

# Il Suicidio negli Anziani

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Prof. Diego De Leo AO, DSc



Slovenski  
center za  
raziskovanje  
samomora

Department of Psychiatry, University of Queensland  
Department of Community Medicine, West Virginia University



# Some epidemiological considerations

# Suicide in old age

## *Death attributed to selected causes in 32 countries, 2000*

Cause	Males					Females				
	15-24	25-44	45-64	65+	All	15-24	25-44	45-64	65+	All
Motor Vehicle Accidents	28.4	10.2	1.8	0.4	1.8	24.7	6.2	1.3	0.2	0.7
<u>Suicide</u>	<u>14.9</u>	<u>12.5</u>	<u>3.7</u>	<u>0.6</u>	<u>2.2</u>	<u>10.2</u>	<u>7.2</u>	<u>2.3</u>	<u>0.3</u>	<u>0.7</u>
Homicide	10.7	4.9	0.6	0.1	0.7	5.7	2.5	0.3	0.0	0.2
Cerebrovascular Disease	0.8	2.6	5.4	9.6	8.0	1.8	4.1	6.8	12.7	11.4
Ischaemic Heart Disease	0.5	6.7	17.3	18.9	17.1	0.6	3.8	9.8	17.8	16.0
Influenza and Pneumonia	0.8	1.2	1.5	5.0	3.9	1.5	1.5	1.6	5.3	4.7
Diabetes Mellitus	0.2	1.3	2.8	2.3	2.2	0.6	1.9	4.1	2.8	2.9
Bronchus and Lung Cancer	0.1	2.0	10.2	7.4	7.3	0.2	2.9	8.4	3.0	3.5

*De Leo & Evans, 2004*

# The new Burden of Disease Study

**1990,**

World population: 5,263,593

suicide cases: 670,000

road injuries: 905,000

**2010,**

World population: 6,891,008

suicide cases: 880,000

road injuries: 1,313,000

*(Murray et al, 2012)*

# Suicide mortality rates, selected countries

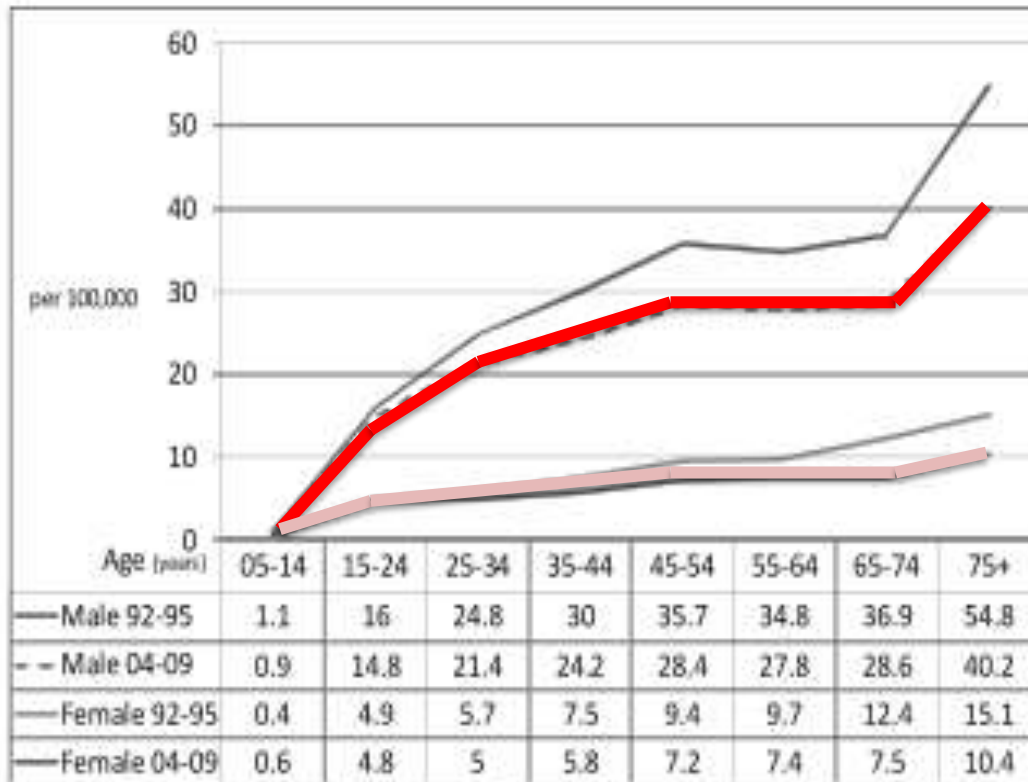


Figure 2. Suicide mortality rates (per 100,000) by age and sex, 1992–1995/2004–2009; 62 selected countries. Source: WHO Mortality Data Bank.

(Bertolote & De Leo, 2012)

# Changes in suicide rates, selected countries

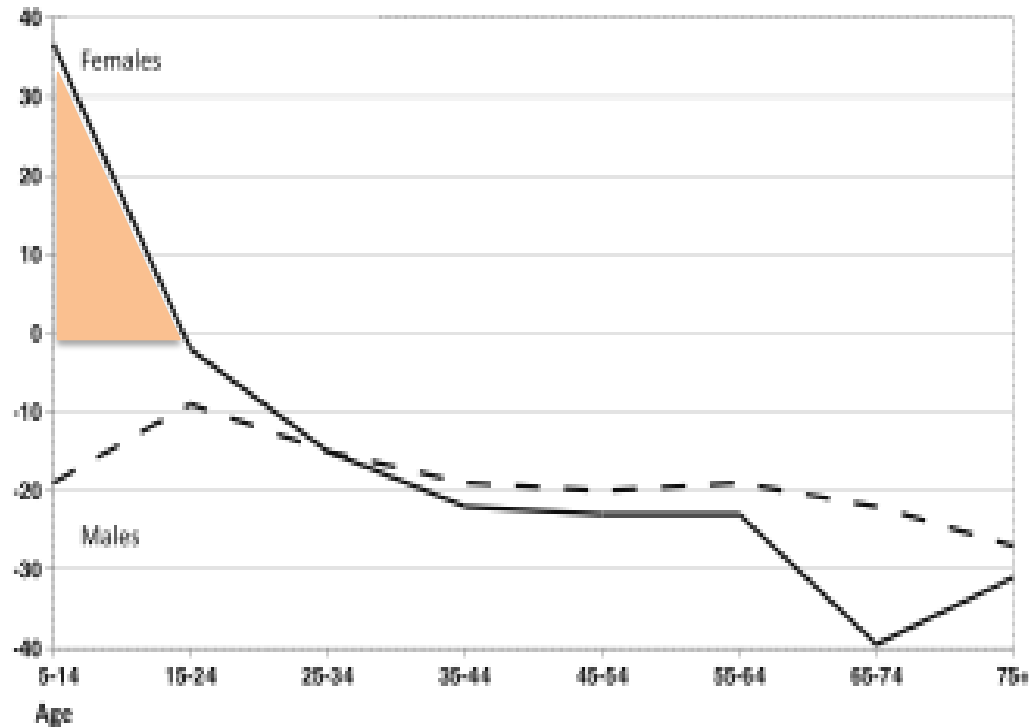
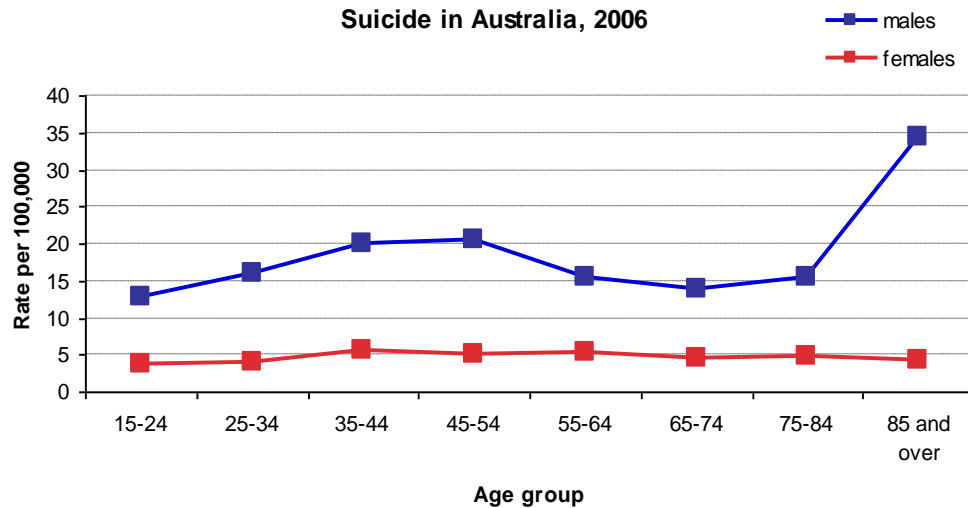


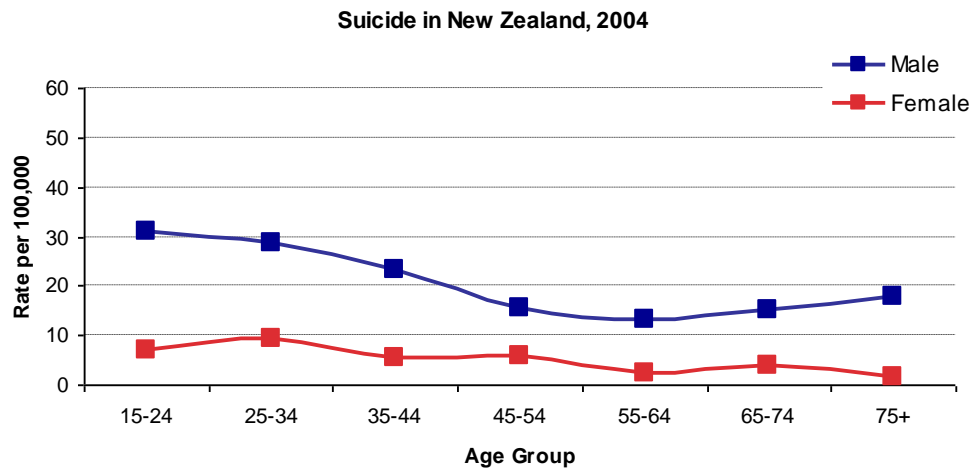
Figure 3. Suicide mortality rates (per 100,000), variation by age and sex, 1992–2009; 62 selected countries. Source: WHO Mortality Data Bank.

(Bertolote & De Leo, 2012)

# Profile of suicide rates in selected countries



Source: the Australian Bureau of Statistics

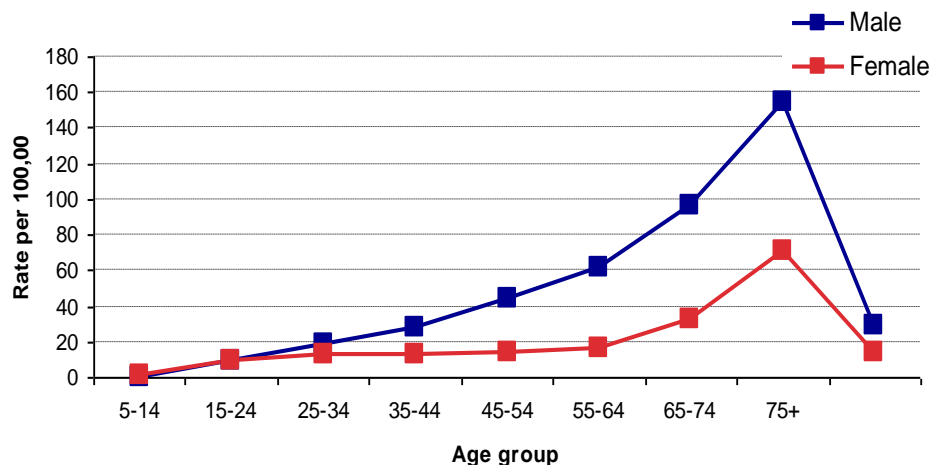


Source: the New Zealand Ministry of Health

- **High rate of youth suicide**
- **Common suicide methods are hanging, carbon monoxide poisoning and firearms** (Australian Bureau of Statistics, 2007; Ministry of Health, 2006)
- **Gender ratio of 3.5-4 males to 1 female**
- **Rural suicide rates are higher than urban suicide rates** (Judd et al, 2006)

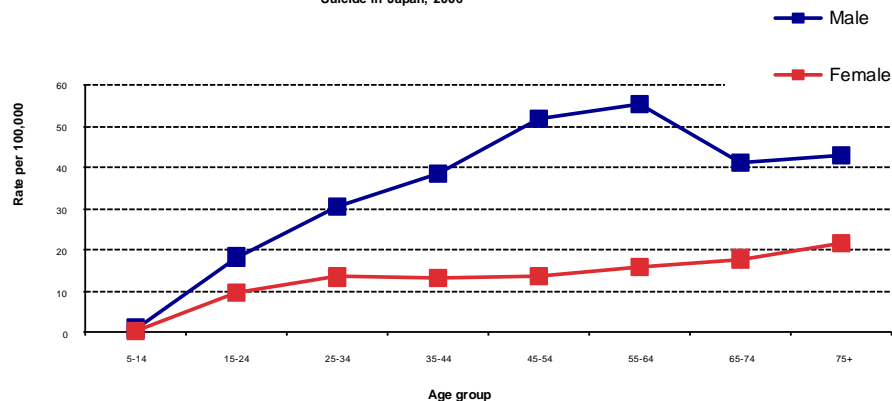
# Profile of suicide rates in selected countries

Suicide in the Republic of Korea, 2006



- High rate of elderly suicide
- Common methods are hanging, agricultural poisoning and jumping from a height (Ministry of Health, 2005)
- Gender ratio of 2.2 males to 1 female

Suicide in Japan, 2006

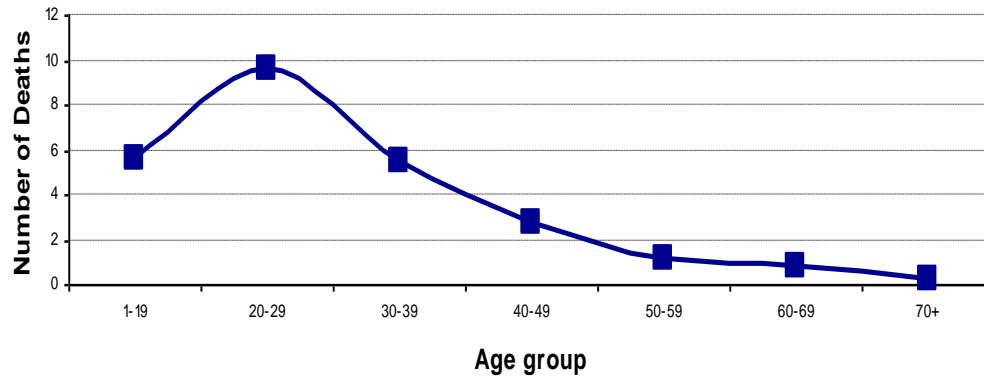


- Increasing rate of suicide in middle-aged groups (Ito, 2005)
- Common methods are hanging and poisoning by gases (Ito, 2005)
- Gender ratio of 2.8 males to 1 female



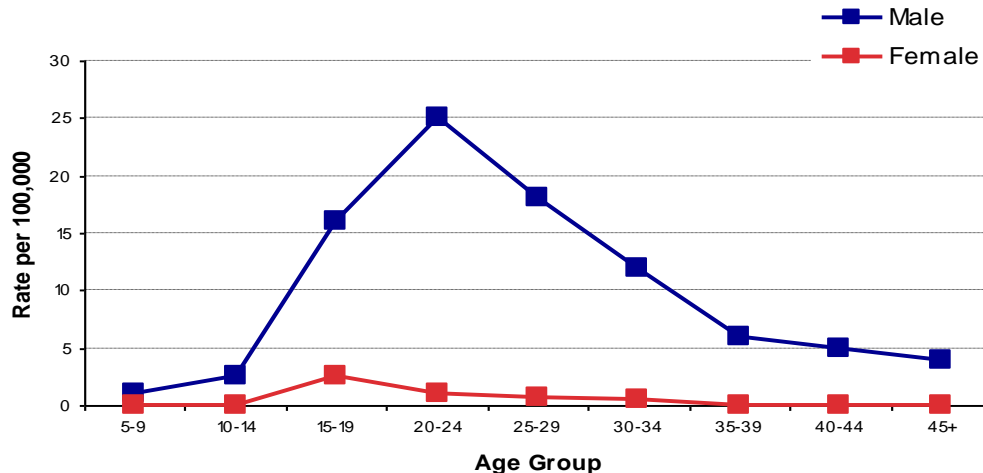
# Profile of suicide rates in selected countries

Average number of suicide deaths in Guam, 1996-2005



- **Suicide higher in younger age groups** (Office of Vital Statistics, Department of Public Health, 2005)
- **Gender ratio of 6 males to 1 female** (Booth, 1999)

Suicide rates in Micronesia, by age, 1960-1987



- **Suicide higher in younger age groups** (Rubenstein, 1992; 2002)
- **Common method is hanging** (Hezel, 1897; 1989)
- **Gender ratio of 12 males to 1 female** (Booth, 1999; Rubenstein, 1992; 2002)

# Suicide in old age

Although in the last three decades suicide rates among the elderly have been declining in many countries, they are still globally the highest; death by suicide in old age is on average three times more common than in youth under 25 years of age (De Leo *et al.*, 2009).

As the number of elderly people continues to increase, the absolute number of elderly suicide is predicted to rise even more.

# Data quality: Suicide in old age is frequently under-reported

## *Ubiquitous causes of under-reporting*

- Chronic Illness (Elderly)
- Missing persons (Elderly)
- Euthanasia/Assisted Suicide (Elderly)
- Particular Suicide Methods (e.g. Accidents)
- Dubious Circumstances of the Act (Elderly)
- Social Conditions (Insurance Policy)
- Social Position of Deceased
- Political Pressures
- Lack of Standardised Certification Procedures
- Remoteness of Reportable Deaths

# Suicide in old age

The available literature is not reflective of contributions equally representative of the different nations, but derives mostly from western scholars (in the majority of cases of English mother-tongue). This can constitute a serious bias, which not only concerns the East and West of the world, but also countries of established economies.

For example, there are important differences between the elderly people of Italy or Spain and their peers from the UK or the USA. These differences have a certain impact on type and role of local risk factors for suicide; however, their extent has yet to be satisfactorily understood.

MALES	15-24		25-34		35-44		45-54		55-64		65-74		75+
Lithuan.	46.3	Lithuan.	80.8	Lithuan.	101.9	Lithuan.	154.4	Lithuan.	123.7	Lithuan.	84.8	Hungary	124.7
Estonia	30.3	Latvia	45.5	Hungary	64.7	Hungary	77.3	Latvia	69.7	Slovenia	78.0	Slovenia	113.8
Finland	27.8	Estonia	45.2	Latvia	60.6	Latvia	76.6	Estonia	69.6	Hungary	69.4	Lithuan.	89.4
N Zeal.	27.1	Finland	37.1	Estonia	57.6	Estonia	71.5	Slovenia	68.1	Latvia	64.5	Austria	88.6
Ireland	25.3	Slovenia	35.1	Slovenia	47.6	Slovenia	65.7	Hungary	62.9	Austria	52.4	Switzerl.	79.4
Latvia	25.2	N Zeal.	32.8	Finland	43.5	Poland	47.3	Poland	40.8	Estonia	50.7	Latvia	77.0
Slovenia	21.7	Hungary	30.2	Poland	37.6	Finland	46.3	Finland	39.0	Switzerl.	39.4	France	76.4
Norway	21.3	Scotland	28.6	France	37.5	France	38.1	Austria	34.2	France	38.3	Estonia	69.2
Poland	19.7	Austral.	28.1	Scotland	31.7	Austria	34.4	Switzerl.	33.8	Finland	37.9	Portugal	64.1
Austria	19.2	Ireland	27.9	N Zeal.	27.5	Switzerl.	32.9	France	31.0	Poland	33.3	German.	57.7
Canada	18.9	Poland	26.7	Austria	27.4	Denmar.	26.6	German.	25.4	Portugal	33.3	Denmar.	56.2
Switzerl.	18.2	France	24.6	Austral.	27.0	German.	26.3	Sweden	24.6	Denmar.	30.3	Finland	44.1
Austral.	17.5	Austria	22.2	Ireland	26.1	Sweden	26.1	Portugal	23.5	German.	28.8	Spain	42.1
Scotland	17.3	Switzerl.	21.8	Canada	26.0	Canada	26.0	Denmar.	23.5	Sweden	28.4	Sweden	38.0
USA	16.6	Canada	21.5	Switzerl.	25.9	Ireland	23.9	Ireland	22.6	USA	23.6	USA	36.9
Hungary	16.2	Norway	21.2	USA	23.2	USA	23.9	USA	21.4	Norway	21.7	Italy	32.8
Sweden	12.6	USA	20.4	Denmar.	22.8	Austral.	21.9	Canada	21.2	Spain	20.8	Poland	30.6
France	11.6	Sweden	16.0	Sweden	22.3	Scotland	21.9	Norway	21.0	Austral.	18.2	N Zeal.	26.3
German.	11.2	German.	15.8	German.	21.3	Norway	21.2	N Zeal.	19.7	Canada	18.0	Norway	24.3
Denmar.	10.6	Denmar.	14.7	Norway	21.0	Netherl.	20.4	Scotl.	17.6	Italy	18.0	Netherl.	24.0
Netherl.	7.5	England	14.2	Netherl.	18.1	N Zeal.	18.8	Netherl.	16.8	N Zeal.	17.2	Austral.	23.3
England	6.9	Netherl.	13.8	Portugal	16.2	Portugal	18.1	Austral.	16.1	Ireland	15.9	Canada	23.2
Italy	6.6	Portugal	12.7	England	15.3	Spain	14.0	England	14.7	Netherl.	14.3	Greece	12.2
Spain	6.6	Spain	11.8	Spain	13.2	Italy	12.2	Spain	14.6	Scotl.	12.0	Scotl.	12.1
Portugal	5.7	Italy	10.3	Italy	10.5	England	12.1	Italy	13.4	England	8.7	England	11.7
Greece	2.9	Greece	2.6	Greece	6.2	Greece	7.3	Greece	6.9	Greece	8.0	Ireland	11.1

FEMALES	15-24		25-34		35-44		45-54		55-64		65-74		75+
N Zeal.	9.4	Lithuan.	9.5	Lithuan.	16.5	Lithuan.	25.4	Lithuan.	20.0	Lithuan.	20.8	Hungary	34.7
Finland	8.5	Finland	8.9	Finland	13.6	Hungary	18.7	Switzerl.	18.6	Slovenia	20.6	Switzerl.	28.4
Scotl.	7.4	N Zeal.	8.3	Hungary	13.5	Finland	17.3	Slovenia	18.5	Hungary	18.8	Estonia	26.9
Norway	6.4	Latvia	7.8	France	11.7	Slovenia	17.2	Latvia	15.9	Switzerl.	17.5	Lithuan.	26.7
Lithuan.	5.8	Scotland	7.4	Slovenia	9.8	France	14.9	Hungary	15.8	Austria	14.7	Slovenia	26.2
Slovenia	5.4	Switzerl.	6.8	Switzerl.	9.6	Switzerl.	13.6	France	14.1	Latvia	14.4	Latvia	24.2
Estonia	5.4	Norway	6.7	Austria	9.3	Latvia	13.0	Finland	13.7	France	13.2	Austria	19.8
Canada	5.4	Austral.	6.6	Scotland	9.0	Estonia	13.0	Sweden	12.3	Denmar.	13.2	Denmar.	18.0
Switzerl.	5.2	France	6.5	Norway	8.6	Austria	11.5	Estonia	12.1	Estonia	11.2	German.	17.3
Sweden	5.2	Sweden	6.4	Sweden	8.4	Netherl.	10.5	Austria	11.5	German.	10.3	France	16.1
Austral.	4.4	Estonia	6.2	Latvia	7.8	Denmar.	10.5	Denmar.	9.8	Finland	10.0	Portugal	12.4
Latvia	4.3	Austria	5.7	Denmar.	7.5	Sweden	10.5	German.	9.6	Sweden	9.2	Sweden	10.3
Austria	4.3	Canada	5.7	Netherl.	7.5	Scotl.	9.4	Norway	9.6	Portugal	8.1	Netherl.	8.9
Ireland	4.3	Hungary	5.2	Canada	7.4	Norway	9.3	Netherl.	9.3	Netherl.	7.5	Spain	8.4
Hungary	3.6	Slovenia	5.1	N Zeal.	7.1	Canada	8.5	Portugal	8.4	Poland	6.8	Finland	8.3
France	3.4	Ireland	5.0	Austral.	7.0	Poland	8.2	Ireland	7.9	Norway	6.7	Italy	6.4
USA	3.1	Netherl.	4.6	USA	6.7	German.	8.0	Poland	7.8	Spain	6.5	Poland	6.1
Netherl.	3.1	USA	4.5	Estonia	6.5	Ireland	7.7	Canada	6.4	Italy	5.4	Austral.	4.9
German.	2.9	German.	3.9	German.	6.1	USA	7.5	Scotland	6.1	Scotland	4.9	N Zeal.	4.9
Poland	2.5	Portugal	3.3	Ireland	5.7	N Zeal.	6.9	USA	5.8	Austral.	4.7	Norway	4.6
Denmar.	2.5	England	3.2	Poland	5.6	Austral.	6.8	Spain	5.4	N Zeal.	4.5	USA	4.0
Spain	1.8	Denmar.	3.1	Portugal	4.1	Portugal	5.2	England	5.4	Canada	4.2	England	3.9
England	1.7	Poland	3.0	Spain	3.8	Spain	4.8	N Zeal.	5.4	USA	3.9	Scotland	3.0
Italy	1.5	Spain	2.9	England	3.7	Italy	4.0	Austral.	5.1	Ireland	3.5	Canada	2.8
Portugal	1.4	Italy	2.4	Italy	3.3	England	3.5	Italy	4.7	England	2.9	Ireland	2.5
Greece	0.7	Greece	0.8	Greece	1.5	Greece	1.5	Greece	1.2	Greece	1.9	Greece	1.8


## Males

Portugal	11.2
Hungary	7.7
France	6.6
Spain	6.4
Denmark	5.3
Slovenia (EU)	5.2
Germany	5.1
Italy	5.0
Austria	4.6
Switzerland	4.4
Greece	4.2
Netherlands	3.2
Latvia (EU)	3.1
Sweden	3.0
Estonia	2.3
USA	2.2
Lithuania	1.9
England	1.7
Finland	1.6
Poland	1.6
Australia	1.3
Canada	1.2
Norway	1.1
New Zealand	1.0
Scotland	0.7
Ireland	0.4

## Females

Hungary	9.54
Portugal	8.97
Denmark	7.35
Germany	6.07
Latvia	5.58
Switzerland	5.43
Estonia	5.01
Slovenia	4.85
France	4.77
Austria	4.65
Spain	4.63
Lithuania	4.60
Italy	4.34
Netherlands	2.90
Greece	2.49
Poland	2.48
England	2.33
Sweden	1.98
USA	1.31
Australia	1.12
Finland	0.98
Norway	0.72
Ireland	0.58
New Zealand	0.52
Canada	0.51
Scotland	0.41

**Rate ratio  
elderly/youth  
(75+ versus 15-24  
yrs old),  
Western Countries  
(2002-2006)**

 Anglo-Saxon countries

Sources: WHO, EU, Bureaus of Statistics and various suicide researchers worldwide

# Suicide in old age

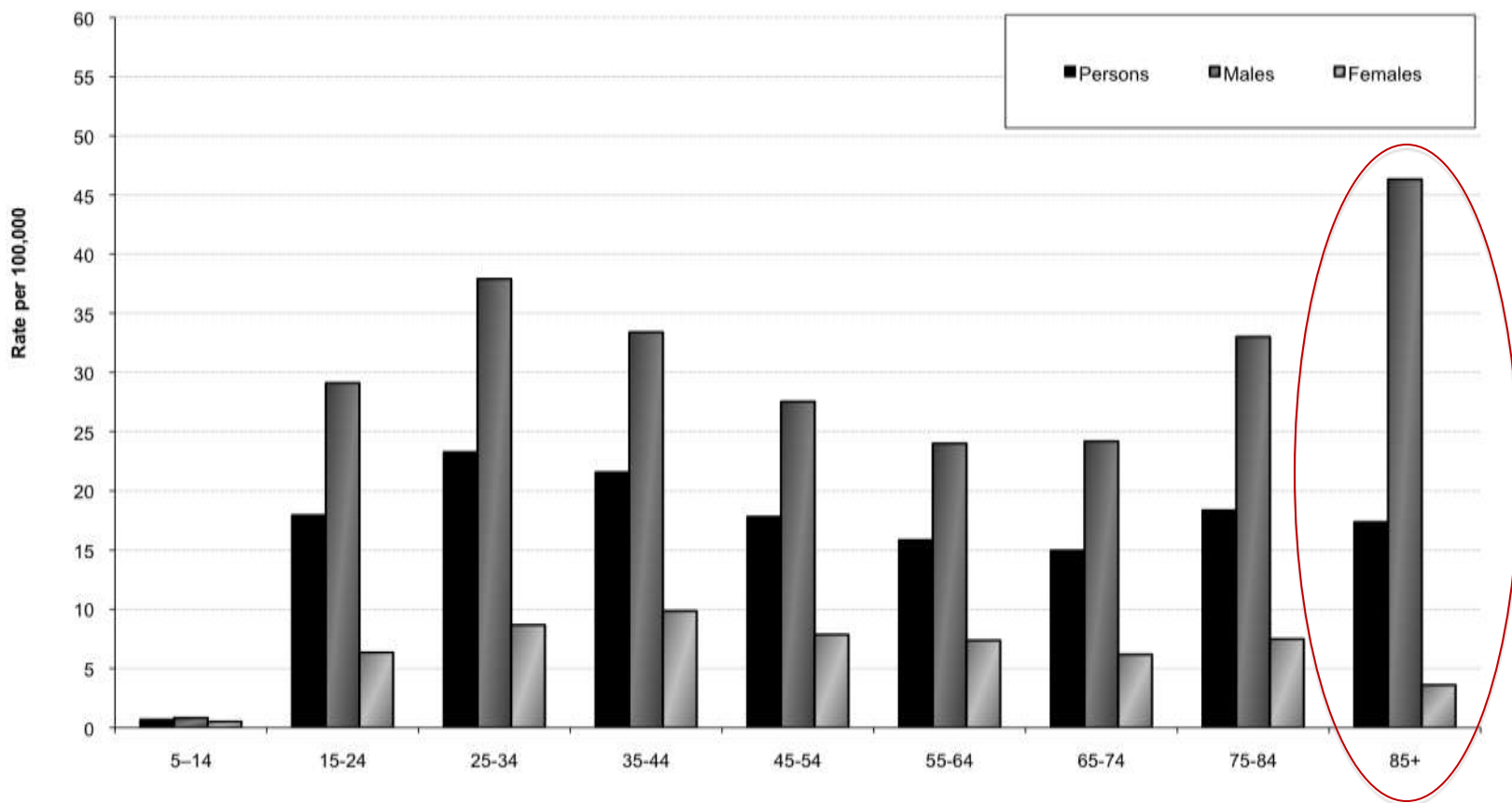
It is well known that the differences in the ratio males/females change dramatically with the increasing of age, producing disproportionately higher rates in male subjects compared to their female counterparts (eg, De Leo & Heller, 2004).

This suggests that some risk factors might be particularly age-sensitive, at least in males.



# Suicide in old age

*Suicide rates by gender and age group, QLD, 1990-2006*



# Suicidality in old age

A few peculiarities

# Suicidality in old age

The incidence of suicide and the prevalence of non-fatal behaviours exhibit opposite tendencies with respect to age.

Suicide rates tend to peak among the “old-olds” (75+ years), whilst the rates for suicide attempts decline proportionately with advancing age (De Leo & Scocco, 2000).

# Suicidality in old age

The Gold Coast Community Survey, Australia (n=14,443)

		Death Thoughts %	Suicide Ideation %	Attempted Suicide %
<b>Sample</b>		19.4	9.8	3.1
<b>Gender</b>	<b>Male</b>	17.5	8.9	2.3
	<b>Female</b>	21.4	10.8	3.9
<b>Age</b>	<b>18-24</b>	<b>20.3</b>	<b>10.8</b>	<b>3.9</b>
	<b>25-34</b>	20.4	12.5	3.8
	<b>35-44</b>	22.6	11.4	4.1
	<b>45-54</b>	22.3	11.1	2.7
	<b>55-64</b>	16.8	8.1	2.6
	<b>65-74</b>	<b>14.4</b>	<b>5.3</b>	<b>1.9</b>
	<b>75+</b>	<b>12.5</b>	<b>5.6</b>	<b>1.6</b>

# Suicidality in old age

The WHO/EURO Multicentre Study on Suicidal Behaviour found that among 22,665 episodes of 'parasuicide' only 9% were made by the elderly, compared to the 50% of the total number of episodes made by subjects in the 15-34 years age-group.

The ratio between non-fatal and fatal suicidal behaviours was calculated to be 2:1 (De Leo *et al.*, 2001). A similar proportion was noted by Hawton and Harriss (2008) in their observations of deliberate self-harm episodes across the lifecycle.

# Suicidality in old age

Elderly subjects are the suicide attempters with the highest suicide intent scores; their act is less manipulative and less impulsive; methods tend to be violent and there is less opportunity for rescue (*De Leo et al, 2001*)

# Suicidality in old age: Help-seeking behaviour

Suicidal risk is often not recognised in older patients. In fact, the majority of elderly suicide victims consulted their primary care physician shortly before their death - 75% within 1 month from dying by suicide, 40% within 1 week and 20% within 24 hours (Montano, 1999).

A substantial level of contact with primary care services has been consistently reported in Western countries, where between 40-80% of elderly persons presented in the 30 days prior to the suicide (Alexopoulos *et al.*, 1999; Cattell, 2000; Harwood *et al.*, 2000).

# Health Service Contacts

- In the month before death, 7-28% and 20-70% of decedents across age groups had contact with mental health and primary care services, respectively (Pirkis et al., 1998).
- For older decedents, 8-14% and 43-70% had contacted those services in the month before death (Luoma et al., 2002).
- 60-90% of older suicide cases had active psychiatric illness at the time of death (Luoma et al., 2002).



# Suicide Risk Factors

In older suicide completers, physical illness

- is more significant (Erlangsen et al., 2005)
- increases with the number of illnesses present (Juurlink et al., 2004)
- regardless of organ category (Waern et al, 2002)
- and compared to younger decedents, is more often the presenting complaint at last consult (Tadros et al., 2007)

# Communication of Intent

Isometsa et al. (1995):

- suicide intent is communicated in 22% of last appointments with HCP
- the frequency of communication is dependent on practice settings
  - psychiatric services = 36%
  - GP = 11%
  - medical specialties = 6%
- elderly decedents more likely to present to GP and specialty surgeries

# Main risk factors in old age

Risk factors of elderly suicides:

- Mental illness, especially depression
- Hopelessness
- Physical illness
- Family discord
- Financial problems
- Bereavement

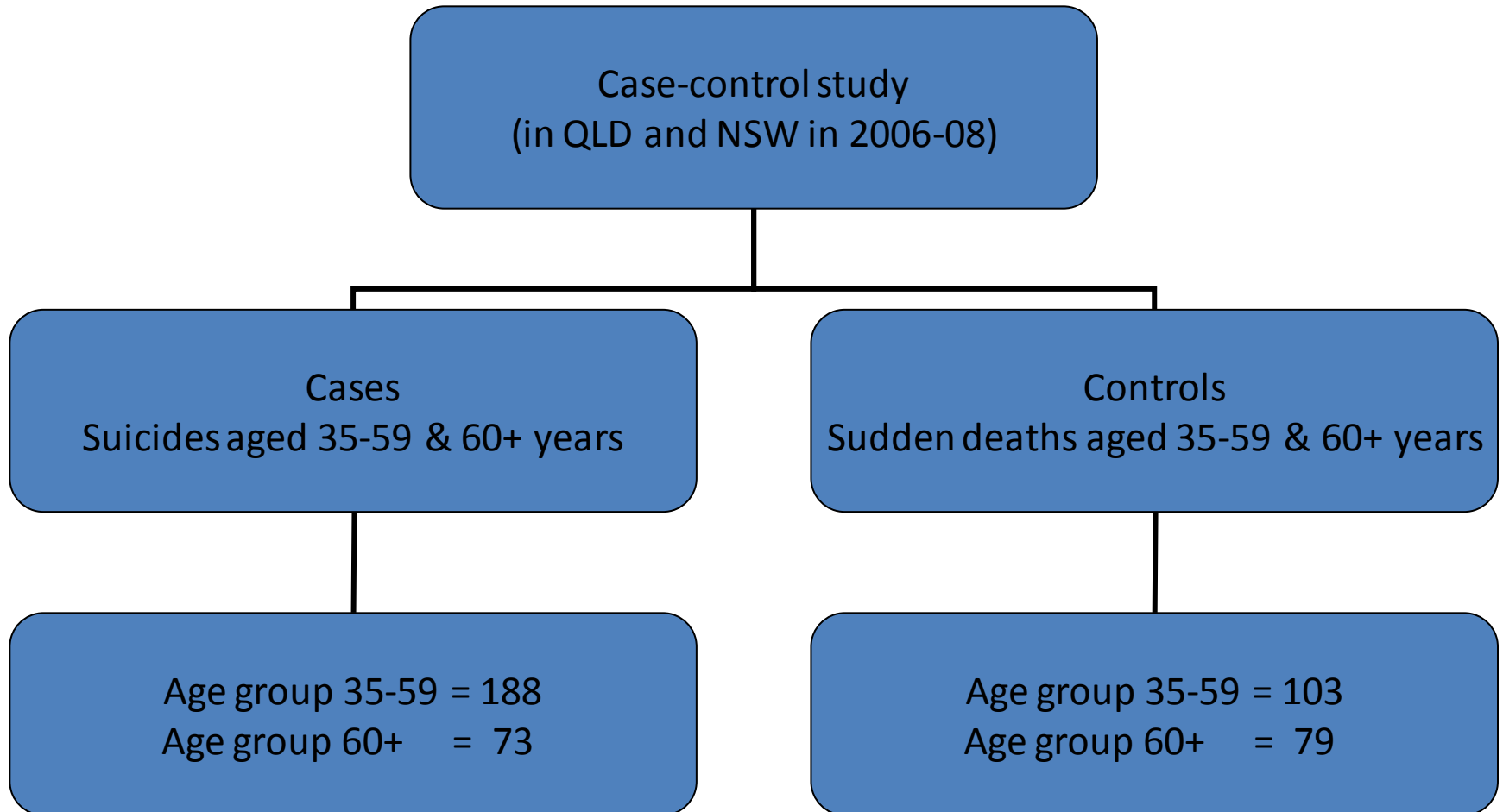
De Leo et al. (2009) Suicidal elderly people in clinical and community settings. Risk factors, treatment and suicide prevention. In: D. Wasserman & C. Wasserman (eds). Oxford Textbook of Suicidology and Suicide Prevention: A Global Perspective. Oxford University Press; p. 703-719.

# Last Contact with Health Facilities

## Aim of the study

- to analyse differences in the suicide predictors in elderly subjects compared to the middle-aged.

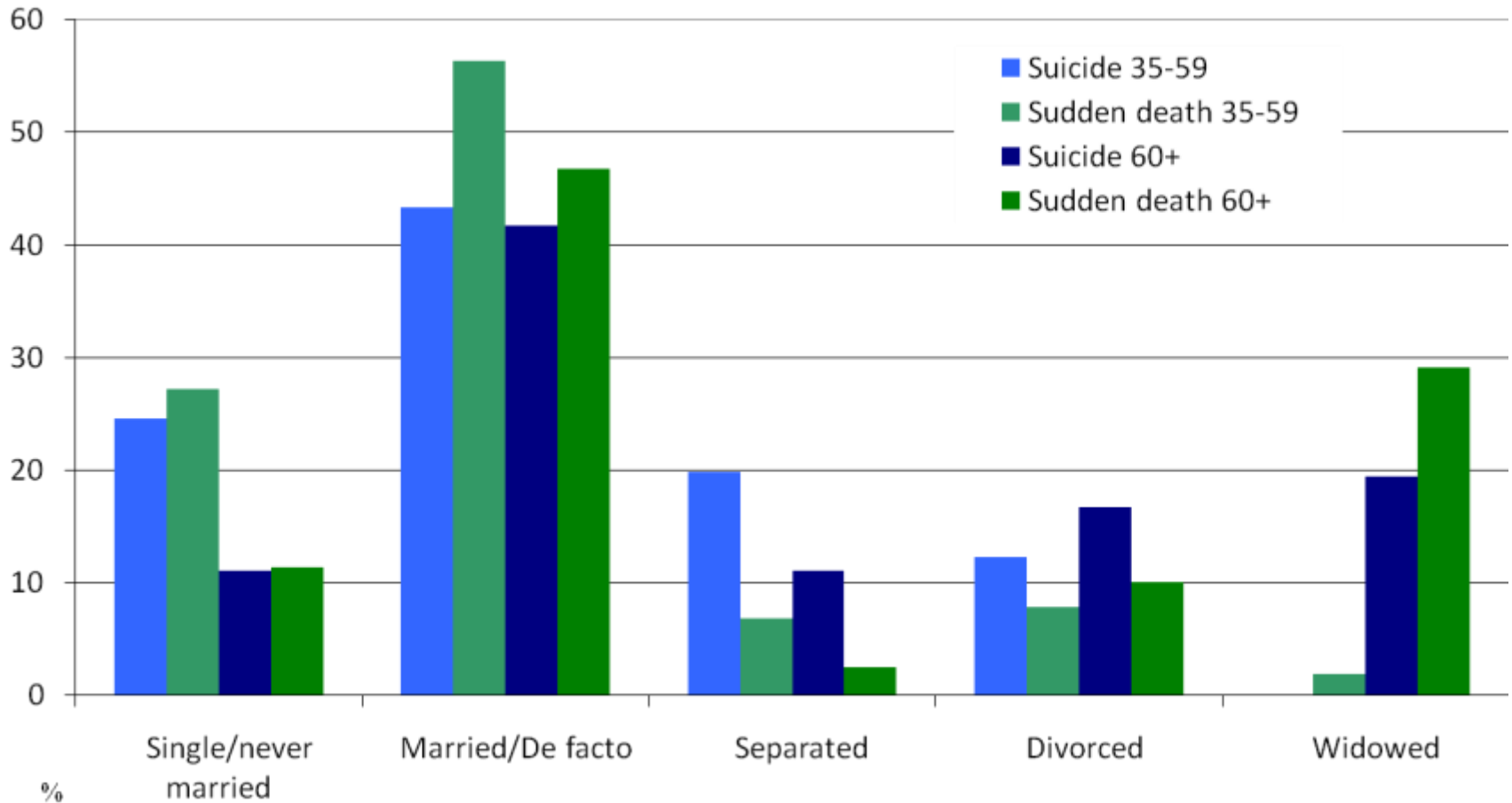
# Study design



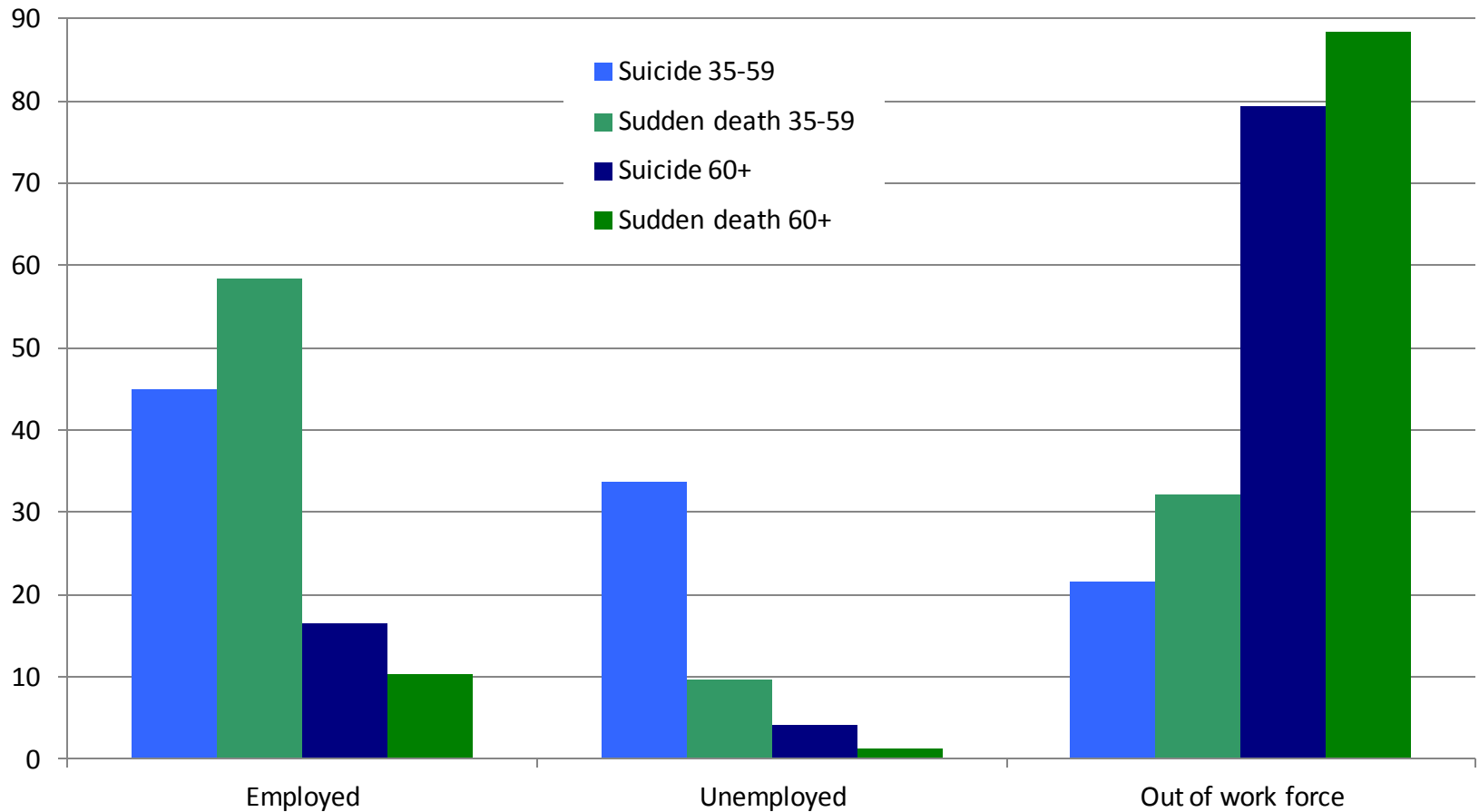
# Background information of cases and controls

	Age group 35-59					Age group 60+				
	Suicide		Sudden death		p-value	Suicide		Sudden death		p-value
	N	%	N	%		N	%	N	%	
<b>Gender</b>										
Male	142	75.5	87	84.5	ns	54	74.0	53	67.1	ns
Female	46	24.5	16	15.5		19	26.0	26	32.9	
<b>Region</b>										
QLD	148	78.7	86	84.0	ns	58	79.5	53	67.1	ns
NSW	40	21.3	17	16.0		15	20.5	26	32.9	
<b>Birth</b>										
Australia	149	79.3	81	78.6	ns	48	65.8	50	63.3	ns
Other	39	20.7	22	21.4		25	34.2	29	36.7	

# Marital status



# Employment status

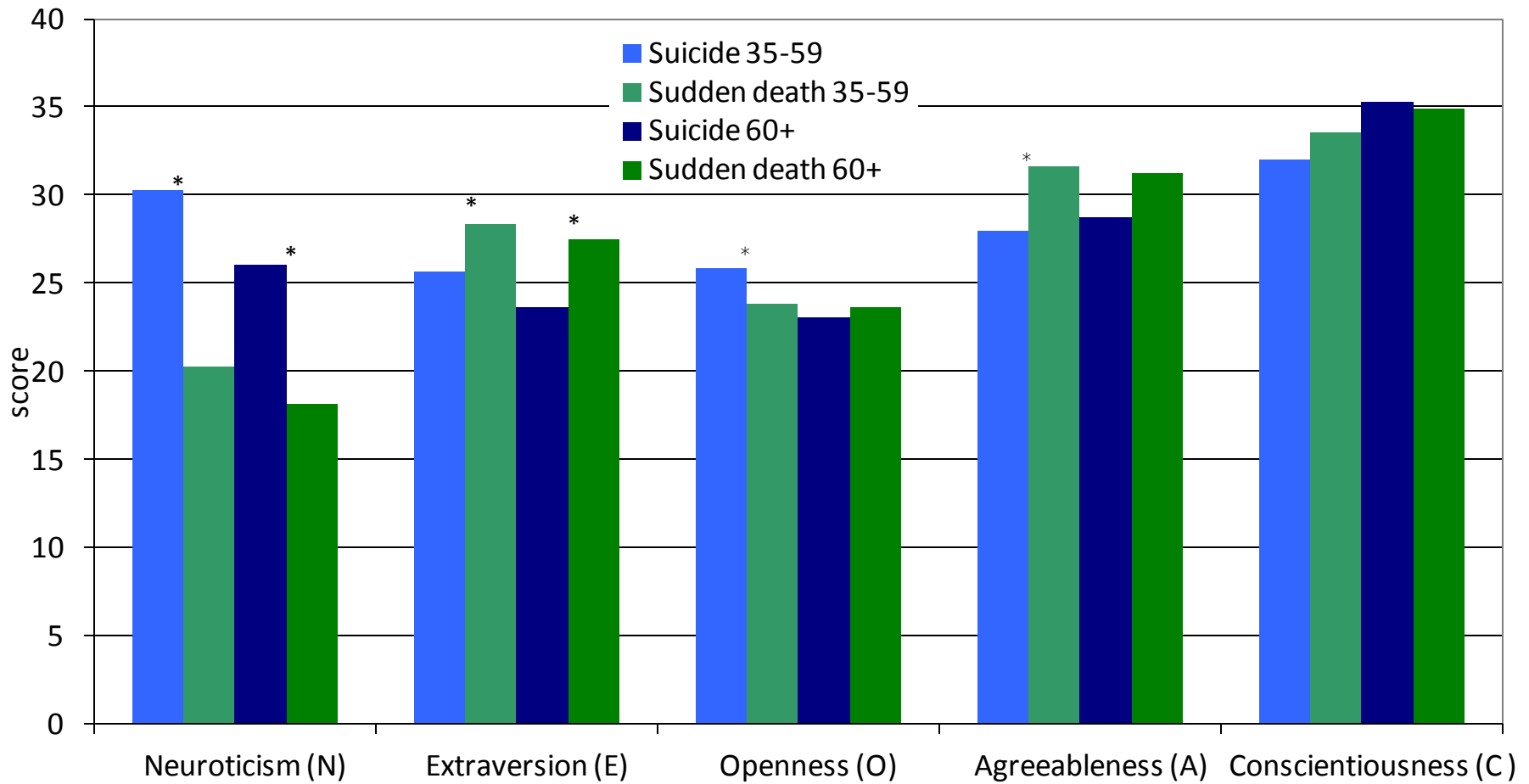




# Past suicidal behaviours

	Age group 35-59							Age group 60+						
	Suicide		Sudden death		OR	95%CI		Suicide		Sudden death		OR	95%CI	
	N	%	N	%		L	U	N	%	N	%		L	U
<b>A suicide attempt in the family/friends</b>	34	18.8	9	9.1	<b>2.31</b>	<b>1.06</b>	<b>5.05</b>	12	16.4	11	14.5	1.16	0.48	2.83
<b>A suicide in family/friends</b>	76	42.2	22	22.4	<b>2.52</b>	<b>1.44</b>	<b>4.42</b>	19	26.8	16	20.3	1.44	0.67	3.08
<b>Suicide in the media interested the deceased before their death</b>	27	16.0	0	0.0	Fisher's exact test <0.0001			10	14.5	1	1.3	<b>12.88</b>	<b>1.60</b>	<b>103.4</b>
<b>Interested in euthanasia</b>	49	29.3	30	32.3	0.87	0.50	1.51	31	47.0	28	39.4	1.36	0.69	2.68
<b>A member of an euthanasia group</b>	3	1.6	0	0.0	Fisher's exact test = 0.55			6	8.5	0	0	Fisher's exact test = 0.010		
<b>Previous suicide attempt(s) Last attempt 12 months prior death</b>	100	55.2	9	8.8	<b>12.76</b>	<b>6.06</b>	<b>26.85</b>	25	35.2	2	2.5	<b>20.92</b>	<b>4.74</b>	<b>92.46</b>
	54	28.7	0	0	Fisher's exact test <0.0001			12	16.4	0	0	Fisher's exact test = 0.001		

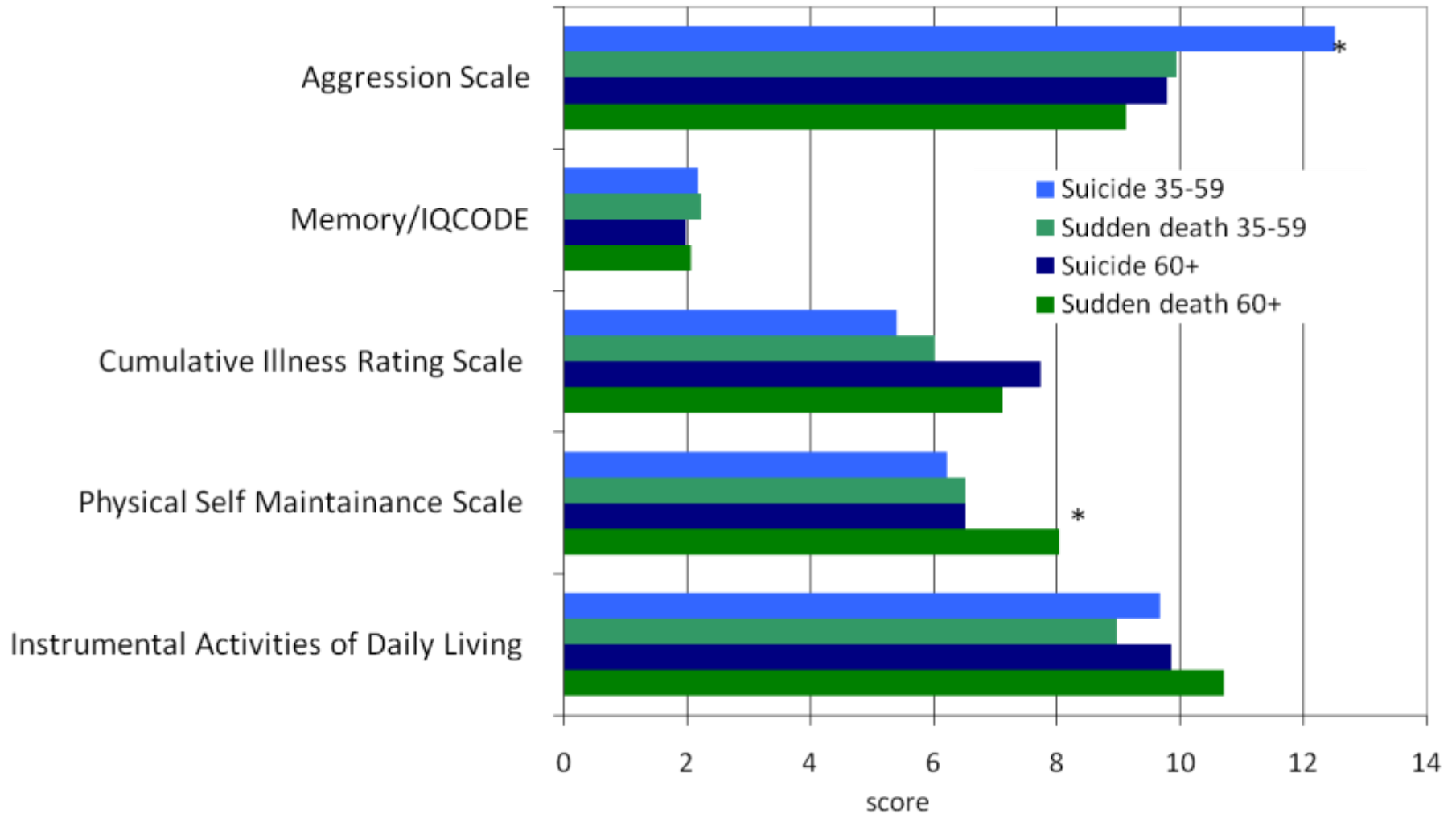
# Personality (NEO-FFI)



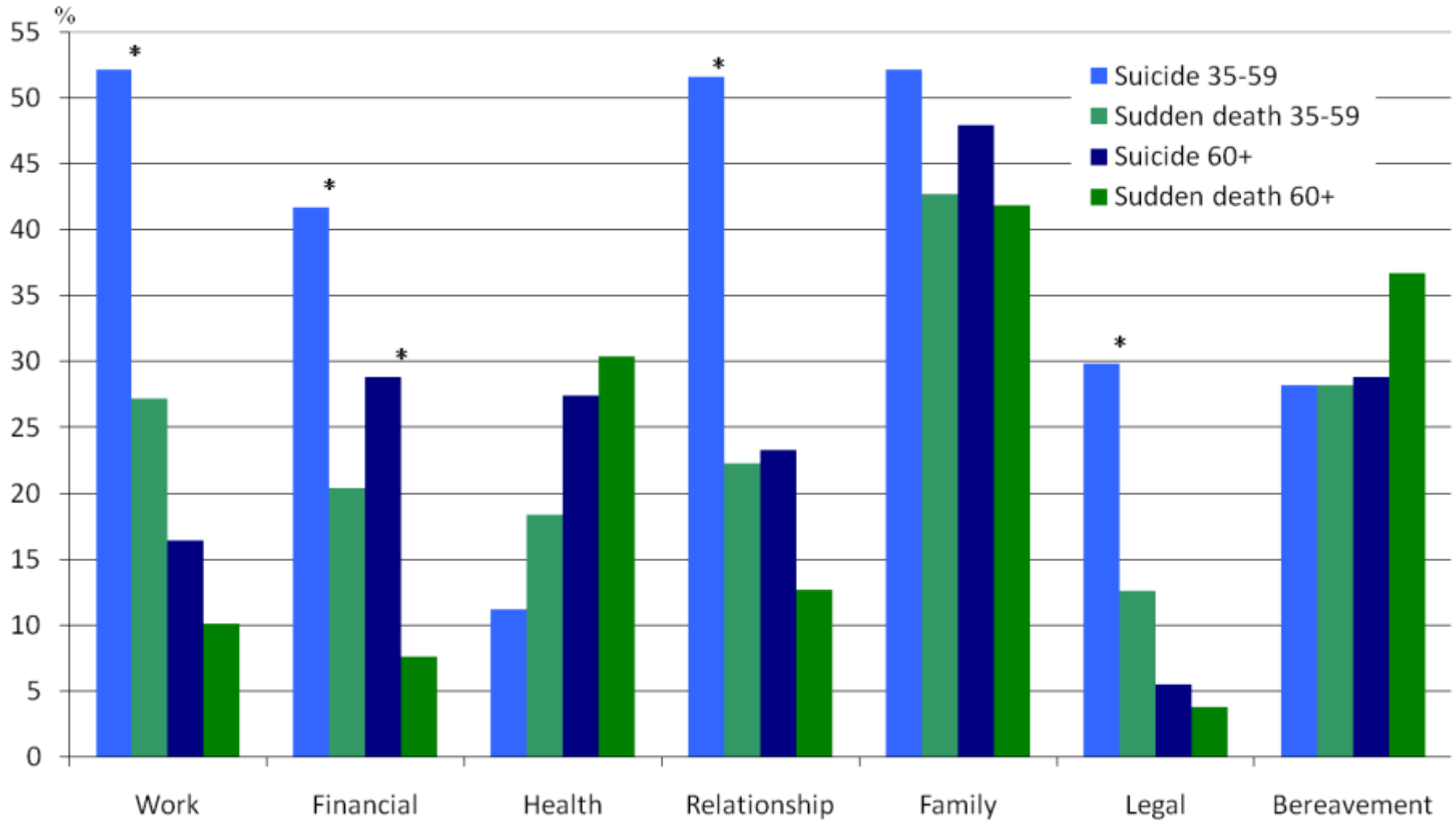
# Scales

- Instrumental Activities of Daily Living  
(higher scores indicate to greater impairment)
- Physical Self Maintenance Scale  
(higher scores indicate to greater impairment)
- Cumulative Illness Rating Scale  
(higher scores indicate to greater impairment)
- Aggression Scale  
(higher scores indicate to greater level of aggression)
- Memory/IQCODE – Informant Questionnaire on Cognitive Decline in Elderly (higher scores indicate to greater cognitive impairment)

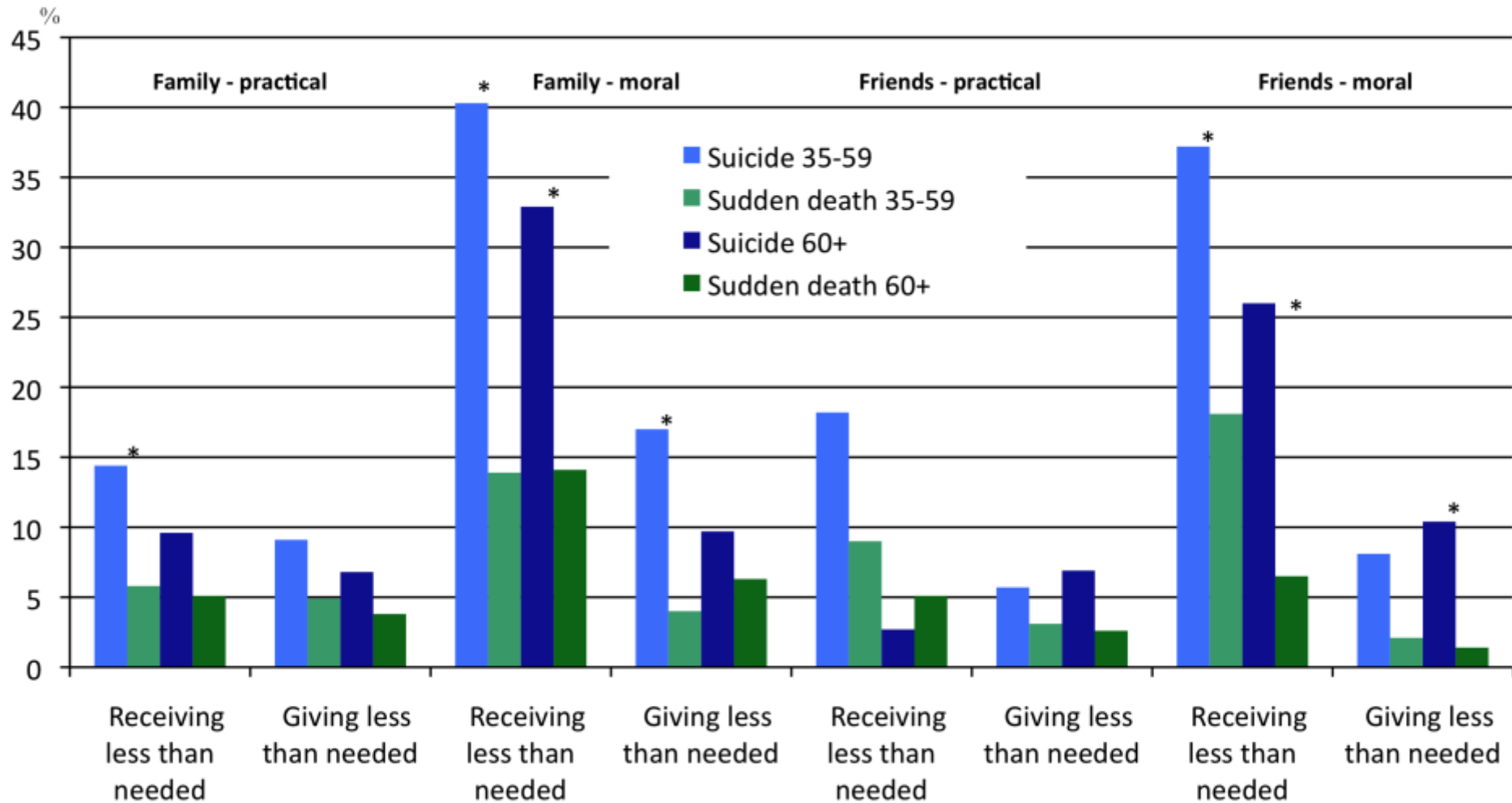
# Results of Scales



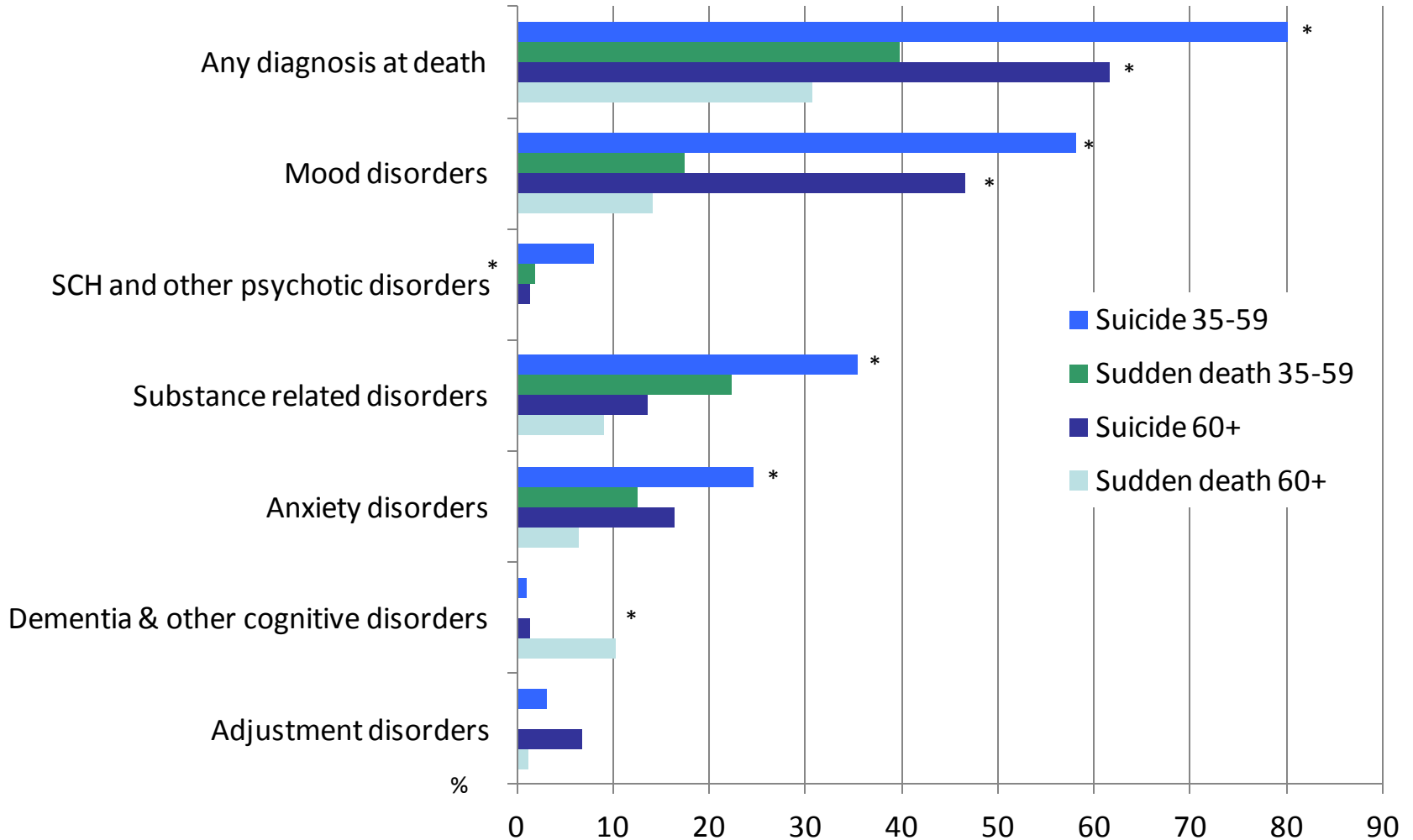
# Life events (12 months)



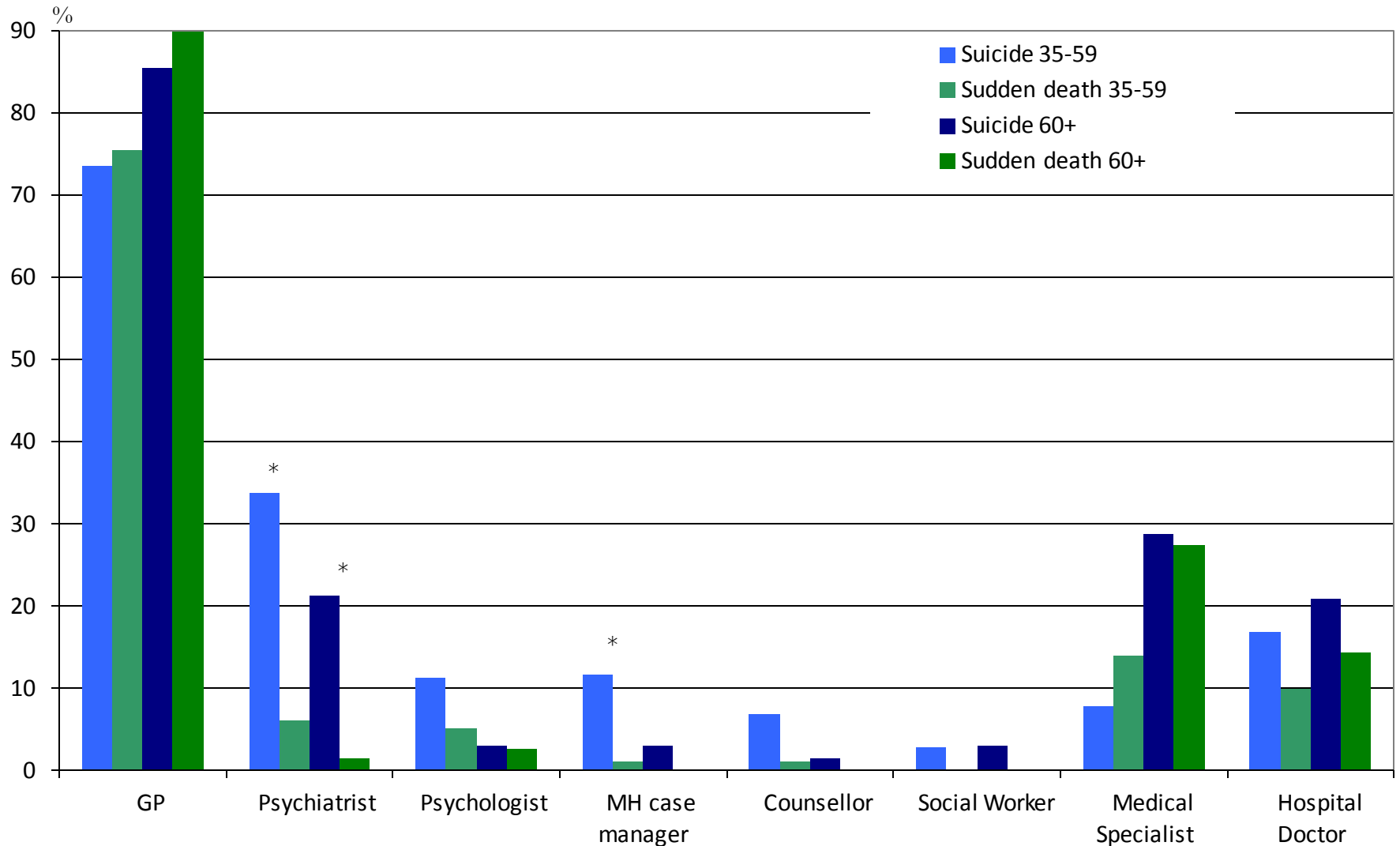
# Social Support (Bille-Brahe scale)



# Mental Disorder (SCID-I)



# Visiting HCP (3 months prior death)





# Psychiatric disorders in elderly PA studies

Author	Country	Age	No of suicides	Controls/ comparison	Criteria	Psychiatric dg
Chiu et al 2004	Hong Kong	60+	N=70	N=100 (elderly community sample)	DSM-IV (Chinese version of SCID)	86% in suicides and 9% of controls
De Leo et al, 2013	Australia	60+	N=73	N=79 (sudden deaths) & N=188 middle-aged (35-59)	DSM-IV Axis I (SCID-I)	62% in elderly suicides and 31% in controls; 80% of suicides in age group 35-59
Harwood et al 2001	England	60+	N=100	N=54 (natural deaths)	ICD-10 (Psychiatric Illness Questionnaire)	77% of suicides
Henriksson et al 1995	Finland	60+	N=43	N=186 (suicides aged under 60)	DSM-III-R	91% of elderly suicides and 94% younger age groups
Pompili et al 2008	Italy	65+	N=99	N=77 (suicides aged 36-64)	DSM-IV-TR	52.5% of elderly suicides and 55.8% of middle-aged suicides
Preville et al 2005	Canada	60+	N=95	N=95 (matched non-accidental deaths)	DSM-IV (K-SADS-A)	42.1% of suicides and 10.5% from controls
Waern et al 2002	Sweden	65+	N=85	N=153 (living controls)	DSM-IV Axis I	96.5% of suicides and 18.3% from controls

# Last contact with a health care provider

Three months prior to death, up to 77% of suicide victims had contact with a GP and 35% had contact with mental health care professionals.

Mental health problems were the reason for the last HCP contact in 51% of suicides and 16% of sudden death controls. Recent suicidal behaviours were the reason in 7% of suicides.

Compared to controls, the suicide group more frequently reported symptoms of depression (37%), anxiety (29%) and sleeping problems (27%). 13% of suicide victims spontaneously reported suicidal feelings (De Leo et al, 2009).

# Last contact with a health care provider

At the time of the last contact, HCPs enquired about suicidal feelings in 45% of younger (35-59 yrs) and 29% of older (60+) suicides.

At the last contact, 74% of suicides (more in the younger age group) and 31% of sudden deaths had a known (by the HCP) mental illness. Suicide cases in the 35-59 years age group had a higher prevalence (80%) of having at least one psychiatric diagnosis, compared to the 60+ years age group (62%).

# Last contact with a health care provider

The risk of psychiatric disorders was higher in suicides compared to controls.

In both age groups, most frequent were mood, substance-related and anxiety disorders.

Substance-related and psychotic disorders were significantly more frequent in younger suicides.

# Last contact with a health care provider

Statements about changing the will or disposing possessions were rarely expressed to HCP, but often to relatives. It may be worthwhile for HCPs to ask this in the future.

# Conclusions

- Only a few risk factors were identified for the elderly suicides compared to middle-aged group.
- The risk of psychiatric disorders was higher in suicides compared to controls in both age groups.
- The prevalence of psychiatric diagnoses was lower than in most of the studies on elderly suicides.
- Need to analyse mentally well (without psychiatric dg) suicide cases in the older age group was identified.

# Suicide in old age

## *Future directions for research*

- For most countries: attention on males;
- Target advanced age groups (e.g., 80+);
- Inter-age-group comparisons for risk and protective factors;
- Inter-gender comparisons for risk and protective factors;
- Trans-cultural comparisons;
- Longitudinal observations of high-risk subjects (e.g., attempters; isolated and widowers; recently disabled, etc.).

# Suicide in old age

## *A few suggestions for practice*

- Prevention is the best therapy: educate to ageing successfully;
- Increase connectedness in any possible way, particularly for isolated, widowers, and recently disabled males; favour co-habitation.
- Develop active out-reach systems involving not only tele-help/tele-check or web-based services, but visits and ‘controls by community members and gatekeepers (religious officers, policemen, mailmen, etc);
- Establish registries of people needing vigilance and involve volunteers.



# Suicide in old age

*A few suggestions for practice*

*Teaching about warning signs:*

A cooperation with the  
Government of Queensland

# Suicide in old age:

*A combination of warning signs, plus one or more risk factors, is an **alert** signal.*

- **Tidying up** papers and financial affairs.
- Updating or making a will.
- **Giving away or labelling possessions.**

These activities may be a normal part of transition to retirement, or a move to a nursing home, or acceptance of a terminal illness. Accepting that death is a normal part of life is not the same as suicidal intent. However, they may be part of a final plan for suicide.

# Suicide in old age

- **Withdrawing** from people, events, etc, **avoiding social contact**. This can be a warning sign of potential suicide, or could be due to some other aspect of ageing, such as loss of continence. In either case, don't ignore it.
- **Stockpiling pills**. Note: Someone who is stockpiling pills is probably not taking his medication correctly. This has its own health implications even if he is not suicidal.

# Suicide in old age

- **Frequent and excessive use of alcohol.** He could be using alcohol to relieve feelings of depression, to deal with anger or anxiety, or to dull physical or emotional pain.
- **Suicide or attempted suicide of a friend or family member.** This can encourage a belief that suicide is acceptable, that it is a way of “solving” problems.

Note: **Previous suicidal behaviour** is often a warning sign in women and younger men. However, most older men who suicide use lethal methods, so we do not usually get the opportunity to use a previous suicide attempt as a warning sign in older men.

# How to help if he's thinking of suicide

- **Ask him directly if he is considering suicide.**  
Don't be afraid of the 'S' word.
- **Let him know that you care about him.**  
*"I'm concerned about you. Do you want to talk about it?"*
- **Assure him that he is not alone.**  
*"I'm here to help in any way I can."*

# How to help if he's thinking of suicide

- **Take him seriously.**

Does he have plan? Does he intend to carry it out? When? How urgent is the threat? If he has a plan and means to carry it out soon, get help quickly.

- **Talk honestly, openly and non-judgmentally about suicide.** If you tell him it's wrong, or dodge the subject, he will probably close up and you have lost your chance to help.

# How to help if he's thinking of suicide

- **Really listen, let him express his feelings.** Let him know you're listening: "You are really upset about this..." or "How do you feel about that?"
- **Discuss ways to help him, including possible support contacts.** There are national, regional and local people and services. Give him options, but the choice is his.
- **Support him to get psychological help.** Help make the phone call, If he refuses to get help, you can't force him to accept it.

# How to help if he's thinking of suicide

- **Make him feel that there is hope of things getting better.**

*“If you were in a court of law, does this deserve the death sentence?”*

- **If appropriate, remove any objects that could be classified as dangerous,** and therefore able to be used to cause harm. He may agree to let you have the pills he has stockpiled.

**But remember, you can't stop someone who is determined to suicide - and you can't remove everything** (QLD-DC, 2009).





Gracias!

Merci!

非常感谢

Thank you!

Grazie!