

Risk Factors for Suicide in Late Life

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Statistics

- ▶ The Centers for Disease Control and Prevention (CDC) estimate that in 2011, more than 9,000 older adults died by suicide.
- ▶ Suicide attempts often are more lethal in older adults (Greenlee; Hyde, 2014).
- ▶ The Administration on Aging and the Substance abuse and Mental Health Services Administration (2012) provided reasons for why suicides are more lethal in older adults.

Categories of risk factors

Physical

- Illness
- Pain

Psychological

- Mental Illness
- Loss of a loved one

Social

- Isolation
- Perceived burdensomeness
- Economic factors

Physical: Illness

- ▶ Physical illness is associated with increased risk for suicide in older adults, but risk varies by disease (Fiske; O'Riley; Widoe, 2008).
- ▶ Illnesses that increase risk of late life suicide are cancer, neurological disorders, pulmonary disorders, genitourinary conditions, sensory impairment, and insomnia (Fiske; O'Riley; Widoe, 2008).

Connecting Factor:

- ▶ Physical Illness has been established as a risk factor for depression in late life (Blazer, 2003).

Physical: Pain

- ▶ A study of adults aged 65 years and older found arthritis to be associated with attempted suicide but not with death by suicide. Tsoh and colleagues (2005) examined attempted suicide, death by suicide, and community-comparison subjects; both arthritis and functional impairment independently predicted attempted suicide (Tsoh et al, 2005).
- ▶ The desire to escape from pain was noted as a more frequent motive among older (rather than younger) adults in a descriptive study of 266 suicide notes in Australia (Lester et al., 2004).

Connecting Factor:

- ▶ Pain has been linked to depression in mixed age samples (e.g., Karp et al., 2005).

Psychological: Mental Illness

- ▶ Depression is a well established risk factor for suicide among older adults and is, in fact, even more strongly associated with suicide in this age group than among younger or middle-aged adults (Conwell, Duberstein, & Caine, 2002).
- ▶ Some DSM-IV depressive symptoms are associated with an immediate risk for suicide more than others (McGirr; et al, 2007).
- ▶ In a study of repeated suicide attempts in Taiwan: Of the 1,004 patients hospitalized for repeated suicide attempts, 67% had been diagnosed with one or more mental illnesses (Chein; et al, 2013).

Psychological: Loss

- ▶ Research from the University of Ibadan in Nigeria found that those who had lost a spouse through death, separation or divorce were five times as likely as those who were still married to have made suicidal plans (De la Hey, 2013).

Connecting Factor:

- ▶ The loss of a spouse results in a loss of social support (De la Hey, 2013).

Social: Economic

- ▶ Recent research also indicates that economic insecurity plays a role in suicide among older adults, particularly men (U.S. Preventive Services Task Force, 2014). As people age, many of them have fewer financial resources and more uncertainty about their future.
- ▶ Economic factors, coupled with other risk factors (depression, social isolation from family, friends, and the community, along with functional impairment, physical illness, and pain) can lead to despair in many older adults.

Social: Isolation

- ▶ The loss of a spouse results in a loss of social support that can lead to social isolation (De la Hey, 2013).

Connecting Factor:

- ▶ Loneliness and social isolation can become risk factors for poor health outcomes in late life (Shankar; et al, 2017).

Social: Perceived burdensomeness

- ▶ Burdensomeness may contribute to suicide late-life by eroding meaning in life (Van Orden; et al, 2011).
- ▶ In a study of 42 suicide notes in Northern Ireland, notes of elderly suicides were more likely than non-elderly notes to contain the theme 'burden to others' (Foster, 2003).

Connecting Factor:

- ▶ Meaning in life is a key construct in health promotion efforts for older adults, as it is associated with better physical and mental health, as well as greater well-being in later life. Therefore, perceived burdensomeness places these individuals at higher risk for negative health outcomes such as depression and premature mortality (Van Orden; et al, 2011).

Implications for Professionals

- ▶ Because depression is by far the predominant risk factor for suicide late in life, depressive symptoms should be assessed routinely in physically ill older adults, and positive findings should trigger a suicide risk assessment (Fiske, 2008).
- ▶ Efforts to prevent suicide among the elderly should seek to enhance their participation in community social and recreational activities (De la Hey, 2013).
- ▶ Clinicians seeing older adults should assess for depression and perceived burdensomeness when determining suicide risk (Jahn; et al, 2011).
- ▶ Strategies for suicide prevention need to be 'whole of life' and, as no single prevention strategy is likely to be successful alone, a multi-faceted, multi-layered approach is required (Draper, 2014).

My Perspective

- ▶ The risk factors of elder suicide include a wide variety of facets that make up life. These facets are closely related and cannot be easily separated.
- ▶ This creates a need for a more comprehensive screening process among healthcare and social welfare professionals.
- ▶ The older adult population in the U.S. should be given the concern that it deserves. The rates of depression, perceived burdensomeness, and isolation among this age group is unprecedented. They helped bring us to where we are as a society today. Therefore, it is our turn to help them.

Gaps in Literature

- ▶ There is an urgent need for further study of gender effects.
- ▶ Furthermore, little is known about the effects of illness in different racial or ethnic groups.
- ▶ Many studies have been conducted in countries with little racial diversity and other investigations have failed to address the issue.
- ▶ Current research (within the last ten years) is lacking in this area.
- ▶ Future research directions include treatment studies for perceived burdensomeness as a way to reduce suicide ideation (Jahn; et al, 2011).

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