

Suicide Risk in Older Adults

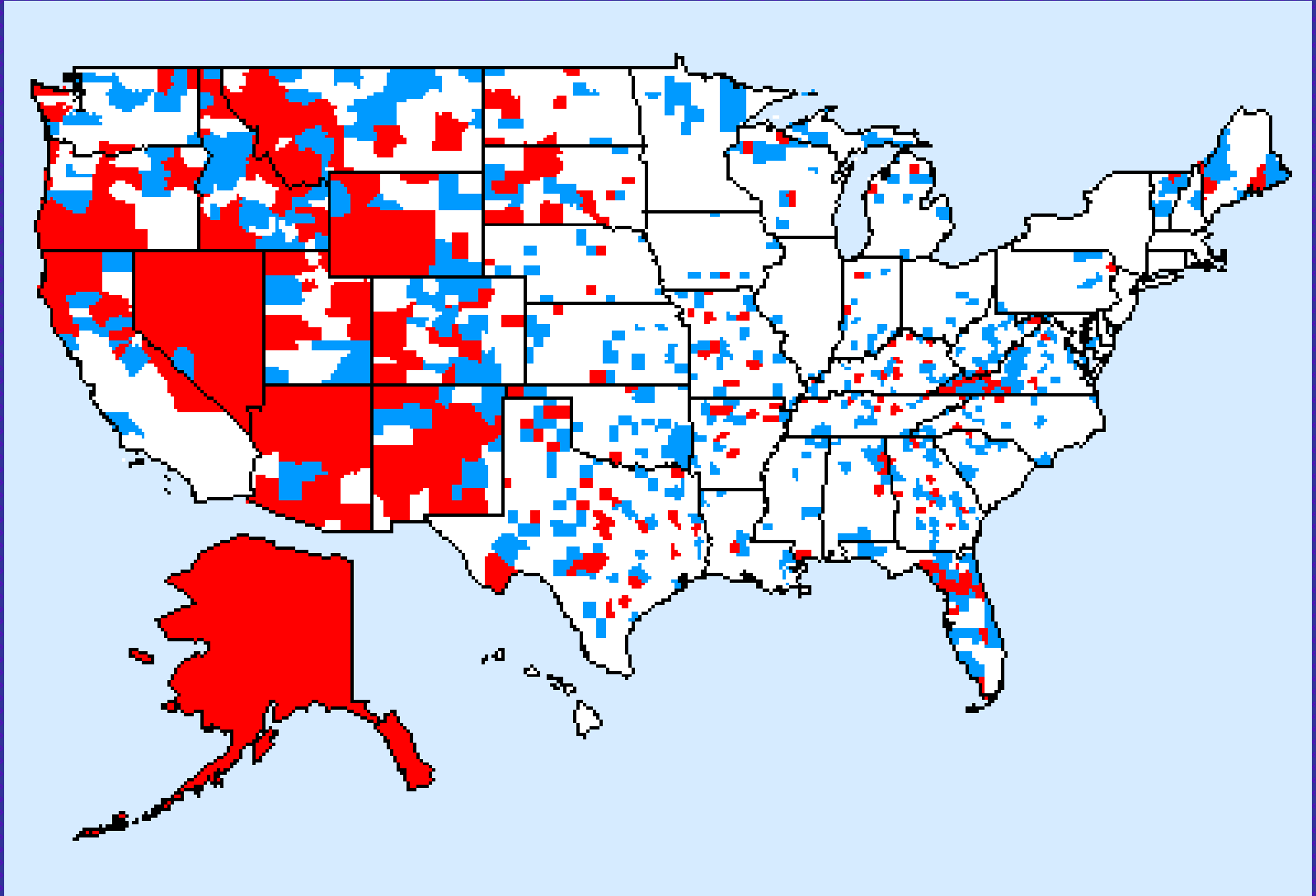
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Overview

- Is suicide a problem here?
- How common is suicidal behavior in late life?
- What are the characteristics of late life suicide?
- What are the risk factors?
- How can suicide risk be assessed?
- What interventions are recommended?

Is suicide a problem here?

Suicides in US Counties



Red = 90+ percentile; blue = 75-89 percentile; 1989-1998 data; CDC/WISQARS.

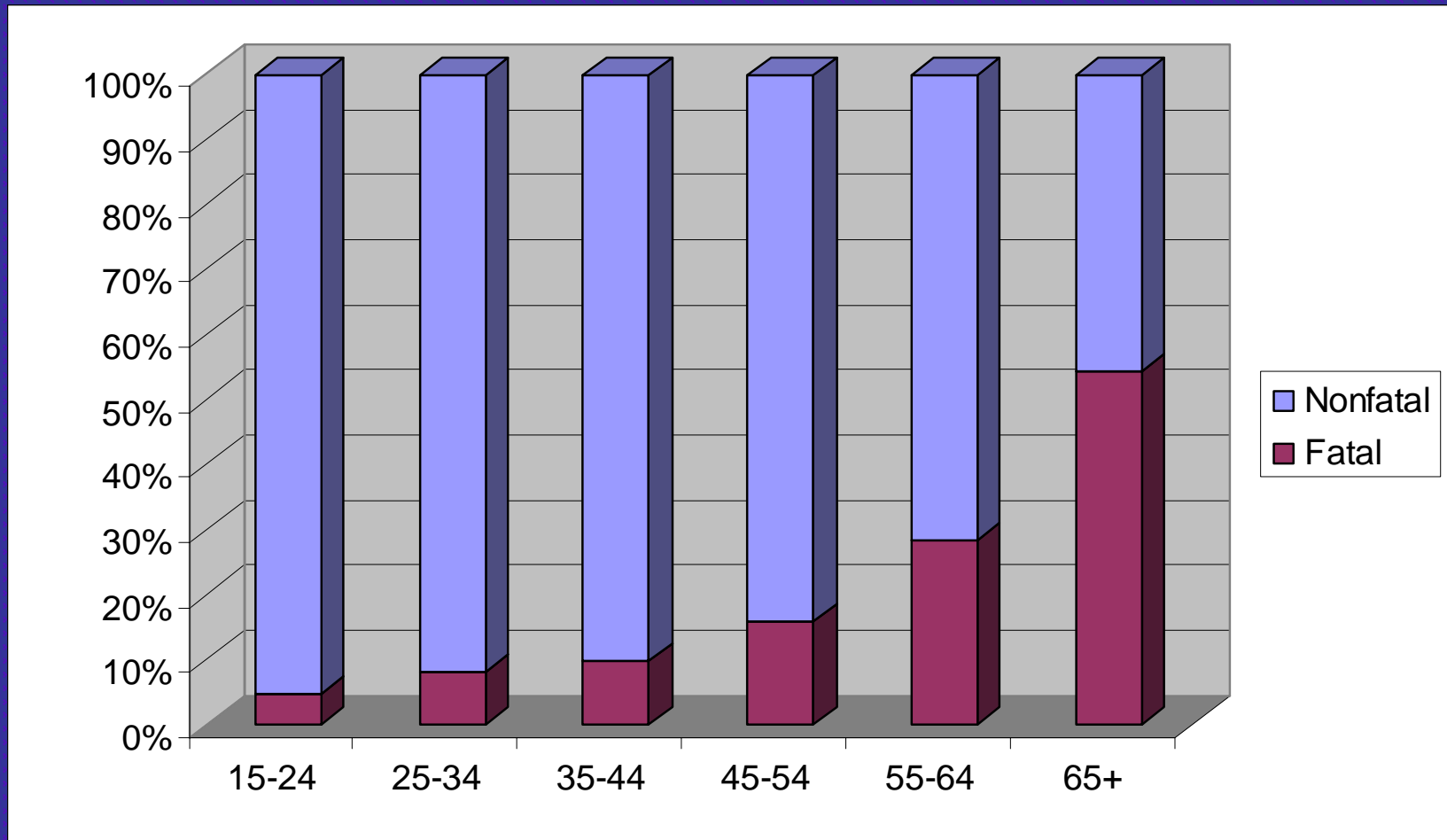
2004 suicide rates (selected states)

1. Alaska = 23.6
2. Montana = 18.9
2. Nevada = 18.9
4. New Mexico = 18.7
5. Wyoming = 17.4
6. Colorado = 17.3
7. Idaho = 16.9
8. **West Virginia = 15.7**
16. Kentucky = 13.5
17. Tennessee = 13.4
29. Ohio = 11.5
35. Virginia = 11.1
- United States = 11.1**
42. California = 9.4
50. New York = 6.2

Source: www.suicidology.org; rates per 100,000 population.

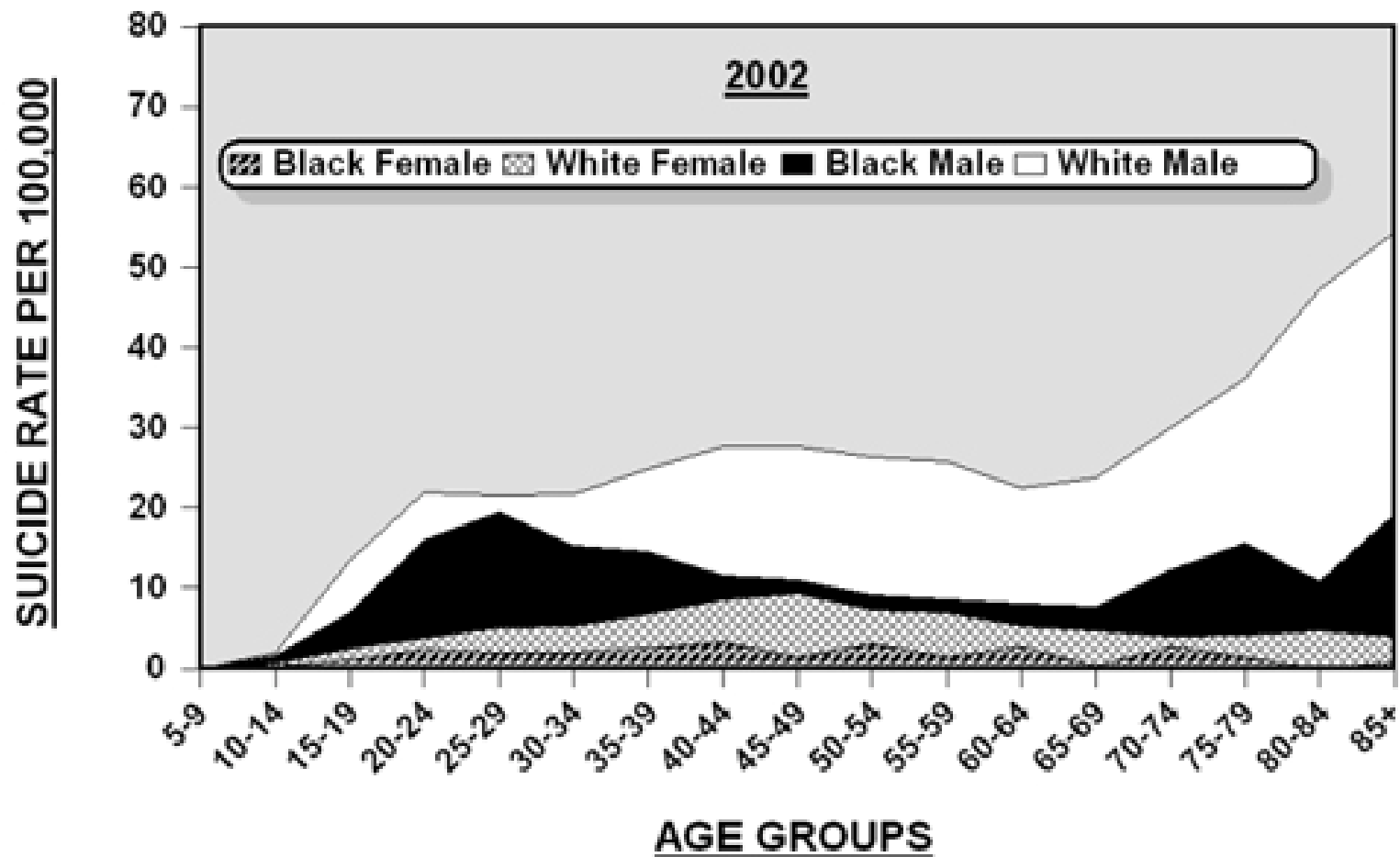
How common is suicide in
late life?

Proportion of Suicidal Behavior with Fatal Outcome - by Age Group



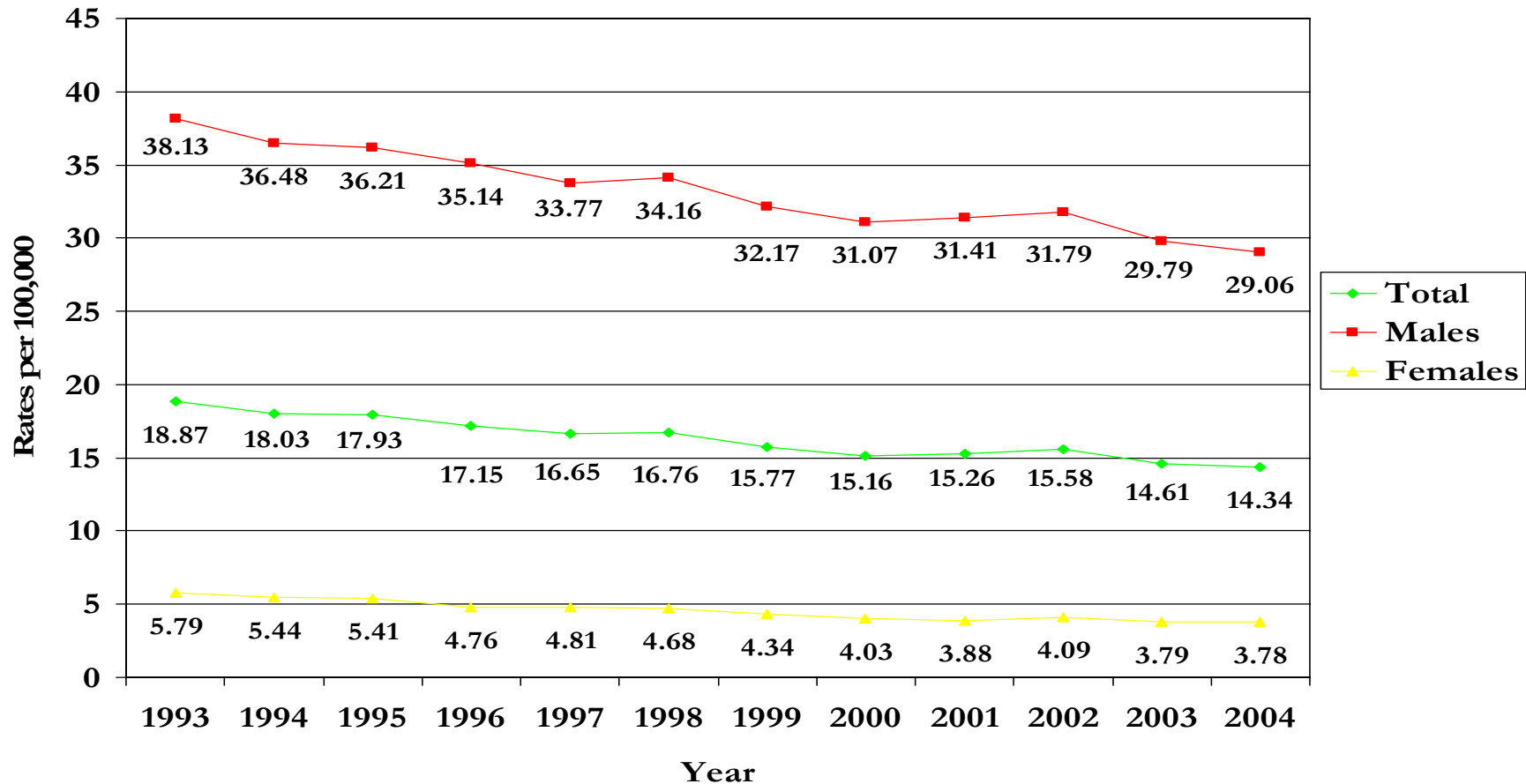
Source: data from CDC/WISQARS; 2004

U.S. SUICIDE RATES BY AGE, GENDER, AND RACIAL GROUP



Source: National Institute of Mental Health
Data: Centers for Disease Control And Prevention, National Center For Health Statistics

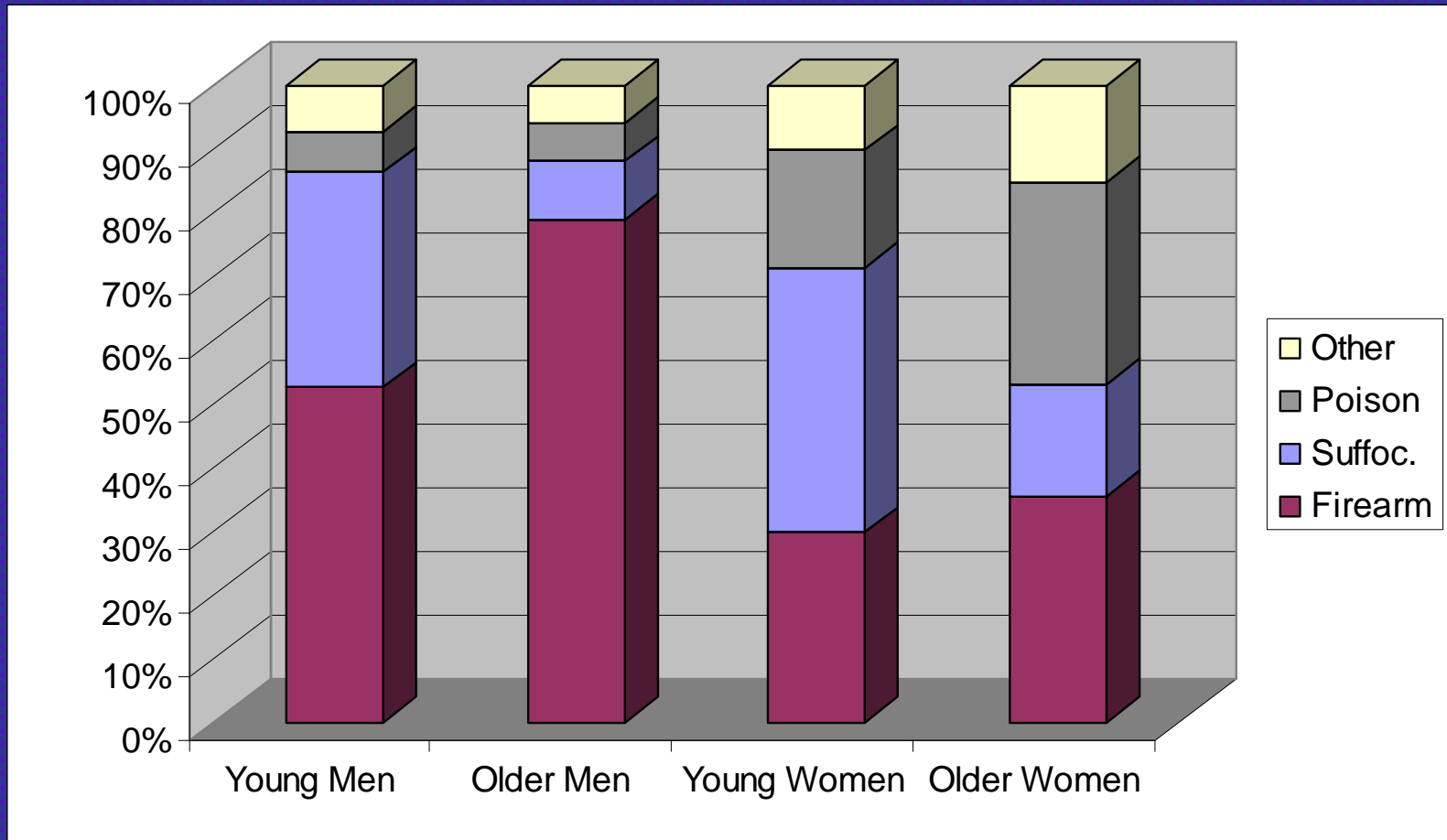
Positive Trend for Older Men?



Source: AFSP, Paula Clayton, MD, Medical Director. Source of data: Centers for Disease Control, WISQARS. <http://www.cdc.gov/ncipc/wisqars/>. US suicide rates for age 65+.

What are the characteristics
of late life suicide?

Means of Suicide: Ages 15-24 vs. 65+



Source: data from CDC/WISQARS; 2004; Young = 15-24, Older = 65+.

Suicidal Behavior in Older Adults is...

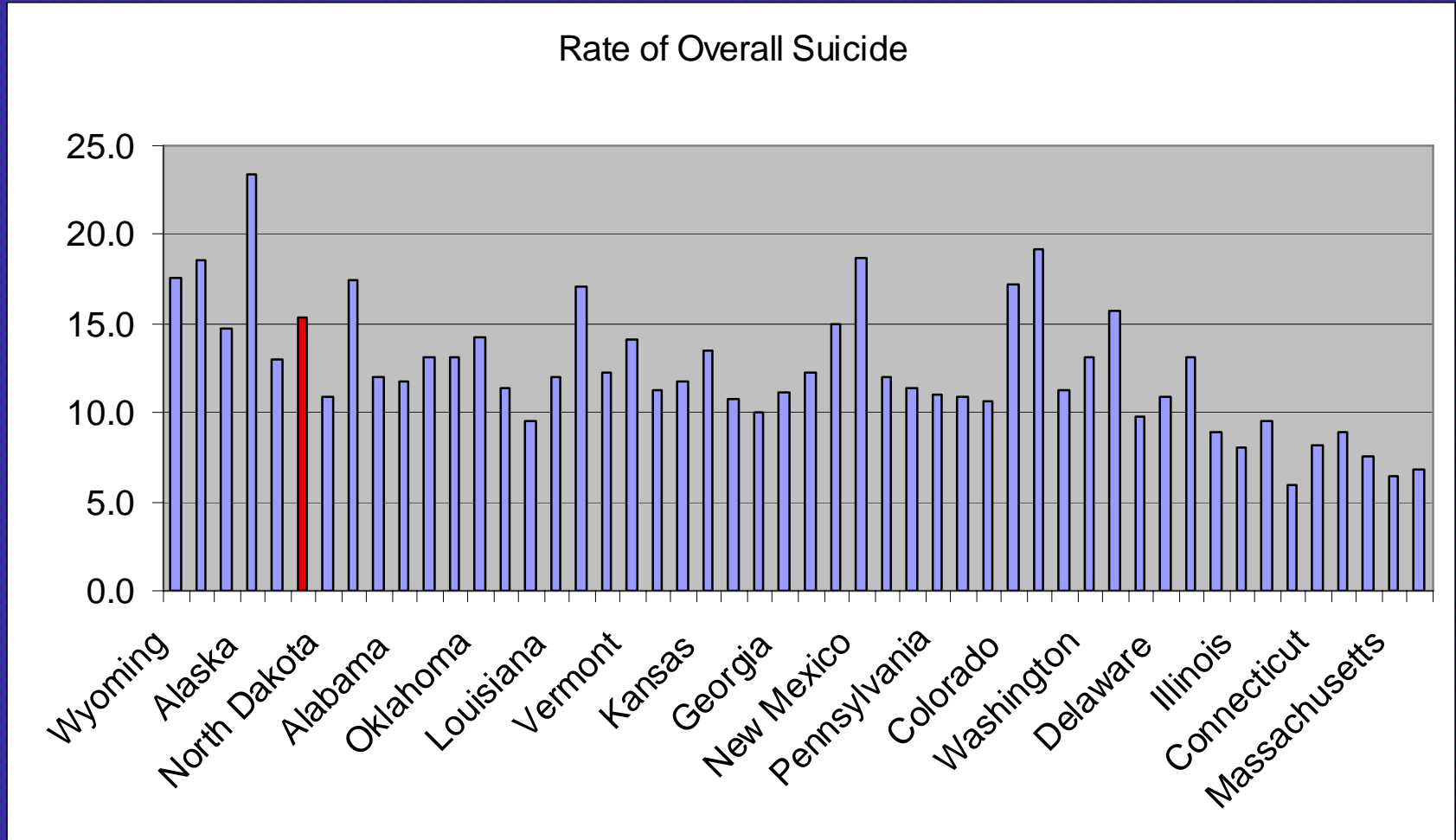
- More often fatal.
- Accompanied by higher levels of intent and more extensive planning.
- Less often associated with visits to mental health professionals.
- More often associated with visits to primary care.
 - 58% of individuals 55+ visited PCP in month before suicide

What are the risk factors?

Risk factors for late life suicide

- Prior suicide attempt
- Depression (more than other age groups)
- Substance abuse
- Psychosis
- Physical illness, severe pain, neurological disorder, malignancy, vision loss
 - BUT may be mediated by depression
- Interpersonal loss
- Access to firearms

Ranked by % Households Owning Gun



Source of data: Miller et al., 2007; based on 2000-2002 suicides.

Risk factors (cont'd)

- **Personality traits** (Duberstein et al., 1994)
 - Neuroticism
 - Low levels of openness to experience
- **Hopelessness** (Meeks & Tennyson, 2003)
- **Nursing home placement:**
 - Prospect of nursing home placement was factor in 44% of older adult suicides in one study (Loebel et al., 1991)
 - Suicidal ideation at highest level among NH residents in their first 7 months (Pnina, 2002)

Risk Factors in Swedish Twins

- Depression increased risk 8x.
 - Independent of other risk factors.
 - Partly but not fully explained by genetics.
- Alcohol abuse increased risk.
 - Fully explained by depression.
- Cancer increased risk.
 - Fully explained by depression.

Special Issues in Late Life Suicide

- Widening gap between male & female rates
- Often late-onset mental disorder
- Older adults may provide less warning (fewer prior attempts, higher level of intent, atypical presentation of depression, more isolated)
- Use of medical vs. mental health services
- Attitudes toward suicidal older adults

How can suicide risk be
assessed in older adults?

Assessing risk - ask about it!

- Ask directly.
 - "Have you been thinking about suicide."
- Ask about plan (means, access to means).
 - "Have you planned a way you would do it?"
 - "Have you been scanning the facility for ways to kill yourself?"
- Ask about intent.
 - "Do you plan to take your own life? When?"
- Take the answers seriously.

Further assessment

- Assess risk factors.
 - Any past attempts? Family history of suicide?
 - Depression? Alcohol abuse? Psychosis?
 - Recent losses or stressors?
- Assess for recent changes.
- Compare notes with others re behavioral observations (especially recent changes).
- Ask about reasons for living.

What interventions are recommended?

What to do next?

- Offer hope.
- Do not leave the person alone until safe.
 - Remove access to means (stockpiled pills, scissors, etc.).
- Refer for evaluation and treatment.
 - Monitor and ensure safety until appointment.
- Engage others in network of support (family, other staff).

Evidence-based interventions

- Most recommended interventions involve treatment for depression or other disorder.
 - Lithium treatment for bipolar disorder
 - Cognitive therapy (Brown et al., 2005)
- Systematic screening for depression and suicidal ideation; depression care specialists embedded in primary care (Bruce et al., 2004)
- Tele-check/Tele-help - regular contact, reassurance (DeLeo et al., 2002)

Conclusions

- Older adults (men) are at highest risk of suicide.
- Assessment requires extra care in older adults:
 - May not express suicidal thinking. (Ask directly.)
 - More likely to use guns. (Assess for presence of firearms.)
 - Different presentation of depression.
- It's all about depression:
 - Most older adults who die by suicide were depressed.
 - Depression explains effects of alcohol and even cancer.
- There is hope:
 - Even small actions, if prompt and sustained, can help.

Questions?

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