22.8
Paga suscripción a alguna revista	58	25.9
Alguna compañía le paga suscripción a revistas médicas	73	32.6
Alguna compañía le paga el uso de bases de datos	82	36.6

en el uso de las tecnologías de la información y la lectura médica en inglés como áreas de oportunidad para un mejor desarrollo médico y científico.

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Suicide risk in female victims of domestic violence in Mexico

To the editor: The number of deaths by suicide in Mexico has increased in the past years becoming a serious public health issue.^{1,2} It has been identified that an unstructured family atmosphere can result in suicidal behavior. Perez and Garcia found marital problems as one of the most frequent reasons for suicidal behavior and it is considered that a dysfunctional marriage relationship is more suicide related for women than for men.³ Studies have shown that a fifth of women around the world are subjected to violence at some stage in their life and have twelve times more suicide attempts and high mortality rates compared with women who did not suffer from violence.⁴

The main goal of this study was to establish whether there is a correlation between domestic violence and suicide risk in female victims of domestic violence attending a group treatment in the Multidisciplinary Center for Comprehensive Care of Violence (CEMAIV). We selected a group of 50 women who had suffered domestic violence by their partners and assessed them using Plutchik's suicide risk scale. We also selected a control group of 50 women who were not victims of domestic violence and assessed them using the same test. For data analysis, we used χ^2

and odds ratio tests, the confidence interval was set at 95%, and *p* values < .05 were considered significant.

We found that 58% of the women who were victims of domestic violence were at suicide risk, whereas 14% of the women in the control group were also at risk. Odds ratio test showed that women who suffered domestic violence were 8.48 times more likely to be at suicide risk compared with the control group (confidence intervals 2.81 to 25.59), as shown in table I.

This leads us to believe that in Mexico there is an association between domestic violence and suicide risk. We consider this association to be as high as to reflect the need to generate an intervention in the health system that aims to protect women who have this vulnerability. Furthermore, these results are relevant for

Table I
SUICIDE RISK IN CASES OF DOMESTIC VIOLENCE AND IN THE CONTROL GROUP

Suicide risk	Domestic violence	%	Without domestic violence	%
Yes	29	58	7	14
No	21	42	43	86

Odds ratio, 8.48; 95%CI, 2.81–25.59; $\chi^2=20.8$ gl; *p*=.000

health professionals working with women in order to detect suicide risk in these women and generate proposals for prevention and intervention for battered women.

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