

# *Suicide in the Elderly*

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# *World Health Organization*

- *Elderly suicide is a very serious problem.*
- *the elderly (age 65 and older) they account for over 12.3- 18% of all suicides.*
- *The most common cause for elderly suicide, as for all suicides, is untreated depression.*  
*Thus, elderly depression needs to be recognized and treated.*

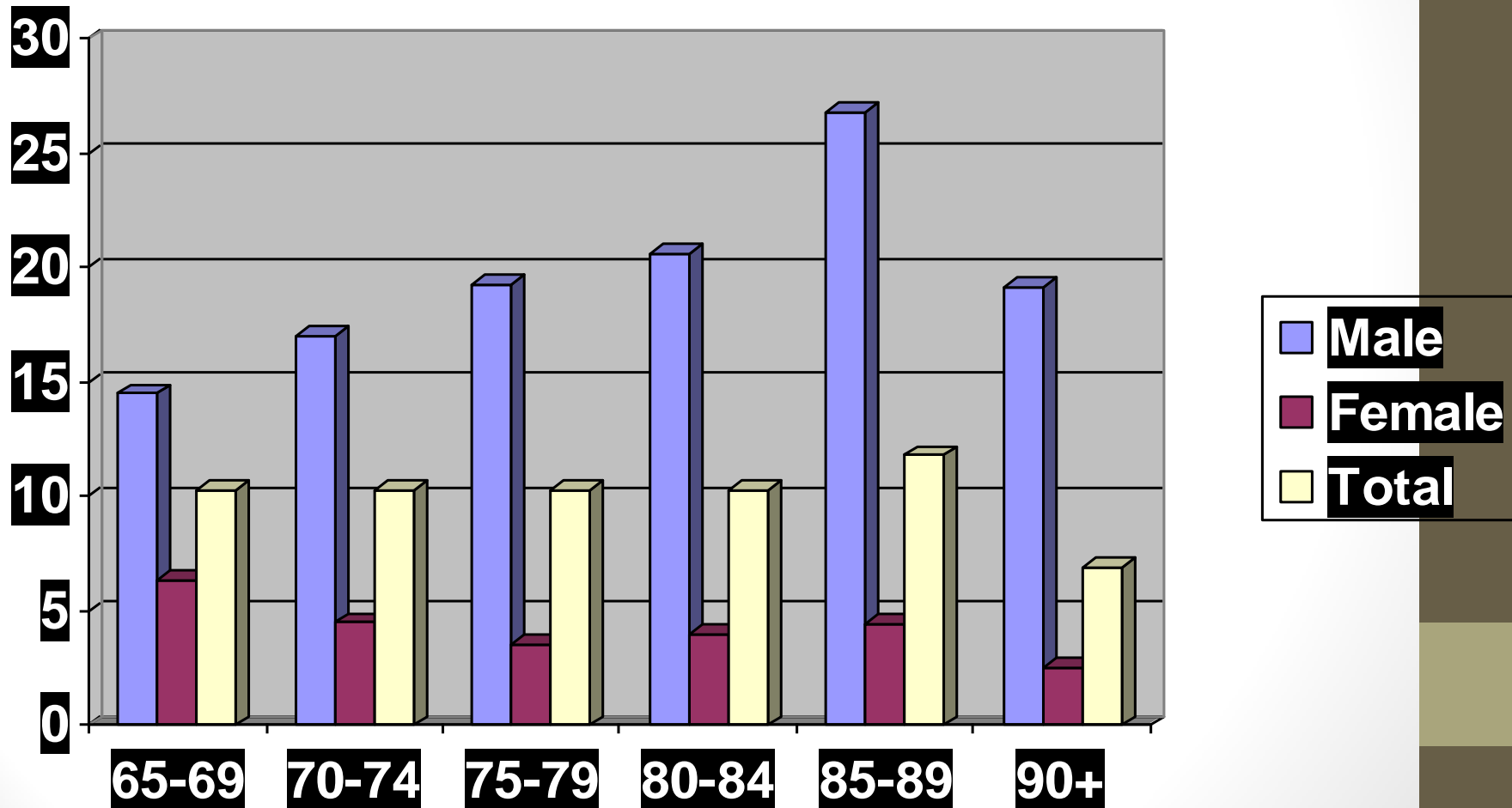
# *Demographic risk factors*

- *sex (Male)*
- *age (Older)*

*Men between 85 and 89 years of age had a suicide rate (26.8/100,000) that more than doubled the national average of approximately 13/100,00*

- *ethnicity (Caucasian/White)*

# *Suicide in the Elderly*



# *Suicide in the Elderly*

- *The ratio of suicidal behavior to deaths for older adults is between 1-4:1*
- *for adolescents is as high as 200-300:1*

# *Suicide is a real risk*

- *25% of all completed suicides are > 65*
- *Suicide rate for depressed men over 65 is 5 times higher than for younger men*
- *20% of older people who committed suicide saw a physician that day*
  
- *Increased risk: financial problems, physical illness, recent loss, abuse, isolation*

# *Suicide Assessment & Prevention for Older Adults: Risk Factors*

## *The most important risk factors*

- *Severity depression*
- *Recent loss or bereavement*
- *Recent development disability*
- *Cognition impairment*

# *Suicide Assessment & Prevention for Older Adults: Risk Factors*

## *Mental Illness*

### ○ *Mood disorder*

*Major depressive disorder (63%) of those  
were depressed)*

### ○ *Psychotic disorder*

### ○ *Substance misuse disorder/addictions (Alcoholism)*



# *Suicide Assessment & Prevention for Older Adults: Risk Factors*

## *Personality Factors*

- *Personality disorders*
- *Poor coping skills, introversion ,neuroticism*

## *Family History*

- *Family history of suicide attempt and mood disorder*

## *Drug history*

- *Antihypertensive, Arthritis Medication, Hormones, Steroids.....*

# *Agents Implicated in Drug-Induced Depression*

## ○ *CARDIOVASCULAR AGENTS*

## ○ *SYMPATOMIMETICS*

*(Methyldopa L-DOPA )*

## ○ *ANTICONVULSANT*

*(Levetiracetam /Phenobarbital /Phenytoin /Tiagabine  
Topiramate /Vigabatrin)*

## ○ *HORMONAL AGENTS*

*Corticosteroids / MTX /GnRH /Tamoxifen*

## ○ *SMOKING CESSATION AGENTS*

*Varenicline*

## ○ *IMMUNOLOGIC AGENTS*

*Interferon- $\alpha$  / Interferon- $\beta$*

# *Suicide Assessment & Prevention for Older Adults: Risk Factors*

## *Medical Illness*

- *undertreated pain*
- *Recent development disability:*
  - 1-Anticipatory anxiety regarding the progression of medical illness*
  - 2- Fear of dependence and burdening the family*
- *Recent surgery*

# *Suicide Assessment & Prevention for Older Adults: Risk Factors*

## *Medical Illness*

- *Pain, chronic illness (SLE.MS )*
- *Heart failure*
- *Chronic lung disease (COPD )*
- *Diabetes*
- *Cancer (breast, prostate ,GI cancer )  
and Metastasis*
- *Sensory impairment*
- *Neurologic and cognition disorder*

# *Suicide Assessment & Prevention for Older Adults: Risk Factors*

## *Neurologic and cognition disorder*

- *Early Alzheimer's Disease (AD )*
- *Parkinson's Disease (PA )*
- *Cerebral Vascular Ischemia (CVA )*
- *Minimal cognition impairment (MCI )*
- *Pseudo dementia*
- *Vascular Depression (“silent strokes”)*

# *Vascular Depression*

*Caused by ischemia (“silent strokes”) in prefrontal cortex and basal ganglia*

- *Apathy*
- *Anhedonia*
- *psychomotor retardation*
- *cognitive decline*

# *Suicide Assessment & Prevention for Older Adults: Risk Factors*

## *Negative Life Events and Transitions*

- *Social isolation and decreased social support*
- *Family discord, separation, death or other losses*
- *Financial or legal difficulties*
- *Employment/retirement difficulties*

# *Suicide Assessment & Prevention for Older Adults: Risk Factors*

*spousal loss on suicidality is most pronounced in elderly men. Oldest old men (age 80+) experience highest increase in suicide risk immediately after the loss*



# *Suicide Assessment & Prevention for Older Adults: Risk Factors*

## *Functional Impairment*

- *Loss of independence*
- *Problems with activities of daily living*

*A patient with three or more illnesses  
had a three-fold increase in risk for  
suicide*

*Suicidal ideation is less without  
depression in the terminally ill.*

# *Depression in elderly*

- *Less verbalization of emotions or guilt*
- *Minimize or deny depressed mood (“masked depression”)*
- *Preoccupied with somatic symptoms*
  - **65%** *have hypochondriacal symptoms*
- *Cognitive impairment can be marked*
- *Hopelessness appears to be persistent*

# *How can you tell if someone is depressed?*

*Elderly may not want to talk about it.*

*But if they are depressed, there are **signs** you should know:*

- **emotional**
- **physical**
- **thinking problems**

*If **5** of the signs last for at least **two weeks**, this may mean depression.*

# *Signs of Depression*

## *Emotional:* •

- Feeling sad* •
- Feeling stressed* •
- Not wanting to do what they usually like* •
- Crying* •
- Feeling guilty* •
- Wanting to be alone* •
- Thinking about suicide* •

# *Signs of Depression*

## *Physical:* ○

*Eating too much or* ●  
*too little*

*Gaining or losing* ●  
*weight*

*Sleeping too much* ●  
*or too little*

*Constipation* ●

*Feeling tired* ●

*Not wanting sex* ●

# *Signs of Depression*

## ○ *Thinking problems:*

- *Hard to focus and make decisions*
- *Hard to remember things*

# *Signs of Depression*

*prominent symptoms prior to elderly suicide with depression*

- *Insomnia [90%]*
- *Weight loss [75%]*
- *Guilt feeling [50%]*
- *Hypochondriasis [50%]*

# *Depression and suicide Assessment*

*The most widely used inventories  
include*

*Geriatric Depression Scale (GDS)*

*It has 15 questions, all answered with “yes” or  
“no”.*

*(GDS-SI) designed to screen for suicide ideation*



*(GDS-SI) designed to screen for  
suicide ideation*

- *Do you feel that your life is empty?*
- *Do you feel happy most of the time?*
- *Do you think it is wonderful to be alive?*
- *Do you feel pretty worthless the way you are now?*
- *Do you feel that your situation is hopeless?*

# Conscious or unconscious intent to die

*Indirect self-destructive behavior*

- ***Noncompliance with treatment***
- *Extreme self-neglect*
- *Refusal to eat or drink or drug*

*Rate of completed suicide is 15.8*

*Rate of indirect self-destructive behavior is  
69.9*

- *common in nursing homes (where the availability of suicidal methods is limited)*
  - *religion forbids suicide.*

# *Treatment Depression*

# *Treatment depression*

- *C*      *Caution, Compliance*
- *A*      *Adjust dose for Age*
- *R*      *Review, Remove, Reduce*
- *E*      *Educate*

*START LOW & GO SLOW*

# *Geriatric prescribing principles*

*Antidepressants* ○

*SSRI & SNRI & TCA*

*Mood stabilizer* ○

*lithium*

*Anti psychotics* ○

*(SGA )*

*ECT* ○

*melatonin*  
*trazodone*

# *MEDICAL THERAPY IN GERIATRIC DEPRESSION*

- *Select based on symptoms, prior response, concurrent illness, side effect profile*
- *Reassess after 4-6 weeks:*
  - *Increase dose, augment with second agent, add psychotherapy*
  - *Consider psychiatric consult/referral*

# Elderly suicides during COVID-19 pandemic

- adverse effect of COVID-19 on mental health
- depressive and anxious symptomatology
- moderate to severe general public
- mandatory self-isolation

# society Social isolation

- neurocognitive
- autoimmune
- Cardiovascular
- mental health
- “serious public health concern”
- social disconnectedness :  
depression and anxiety in older adults



# Elderly suicides during COVID-19 pandemic

- 80 people
- fear of being infected
- Loneliness
- This emerging situation
- susceptible to melancholy and disquietude
- lack of social support
- Poverty
- Nonavailability of essential groceries
- lack of socialization resources
- Relapse of depressive disorder

# How COVID-19 may increase suicide in older adults

- isolation
- preexisting mental illness
- Living alone
- loneliness
- social isolation are well-recognised risk factors for suicide in late life
- According to the interpersonal theory of suicide, suicide may be the result of thwarted belongingness and perceived burdensomeness, combined with an acquired capability for suicide
- A key risk factor for suicide in older people is psychiatric illness, especially affective disorders

# *Prevention suicide*

# *World Health Organization*

*Increase community awareness*

*Increase awareness that depression is the primary cause of suicide*

*Change public perception about the stigma of mental illness*

*Increase the ability of the public to recognize and intervene when someone they know is suicidal*

# *The International Association for Suicide Prevention (IASP)*

*IASP*

*academics*

*mental health professionals*

*crisis workers*

*volunteers and suicide survivors. (in 1960)*

*IASP now includes professionals and volunteers from  
more than fifty different countries. IASP is a Non-  
Governmental Organization concerned with suicide  
prevention*

## Suicides are preventable



Key is a comprehensive multisectoral approach

Most countries currently do not have a **national suicide prevention strategy**



10% reduction of suicide rates is the target in the Mental Health Action Plan 2013-2020



World Health Organization

# *Verbal warning signs*

*I can't go on anymore"*

*I wish I was never born"*

*I wish I were dead"*

*I won't need this anymore"*

*Enquiries about suicidal ideation and hopelessness do not precipitate suicidal acts and should be assessed in detail.*

# *Prevention*

## *General principles* ○

*Population strategies* ➤

*High-risk strategies* ➤

*Integration of mental health and general health in suicide prevention approaches*



# *Population strategies*

## *Intervention at community level:*

- *Increasing public awareness*
- *Campaign to reduce stigma*
- *Guidelines for the mass media*
- *Regulating formulations, packaging and sale of pesticides*
- *Regulation of over-the-counter medication*
- *Gender-related legislation and action*
- *Introducing alcohol policies*

# *Population strategies*

## *Interventions at institutional and organizational levels*

- *Information system*
- *Redesigning the curriculum for medical and nursing personnel (primary care )*
- *Training of personnel working in high risk settings*
- *Establishing crisis intervention ( counseling centers and telephone hotlines)*
- ***Intervention programs for nursing home***

# *High-risk strategies*

- 1. Patients with psychiatric disorder*
- 2. Elderly people- care and support*
- 3. Suicide attempters*
- 4. High-risk occupational groups*

*“We need to work together to extend a helping hand, so that valuable lives can be saved”*

*Thank you for attention*