Assessment and Prevention of Suicide in Older Adults

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Objectives

- At the conclusion of this presentation participants will:
  - Appreciate the **scope of the problem of suicide in older adults**
  - Understand the **factors that place older people at increased risk for suicide**
  - Be familiar with the available **evidence for effective approaches to its prevention**.
Significance

- Older adults are the most rapidly growing segment of the population.
Population age 65 and over and age 85 and over, selected years 1900–2008 and projected 2010–2050

NOTE: Data for 2010–2050 are projections of the population.
Reference population: These data refer to the resident population.
Suicide rates by age and sex
United States, 2015

Rate per 100,000 population

Age Group in years

Source: CDC vital statistics
Significance

- Older adults are the most rapidly growing segment of the population.
- Suicidal behavior is more lethal in later life than at other points in the life course.
Self-inflicted injury among all persons by age and sex--United States, 2014

Source: CDC WISQARS NEISS
Senior citizens use guns to commit suicide more than any other age group.

Firearm suicides account for 70% of all suicide deaths of people over 65.

[Graph showing percentages of suicide methods by age group: Firearm, Suffocation, Poisoning, Other.]

SOURCE: CDC
LETHALITY OF LATE LIFE SUICIDE

• Older people are
  – more frail (more likely to die)
  – more isolated (less likely to be rescued)
  – more planful and determined

• Implying
  – Interventions must be aggressive (indicated)
  – More distal prevention is key (selective and universal)
THE “5 Ds” OF LATE LIFE SUICIDE

- DEPRESSION
- DISCONNECTEDNESS
- DISEASE (Medical illness)
- DISABILITY
- DEADLY MEANS
**DEPRESSION**: Psychiatric dx in case/control studies of suicide in later life

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ns = not significant
THE “5 Ds” OF LATE LIFE SUICIDE

DEPRESSION

DISCONNECTEDNESS

DISEASE
(Medical illness)

DISABILITY

DEADLY MEANS
DISEASE: Suicide and Comorbidity

Juurlink et al., Arch Intern Med 2004;164:1179-1184
THE “5 Ds” OF LATE LIFE SUICIDE

1. DEPRESSION
2. DISEASE (Medical illness)
3. DISABILITY
4. DISCONNECTEDNESS
5. DEADLY MEANS
DISCONNECTEDNESS: Importance of Social Connectedness in Later Life

**Mental Health**
- depression, hopelessness,
- Well-being

**Physical Health:**
- Subjective perceptions;
- Presence of disease

**Social Connection**

**Cognition:**
- Better memory & planning;
- Lower risk for dementia

**Functional Status:**
- Mobility
- Self-care
- Strength
**DISCONNECTEDNESS:** Cumulative incidence of suicide by social integration category in the Health Professionals Follow-up Study

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**Categories of Social Integration**

1.  
2.  
3.  
4.  

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Men, ages 40 – 75 years (n = 34,901)

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THE “5 Ds” OF LATE LIFE SUICIDE

- DEPRESSION
- DISCONNECTEDNESS
- DISEASE (Medical illness)
- DISABILITY
- DEADLY MEANS
The Clinical Interview of the Older Person

Attend to issues of:

- Sensory limitations
  - Hearing
  - Vision
- Cognitive status
- Physical limitations
- Respect
George Eastman
March 14, 1932, age 77

To my friends
My work is done
why wait?

GE
THE “5 Ds” OF LATE LIFE SUICIDE

Elderly man with chronic back pain becomes unable to work... and isolated from social supports...

...and depressed

...with access to a gun

DISEASE

DISCONNECTEDNESS

DEPRESSION

DISABILITY

DEADLY MEANS
PREVENTION FRAMEWORK

**HOW** DO WE PREVENT SUICIDE IN OLDER ADULTS?

(Approaches to Prevention)
Institute of Medicine Terminology: “LEVELS” OF PREVENTIVE INTERVENTION

“Indicated” – symptomatic and ‘marked’ high risk individuals – interventions to prevent full-blown disorders or adverse outcomes.

“Selective” – high-risk groups, though not all members bear risks – prevention through reducing risks.

“Universal” – focused on the entire population as the target – prevention through reducing risk and enhancing health.
INDICATED PREVENTION

- Depression treatment
  - Meds: Antidepressants, lithium, ketamine/esketamine

Odds ratios for suicidality and suicidal behavior for active drug relative to placebo by age.

Stone et al, BMJ 2009
INDICATED PREVENTION

- Detection, assessment, safety planning
- Depression treatment
  - Meds: Antidepressants, lithium, clozapine, ketamine/esketamine
  - Psychotherapy
    - CBT, PST, DBT, CAMS, ASSIP
SELECTIVE PREVENTION

**DISEASE & DISABILITY**
- Easy access to acceptable primary care
- Integrated care management models
- Rehab; pain management

**DISCONNECTEDNESS**
- Outreach & engagement
- Community-based services and supports
- Psychosocial interventions
UNIVERSAL PREVENTION

- Focused on the *entire population* as the target – prevention through reducing risk and enhancing health.
  - Firearm safety (*DEADLY MEANS*)
  - Culture change (*AGEISM*)

1935 - Soc Security
1965 - Medicare
   - Older Amer Act
1990 – ADA
1997 – Medicare C
2003 – Medicare D
OPTIMAL SUICIDE PREVENTION =

Indicated – *detect and treat depression*

+ 

Selective – *optimize independent functioning, increase social connectedness*

+ 

Universal – *education to reduce ageism, improve firearm safety*
Thank you

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