DEPRESSION, SUBSTANCE ABUSE, AND SUICIDE AMONG OLDER ADULTS

Patrick Arbore, Ed.D., Founder & Director Center for Elderly Suicide Prevention & Grief Related Services, Institute on Aging
Friendship Line

24-Hour Accredited Crisis Intervention Telephone Hotline/Warmline:

• Call-In Service – Confidential telephone discussions for people 60+ (their caregivers or younger disabled) who may be lonely, isolated, bereaved, depressed, anxious and/or thinking about death or suicide
• A caller does not need to be in a suicidal crisis to use the call-in service
• Questions? Contact, Mia Grigg, MFT, Friendship Line Manager – mgrigg@ioaging.org or 415.750.4138
• Patrick Arbore – parbore@ioaging.org or 415.750.4133
Friendship Line

• Call-Out Service – Friendship Line Staff or Trained Volunteers will make phone calls to older adults for emotional support or medication reminders – Referrals can be arranged by calling IOA Connect 415.750.4111

• Grief Services – **Saturday** Morning Drop-In Traumatic Loss Group – 10:30 a.m. – Noon – 8-week Traumatic Loss Grief Group and 8-week Advanced Traumatic Loss Grief Group – Contact IOA Connect for more Information: 415.750.4111
Life expectancy in the U.S.

- Back when the United States was founded, life expectancy at birth stood at only about 35 years.
- It reached 47 years in 1900; jumped to 68 years in 1950.
- Steadily rose to 76 years in 1991.
- In 1991, life expectancy was higher for women (79 years) than for men (72 years).
- Once we reach age 65, we can expect to live 17 more years. During the 1980's, post-65 life expectancy improved for all race/sex groups.
Life Expectancy CDC National Center for Health Statistics 2016

• In 2016, life expectancy at birth was 78.6 years for the total U.S. population—a decrease of 0.1 year from 78.7 in 2015 (Figure 1)
• For males, life expectancy changed from 76.3 in 2015 to 76.1 in 2016—a decrease of 0.2 year
• For females, life expectancy remained the same at 81.1
Residents age 65 and over grew from 35.0 million in 2000, to 49.2 million in 2016, accounting for 12.4 percent and 15.2 percent of the total population, respectively.
Aging Population

According to the US Census Bureau 2018:

• Total US population – 327,366,406

• The number of older adults is expected to double within the next 25 years

• By 2030 about 1 in 5 Americans (72 million people) will be >65

• The age group >85 is now the fastest growing age population

• 1/3 of older people live alone; 2/3 live with or near family
Which State Has The Largest Population of Older People?
State with the most Population

• The largest state in the USA by population is California, which is estimated to be home to just over 39.5 million people

• California has the largest number of elderly, but Florida has the highest percentage

• The older population is becoming more racially and ethnically diverse. Between 2014 and 2060 the share of the older population that is non-Hispanic white is projected to drop by 24 percentage points, from 78.3 percent to 54.6 percent
Percentage Increase of the Elderly Population Aged 60 and Over: 1990 to 2020

- **Over 200%**
- **150.0 - 199.9%**
- **100.0 - 149.9%**
- **50.0 - 99.9%**
- **Under 50%**
Percentage Increase of the Oldest Old Population Aged 85 and Over: 1990 to 2020

Legend:
- Red: Over 400%
- Green: 300.0 - 399.9%
- Magenta: 200.0 - 299.9%
- Yellow: 150.0 - 199.9%
- Blue: 50.0 - 149.9%
The Growing Population of Minority Elderly, 65+

African American: 131%
Asian: 285%
American Indian: 147%
Latino: 328%

1990-2030 Projected Increase, US Census Bureau, 2000
ACCORDING TO SAGE (SERVICES & ADVOCACY FOR GAY, LESBIAN, BISEXUAL & TRANSGENDER ELDERS)

- RECENT ESTIMATES SUGGEST THAT THERE ARE AT LEAST 1.5 MILLION LESBIAN, GAY AND BISEXUAL PEOPLE 65 AND OLDER IN THE U.S. -- AND THIS POPULATION WILL DOUBLE BY THE YEAR 2030
Ageism

The term "ageism" was coined in 1969 by Robert Butler, the first director of the National Institute on Aging. He likened it to other forms of bigotry such as racism and sexism, defining it as a process of systematic stereotyping and discrimination against people because they are old. Today, it is more broadly defined as any prejudice or discrimination against or in favor of an age group (Palmore, 1990).
Ageism

• Although ageism is found cross-culturally, it is essentially prevalent in the US where aging is associated with depression, fear, anxiety, impotence, senility, impoverishment and unhappiness.

• It is important for those who care for older people to be aware of their own attitudes toward aging and recognize how their beliefs may influence communication.
As professionals we may perpetuate Ageism.

- Covertly by denying or limiting services, by not including aging issues in training material or educational offerings
- Not requiring geriatrics training for medical students even though older adults will comprise a significant proportion of their patients
- The same criticism can be made about training of professional social workers who receive little information about the aging process although many of their clients will be elderly.

Underlying these attitudes are myths and stereotypes about old age which are deeply entrenched in American society. Even those who would not say that they are ageist probably have some ageist attitudes based on distorted or inaccurate information.
Denial of Aging

According to Gillick (2006): “When we believe we will stay young forever, and when we purchase special vitamins, herbs, and other youth-enhancing chemicals to promote longevity, we are engaging in massive denial.”
An Elder Speaks

A woman 60 years of age states: “Strange how these things creep up on you. I really was surprised and upset when I first realized it was not the headlights on my car that were dim but only aging night vision. Then I remembered other bits of awareness that forced me to recognize that I, that 16-year-old inside me, was experiencing normal changes that go along with getting old.”
Denial

• Americans spend an extraordinary $6 billion annually on “anti-aging” remedies
• Aging (baby) boomers and their aging cohort take pills and dietary supplements that purport to prevent illness, cure diseases and promote long life
• There is overwhelming evidence that the remedies are ineffective at best, harmful at worst – and a phenomenal waste of money
Chronic Conditions

• Chronic illness is much more common among the old than among the young
• Rates of chronic illness are 46% for those >65 compared with only 12% for those <65
According to Jacoby (2011)

• Nearly half of those over 85 are affected by Alzheimer’s Disease
• The prevalence of AD doubles in every 5-year period over age 65
Long-Term Care

If more and more people live into advanced old age, we will see growing numbers of frail, chronically ill older adults in need of long-term care, at home or in institutions

• Covers health, social and personal care needed by those who have lost the capacity to care for themselves because of a chronic illness or condition
Long-Term Care

• It is expected that growing numbers of older people will suffer from chronic disorders that keep them from living independently

• LTC will become even larger in the future

• Question: Who will bear the cost of that care – the price for longevity is already a serious challenge for society today
Depression

According to the APA

• Currently, depression is the fourth most common cause of disability worldwide

• It is estimated that by the year 2020, depression will be the 2\textsuperscript{nd} most common cause of disability in the developed world, and the number one cause in the developing world
Recent studies have estimated the prevalence of major depressive disorder to be between 3.0% and 4.5% of the older adult population.

Rates are even higher for adults older than 75, estimated at 7.2% experiencing major depressive disorder in the past year.

Older adults with late-life depression use more medical services than older adults without depression.
Depression and Older Adults (Sacco, et al, 2015)

- Depression is associated with longer medical hospital stays, particularly for older adults
- Depressive symptoms are also associated with increased emergency department use for suicide-related injuries, disproportionate hospital admissions, and an increased likelihood of rehabilitation needs and inpatient death
Depression

- Depression is the number one reason for suicidal ideation and completion.
- This means that untreated depression (or related mental illnesses, such as anxiety, bipolar disorder, or obsessive compulsive disorder), which can all be related to depression) is the biggest cause of suicide in the elderly.
Men and Depression

• Male depression is often a result of – Combined effects of biological predisposition, early childhood loss and trauma, gender-role restrictions in behavior, life disappointments, unresolved grief, poor social support, and a growing awareness of mortality

• Because of stigma, men allow their pain to burrow deeper and further from view
Depression

• Without treatment, depression can get worse over time and end tragically, so early detection and continuous treatment once diagnosed is vital.

• Depression rarely is solely responsible for suicide. It is usually paired with alcohol or drug abuse. --- Substance abuse increases suicide rates.
Sleep Deprivation

According to Lapierre et al (2011):

• Increasing evidence suggests that sleep disorders are associated with an elevated risk for suicidal behaviors, even when depression was controlled for.

• Lack of sleep might impair individuals’ problem-solving abilities, judgment, and concentration, as well as their ability to regulate emotional states.
Insomnia, Depression, and Older Adults


• Recent data demonstrate that insomnia often precedes the onset of depression among older adults

• Dysfunctional beliefs about sleep and feelings of hopelessness may influence the pathway between insomnia and depression

• Studies have reported that older adults with higher levels of insomnia often experience a stronger endorsement of dysfunctional beliefs about sleep
Insomnia, Depression, and Older Adults

- Individuals who have higher levels of insomnia tend to be preoccupied about their sleep and about the daytime consequences about not getting enough sleep.
- The concept of hopelessness is central to older adults who experience rigidly held dysfunctional beliefs about sleep.
- The relationship between insomnia, unhelpful sleep beliefs, and hopelessness was first studied in 1993.
Insomnia, Depression, and Older Adults

• Older adults with higher levels of insomnia were more likely to make statements such as: “I have no control over my ability to sleep;” “There is nothing I can do about my sleep problems”

• Hopelessness was increased due to the higher levels of insomnia and the stated maladaptive sleep beliefs

• Greater levels of hopelessness were associated with more depressive symptoms
Depression, Alcohol, and Suicide

• According to a white paper from the Substance Abuse and Mental Health Services Administration (SAMHSA), abuse of alcohol or drugs is one of the biggest risk factors for suicide.

• That same white paper notes that the only larger risk factor for suicide is depression or other mood disorders, which means that seniors who abuse drugs or alcohol are taking big risks.
An Invisible Epidemic

“Alcohol use in the older population is a growing public health problem and it’s going to get worse as baby boomers age; the problem has been described as an invisible epidemic because of the very, very low rates of identification.” – Dr. Grace Chang, Internal Medicine News, June 15, 2016
DRUG-FREE AMERICA

AGE 0-4  AMOXICILLIN
4-12  RITALIN
12-18  APPETITE SUPPRESSANTS
18-24  NO-DOZ
24-38  PROZAC
38-65  ZANTAC
65  EVERYTHING ELSE
...the top prescription is for your arthritis, but it may cause a heart attack. The second prescription should prevent a heart attack, but it could damage your liver. The third should prevent liver trouble, but it may destroy your spleen. The fourth protects the spleen but has been known to eat away the prostate. The fifth.....
Although misuse of prescription drugs affects many Americans, certain populations such as youth, older adults, and women may be at particular risk.

In addition, while more men than women currently misuse prescription drugs, the rates of misuse and overdose among women are increasing faster than among men.
National Institute on Drug Abuse

• A large percentage of older adults also use over-the-counter medicines and dietary supplements, which (in addition to alcohol) could compound any adverse health consequences resulting from nonmedical use of prescription drugs
RISK FACTORS

• With advancing age, there is an increase in chronic diseases and disability
• With disease and disability comes an increase in the use of prescription and OTC medicines
• There are abundantly more Rx and OTC medications today than 20 years ago
Many Doctors, Multiple Drugs

Four in 10 older Americans take medications prescribed by two or more health care providers*, increasing their risk of drug interactions or duplications.

<table>
<thead>
<tr>
<th>Number of Doctors</th>
<th>Percentage of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two Doctors</td>
<td>21%</td>
</tr>
<tr>
<td>Three Doctors</td>
<td>11%</td>
</tr>
<tr>
<td>Four+ Doctors</td>
<td>11%</td>
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</tbody>
</table>

Note: 39% have been prescribed medications by one provider, 16% have not been prescribed medications.

*Includes physicians, physician assistants, and nurse practitioners
Source: American Society of Health-System Pharmacists
POSSIBLE NEGATIVE OUTCOMES OF POLYPHARMACY

1. Increased risk of medication errors
2. Increased risk of hospitalization
3. Increased medication use = higher treatment costs
4. Increased adverse drug reactions
5. Drug-drug, drug-food, drug-disease interactions
6. Nonadherence (Non-compliance), especially with complex drug regimens and with seniors in cognitive decline
GREATES RISKS IN SENIORS WITH DIZZINESS/DROWSINESS/LIGHT HEADEDNESS

RISK OF FALLING

IMPAIRED DRIVING
OR
OPERATING MACHINERY
A given dose of a given medication produces a different, and sometimes unexpected, response in an elderly patient compared to a younger patient of the same gender and similar body weight.
MEDICATION MISUSE AND ABUSE IN OLDER ADULTS …..

Most Likely To Be Abused Include:

Alcohol

Opioids/Analgesics
  Oxycodone (Oxycontin)
  Hydrocodone/APAP (Vicodin, Norco, Lortab)

CNS Depressants (Anti-Anxiety “Benzo’s”)
  Alprazolam (Xanax)
  Lorazepam (Ativan)
  Diazepam (Valium)

Muscle Relaxants
  Carisoprodol (Soma)

Barbiturates
  Butalbital (Fiorinal, Fioricet)

CNS Stimulants (to a lesser degree)
  Methylphenidate (Ritalin)
  Amphetamines
RISK FACTORS

• Life changing events place the elderly at risk for chemical dependency problems

• The elderly retire and begin to outlive spouses, friends and family members and lose accustomed life roles

• Often they have to cope with limited financial resources

• Physical ailments may limit their activities

• These problems and the lower self-esteem they may cause increase the likelihood of alcohol and other drug abuse
RISK FACTORS IN THE OLDER ADULT

Increase in the U.S. population of older adults

Older adults have more chronic diseases and there are more meds available today to manage those chronic diseases

A changed culture in the medical community on pain management

Prescribers writing more prescriptions some with inappropriate medications and/or quantity of medication prescribed

Patients seeing more than one physician at the same time

Proliferation of rogue internet pharmacies

Patients’ poor medication taking behavior (Adherence/Compliance)

Drug manufacturers’ Direct-To-Consumer advertising

Psychosocial: Loneliness, Isolation, Financial Issues, Hoarding, Cognitive Decline/Dementia
Prescription Drugs and the Older Adult
Warning Signs

- Diminished psychomotor performance
- Impaired reaction time
- Loss of coordination
- Falls
- Excessive daytime drowsiness
- Confusion
- Aggravation of emotional state
- Amnesia
- Dependence
On-Line Pharmacies Michael Gabay, PharmD, 2015

• The ability of consumers to obtain prescription medications via the Internet has grown exponentially over the past decade, with the Federal Bureau of Investigation (FBI) estimating that there are more than 80,000 “portal” Web sites that allow individuals to place medication orders through illegal pharmacies.

• The number of reputable online pharmacies is dwarfed by those that operate illegally.
The need to educate consumers about the dangers of purchasing prescription drugs without a valid prescription is growing.

Prescription opioid pain relievers are involved in more overdose deaths than any other opioid overdose deaths, according to the Centers for Disease Control and Prevention.

In addition, prescription drugs remain common drugs of abuse.
More than 80 percent of older patients (aged 57 to 85 years) use at least one prescription medication on a daily basis, with more than 50 percent taking more than five medications or supplements daily.

This can potentially lead to health issues resulting from unintentionally using a prescription medication in a manner other than how it was prescribed, or from intentional nonmedical use.
The high rates of multiple (comorbid) chronic illnesses in older populations, age-related changes in drug metabolism, and the potential for drug interactions makes medication (and other substance) misuse more dangerous in older people than in younger populations.
America’s “Other” Drug Problem

Poor adherence (compliance) to medication taking instructions

May be intentional or unintentional
IN OLDER ADULTS …..

Frequently ……..

DRUG MISUSE    DRUG ABUSE

Continued Misuse Progresses to Abuse and Dependence

Data from National Institute of Health (NIH)
RISK FACTORS
Older Adults Non-Medical Prescription Drug Use

Misuse of medications:

Forgetting whether a medication has been taken, risks doubling up on dosage, whether intentional or not

A culture of:

“A medication for every condition”
Substance Abuse

• Substance comorbidities are a complicating factor in psychiatric in patient admissions

• Older adults with depression are more likely to abuse alcohol than those without depression and to have an increased likelihood of a more severe onset and course of late-life depression (Sacco et al 2015)
PSYCHOSOCIAL RISK FACTORS

“Hoarding” old, unused medications and self medicating using these medicines

Older adults trying to avoid the inconvenience and expense of a physician visit, will self medicate

Older adults are more isolated with few daily social contacts to notice changes in behavior

Memory impairment and confusion

Other Considerations With Older Adults

- **Early onset-chronic alcoholics/addicts**
  - Abused alcohol throughout their lives
  - = 66% of the Older Adult AOD population

- **Late onset - “situational alcoholics”**
  - Loneliness, grief, boredom, retirement, isolation, loss of loved ones, health problems and self medication
  - = 33% of the Older Adult AOD population
Substance Abuse

• Alcohol-related conditions and heavy drinking are associated with poor health status and depressive symptoms.

• Even though alcohol-related diagnoses may worsen health, decreases in overall health may lead to changes in drinking over time, leading older adults to cut back on drinking or abstain completely.
Alcohol & Aging

According to Atkinson & Blow (2009):

- Over 1 million older adults suffer from alcohol dependence currently.
- Because they regularly drink to excess, they experience serious adverse health and social consequences.
- With the increasing size of the aging pop, the ranks of aging alcoholics will swell to 23 million over the next 25 years.
Variety of Alcohol Problems

Alcohol problems affect the older adults in three ways:

1. Some older people just drink too much; they exceed the recommendation of not drinking more than 7 standard drinks per week – these are called risky drinkers

2. Combining alcohol and prescribed or illicit drugs
Variety of Alcohol Problems

3. Alcohol dependence – consumption and difficulties are more pervasive, entrenched and longstanding – an earlier pattern of risky drinking is usually found prior to the development of dependence on alcohol later in life.
Aging, Drinking & Consequences

- Higher BAC from a given dose
- More impairment at a given BAC
- Interactive effects of alcohol, chronic illness and medication
Dual Diagnosis

• Alcohol problems exist with & compound other mental disorders
• Alcoholism accelerates and mimics the dementing process – can produce confusion and memory loss – can precipitate suicide
Substance Use and Depression


- Even moderate drinking may reduce antidepressant response and increase risk of side effects
- Adults with depression use cannabis at rates 2-8 times higher than the general population
- Cannabis users may benefit less from depression treatment than nonusers
Substance Use and Depression

- Adults with depression are at high risk for escalation of substance problems
- Appropriate intervention has the potential to improve depression outcomes and prevent onset of dependence
- Identification of problematic alcohol and drug use among depressed adults is essential
Alcohol Guidelines for Older Adults

- According to the National Institute on Alcohol Abuse and Alcoholism & the Center for Substance Abuse Treatment’s TIP Series:
  - People 65+ -- no more than one standard drink per day or 7 standard drinks per week
  - No more than 2 standard drinks on any one OCCasion
What Is A Standard Drink

- One can of ordinary beer or ale – 12 oz
- A single shot of spirits – 1.5 oz
- A glass of wine – 5 oz
- A small glass of sherry – 4 oz
- A small glass of liqueur – 4 oz
A NEW STUDY SAYS A DRINK OF ALCOHOL PER DAY IS GOOD FOR YOU.

ONE? OK...
Professional helpers need to tell older clients that three age related changes significantly affect the way an older person responds to alcohol:

• The normal decrease in body water that comes with age means the same amount of alcohol that previously had little effect can now cause intoxication

• These changes in body water increase sensitivity and decrease tolerance to alcohol

• The decrease in the rate of metabolism of alcohol in the gastrointestinal tract means blood alcohol level remains raised for a longer time and an increased strain is placed on the liver.
Professionals need to discuss the ways in which alcohol can trigger or worsen serious problems including:

- Heart problems
- Risk of stroke
- Cirrhosis and other liver diseases
- Gastrointestinal bleeding
- Depression, anxiety, and other mental health problems
Special Issues

• Complexity, severity and urgency of the alcohol problem
• Special populations – Disabled, women, ethnic/cultural minorities, LGBT community, rural populations, homeless
• Housing
• Transportation
• Restoration of family ties
Alcohol’s Effect on Brain Health

- Slow or impaired communication among brain cells, even with moderate use
- Poor driving, slurred speech, fuzzy memory, drowsiness, dizziness
- Long-term changes to balance, memory and emotions, coordination, and body temperature

Staying away from alcohol can reverse some changes.

Some medicines can be dangerous when mixed with alcohol.
Addiction: What Is It?

- Simply put: Addiction is a chronic, relapsing brain disease
- Drugs and alcohol change the brain – they change its structure and how it works
- Repeated drug use disrupts well-balanced systems in the brain – the brain develops a one-track mission to seek and use drugs
Brain Impairment

- Alcohol contributes to brain damage both directly and indirectly – (a) damage in the form of a shrinking of the brain from the toxic effects of the alcohol itself; (b) poisoning of brain cells by toxins circulating in the blood as a result of the failure of a diseased liver to metabolize them; and (c) damage to the nervous system because of nutritional deficits.
The Disease of Addiction

• The disease of addiction is especially insidious because it affects the very brain areas that people need to: think straight – apply good judgment – make good decisions for their lives
Cultural Competence

According to Salazar (2010):

• Minority elderly will continue to increase
• Our substance abuse and mental health system is not prepared or equipped to meet the needs of this population
• Most racial and ethnic older adults are underserved by our system
• A constellation of barriers deters racial and ethnic minority group for getting treatment
Barriers to Treatment

• Family attitudes – Family members may have unknowingly become “enablers” – they want to believe their loved one’s drinking problem is harmless
• Professional attitudes – Cannot distinguish between age-related physical changes and symptoms of alcohol abuse; ageist attitudes persist
• Fear and resistance – Older adults may resist treatment that requires them to leave their home – the decision to pursue treatment must be their own
Treatment

- Detoxification of heavy alcoholic geriatric patients should be done in hospital setting.
- Following detox patient should be immediately enrolled in inpatient program, day treatment or outpatient therapy.
- Disulfiram (Antabuse) is not recommended due to increased risk of serious side effects.
- Naltrexone (Trexan) is an opiate antagonist that reduces cravings but role in geriatrics not established.
Gender and Suicide Ideation/Death

- Elderly white men are the most at risk for death by suicide.
- The Centers for Disease Control and Prevention noted that roughly 51 of 100,000 white males 65 or older commit suicide.
- Why men? There is no one, cut-and-dried answer -- it is true that gender roles were more rigid and enforced when today’s seniors grew up.
- Believing that they cannot show emotion, equating emotion with weakness, or needing to “be strong” for others may stop older men from seeking help or voicing their feelings of loneliness and depression.
Depression and Men

- Evidence is growing that men are equally vulnerable to depression as are women.
- Men’s depression, however, remains unidentified, undiagnosed, and untreated.
- Men appear to be less willing to seek professional help – more reluctant to seek help even from friends.
Men and Depression

• Male depression is often a result of – Combined effects of biological predisposition, early childhood loss and trauma, gender-role restrictions in behavior, life disappointments, unresolved grief, poor social support, and a growing awareness of mortality

• Because of stigma, men allow their pain to burrow deeper and further from view
Depression

- People experience depression in different ways
- Symptoms of depression include: any change in behavior (e.g. eating habits, sleep patterns); fatigue; loss of interest in people or activities that once were pleasurable; thoughts of death and/or suicide; feelings of worthlessness.
Findings by Dombrovski and others:

• Results suggested “a robust association between perceived status loss and attempted or contemplated suicide in depressed older adults”

• In older adults with depression, the experience of a decline in socio-economic status (SES) was related to attempting and contemplating suicide.
Difference Between Suicide & Other Forms of Death

• Suicide is voluntary – other deaths are not (for the most part)
• Suicide death is very hard to reconcile
• Facts – The person who dies as a result of suicide leaves all loved ones behind; deprives the survivors of any chance to change his/her mind; severs irreparably all ties with family, friends, co-workers, and/or professional helpers
The 10 leading causes of death in 2016
American Association of Suicidology Official Data

1. Diseases of heart (heart disease)
2. Malignant neoplasms (cancer)
3. Accidents (unintentional injuries)
4. Chronic lower respiratory diseases
5. Cerebrovascular diseases (stroke)
6. Alzheimer’s disease
7. Diabetes mellitus (diabetes)
8. Influenza and pneumonia
9. Nephritis, nephrotic syndrome and nephrosis (kidney disease)
10. Suicide (Intentional self-harm)
The Rise in the Suicide Rate

• The rate of suicide had been falling from 1979 to 2000. During the next 11 years, the suicide rate rose and continues to rise – there was a noticeable increase, post 2007, during the Great Recession

• ---DeFina & Hannon (2015)
Suicide Death in the U.S. 2016 Official Final Data – American Association of Suicidology

- Suicide rate for the nation – 13.9 per 100,000 population – 44,965 actual number
- Suicide rate for young persons – 13.2 per 100,000 population (15-24) – 5,723 actual #
- **Suicide rate for older adults** – 16.7 per 100,000 (65+) or 8,204 actual number
- Suicide rate for middle age (45-64) – 19.2 per 100,000 or 16,196 actual number
- Suicide is 10\textsuperscript{th} leading cause of death; homicide is 16\textsuperscript{th} leading cause of death
Suicide Death in the U.S. 2016 Official Data – AAS – Ethnic/Cultural Rates per 100,000 pop.

- Nonwhite Female (1,106) .................. 3.0
- Nonwhite Male (3,695) .................... 10.9
- Black Female (564) ....................... 2.4
- Hispanic (3,668) ......................... 6.4
- Native Americans (629) ................... 13.6
- Asian/Pacific Islanders (1,402) .......... 6.8

- Disparities in mental health service use by racial/ethnic minority groups are well-documented.
- In combination with the findings that racial/ethnic minorities tend to receive less overall mental health care, less outpatient mental health care, and are less likely to visit mental health specialists suggest that older racial/ethnic minority adults may not be receiving needed mental health services.
- Rates of treatment initiation and adequacy indicate that the majority of older adults, regardless of race/ethnicity, are not receiving needed mental health care.
LGBTQ Population (Haas, et al 2013)

- Despite strong indications of elevated risk of suicidal behavior in lesbian, gay, bisexual, and transgender people, limited attention has been given to research, interventions or suicide prevention programs targeting these populations.
- Because death records do not routinely include the deceased person’s sexual orientation, there is no official or generally reliable way to determine rates of completed suicide in LGB people.
- Studies in the United States and abroad provide strong evidence of elevated rates of reported suicide attempts among LGB individuals.
According to the World Health Organization

• Close to 800 000 people die due to suicide every year -- which is one person every 40 seconds
• Many more attempt suicide
• Suicide occurs throughout the lifespan
Suicide Risk and The Elderly

• According to the U.S. Census Bureau, there are 75.4 million baby boomers.
• If elderly suicide rates remain the same, that means that more than 11,000 lives will be lost to suicide annually as baby boomers reach 65 and older.
Risk Factors for Late Life Suicide According to Conwell (2014)

Major Psychiatric Illness:
• Major affective illness (depression) is the factor most associated with late life suicide
• Anxiety disorders and substance use disorders follow

Personality Traits:
• Neuroticism, rigid coping, anxiety and obsessive features are linked to late life suicide
Risk Factors Continued

Physical Illness:

• Malignancies and cardiovascular disease, pulmonary, gastrointestinal, and central nervous systems are related; chronic pain is also associated with late life suicide

Social Context:

• Social and psychological disconnectedness (family discord; social isolation; loneliness; bereavement)
Risk Factors Continued

Functioning:

• Physical illness, mental disorders, social context, and impaired functioning are complex – each may result in disability – disability is associated with late life suicide
Depression & Suicide

- **Depression, substance abuse, and social isolation** are the three of the most important risk factors for older adult suicide.
- Older adults have a high risk of suicide – Men 85+ are 15 times more likely to die by suicide than women of the same age.
The Brain and Suicidal Behavior

• Neuropsychological and neuroimaging studies reveal the existence of dysfunctional cognitive processes and altered regional brain activity and structure in patients with a history of suicidal acts, independent of comorbid psychiatric disorders.

• In addition to the clinical, neurobiochemical and genetic studies, these studies support the concept of a particular vulnerability to suicidal behavior (Jollant, et al 2011).
Interpersonal Theory of Suicide – Thomas Joiner

• Proposes that an at-risk individual must have both the **desire for suicide** and the **ability to carry out the act**

• Desire for suicide: (1) A thwarted sense of belongingness; and (2) A feeling of perceived burdensomeness on others

• Thwarted belongingness – a profound sense of alienation; one is not an integral part of any valued group
IPTS Theory

- Two components of thwarted belongingness: (1) loneliness; and (2) absence of reciprocal care – relationships in which individuals both feel cared about and demonstrate care of another

- Perceived burdensomeness – views oneself as defective and flawed to the point of being a liability to others
IPTS Theory

• Two components of perceived burdensomeness: (1) liability; and (2) self-hate

• Acquired capacity for self-harm – includes habituation to pain; and a sense of fearlessness about death that is learned over time
• Marty, et al (2012) argue that the Interpersonal Theory of Suicide is well-suited to describe late life suicide – older people are more likely to experience shrinking social networks (decreased belongingness) and dependence on others due to functional decline (increased burdensomeness)
Ratio of Attempts to Completed Acts of Suicide – Conwell 2013

• For young people – 200 attempts to 1 death by suicide
• For general population – 20 attempts to 1 death by suicide
• For older adults – 2:4 attempts to 1 death by suicide
Ethnicity and Suicide

• Unfortunately, most suicide intervention and prevention programs are based upon known risk factors for Caucasians due to their higher rate of suicide in the past.

• However, researchers are now beginning to investigate potential risk factors that may be unique to other ethnic groups.

• Research has also found an association between sexual orientation and suicidality -- suicidal thoughts and attempts are higher among gay and bisexual males than their heterosexual counterparts, especially during adolescence.
Double Suicide Deaths

• Double suicides, which take the life of a person and a spouse, are also more likely among the elderly, many for gender-related reasons.

• Without a spouse to support/care for them, elderly women are more likely to see themselves as alone, weak, or isolated, and thus will complete the act along with their spouse.
Suicide Prevention in the Elderly

Suicide prevention among older adults is difficult:

- In part because subtle presentations, high medical comorbidity, and concurrent cognitive impairment can complicate accurate assessment of suicidality diagnosis.
- Prior work also suggests that clinicians often underdiagnose or under-treat depression (a robust risk factor for suicide) and suicide ideation (SI) among older adults.
Suicide Prevention in the Elderly

• These findings might stem partly from difficulties in distinguishing between normal reactions to the changes associated with aging and suicidal thoughts triggered by hopelessness, social stressors, or physical or mental illness.
The Aftermath of Death by Suicide (Cerel, 2015)

• For each death by suicide 147 people are exposed (6.6 million annually)
• Among those, more than 6 experience a major life disruption (loss survivors)
• If each suicide has devastating effects and intimately affects > 6 other people, there are over 269,000 loss survivors a year
• The number of survivors of suicide loss in the U.S. is more than 5.2 million (1 of every 62 Americans in 2016); number grew by more than 269,790 in 2016
References

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References

• Osho (2012). Learning to silence the mind: Wellness through meditation.
• Tatelbaum, J. (2012). You don’t have to suffer: A handbook for moving beyond life’s crises.
References


References


References

References


Resources

RethinkingDrinking.niaaa.nih.gov
Alcoholics Anonymous (AA) www.aa.org
American Academy of Addiction Psychiatry www.aaap.org
Substance Abuse Treatment Facility Locator www.findtreatment.samhsa.gov
Al-Anon/Alateen www.al-anon.alateen.org