

SUICIDE AND SUICIDE PREVENTION IN OLDER ADULTS

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Disclosure

- The presenter DOES NOT have an interest in selling a technology, program, product, and/or service to CME/CE professionals.
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Collaborators

- Yeates Conwell, MD and many more....
- Eric Caine, MD
- Kenneth Conner, PhD
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“My work is done. Why wait?”

George Eastman
March 14, 1932
Age 77



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Significance

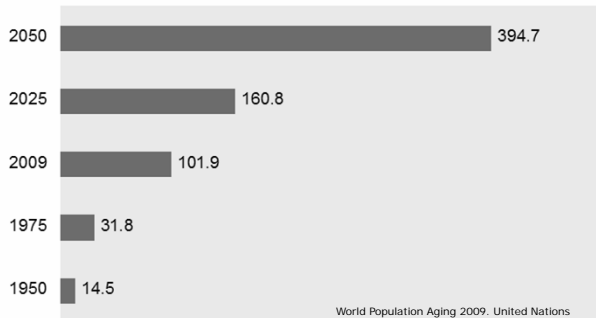
- Older adults are the most rapidly growing segment of the population.



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Population aged 80 or over: world, 1950-2050
(Millions)



World Population Aging 2009. United Nations



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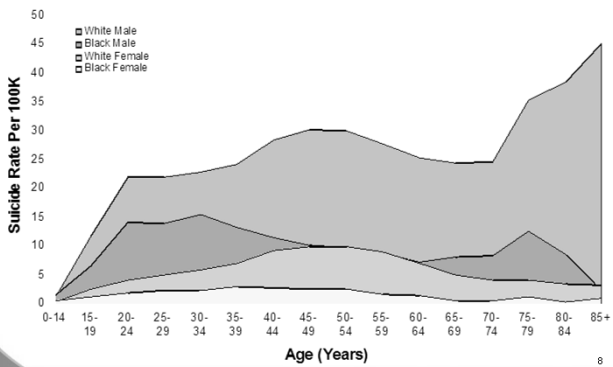


Significance

- Older adults are the most rapidly growing segment of the population.
- Older adults have higher rates of suicide than other segments of the population.

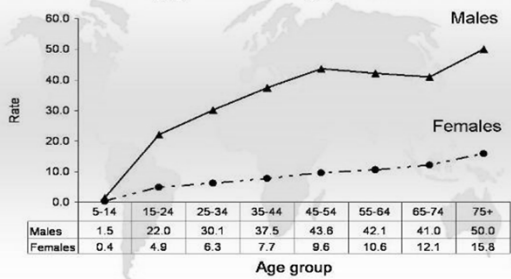


Suicide Rates by Age, Race, and Gender U.S. -- 2007



Worldwide Suicide Rates, WHO

Distribution of suicide rates (per 100,000) by gender and age, 2000



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

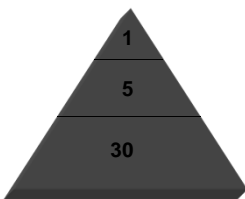


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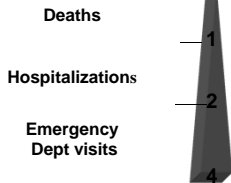


ATTEMPTED : COMPLETED SUICIDE

General population



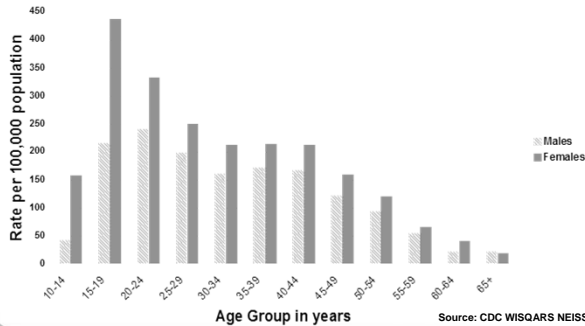
Older adults



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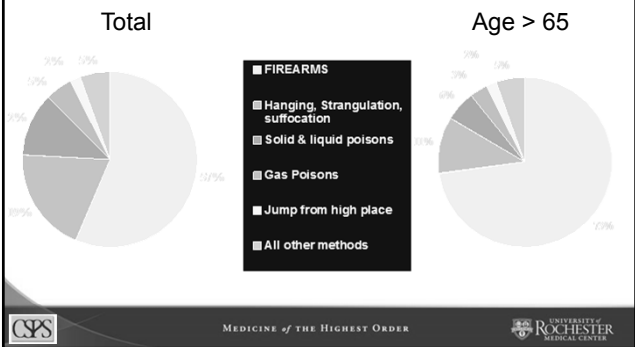
Self-inflicted injury among all persons by age and sex – United States, 2007



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METHODS OF SUICIDE IN THE U.S.

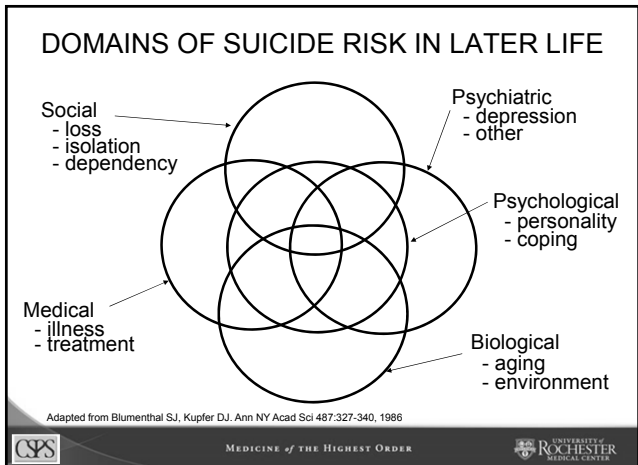


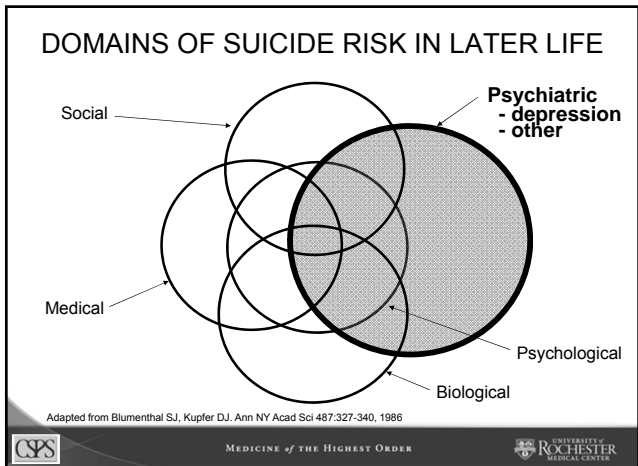
LETHALITY OF LATE LIFE SUICIDE

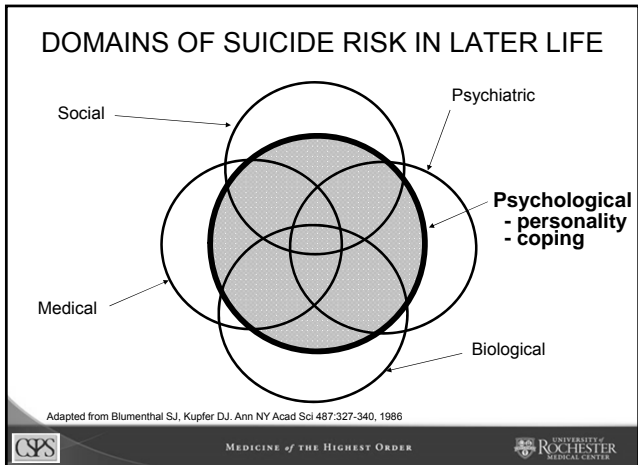
- Older people are
 - more frail (more likely to die)
 - more isolated (less likely to be rescued)
 - more planful and determined
- **Implying**
 - **interventions must be aggressive**
 - **primary and secondary prevention are key**

As the largest and most rapidly growing segment of the population enters the stage of life with highest risk for suicide, we should expect the total number (and proportion) of late life suicides to *increase dramatically* in coming decades.

WHAT CAN WE DO ABOUT IT?



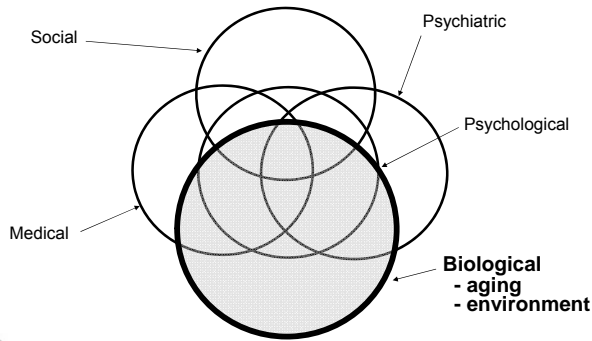




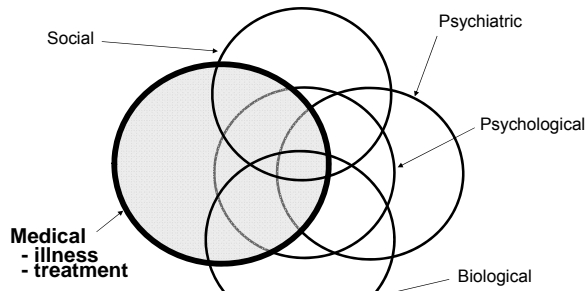
Personality Traits In Later Life Completed Suicides

- High Neuroticism
 - anxious
 - angry
 - sad
 - fearful
 - self-conscious
- Low Openness to Experience
 - follow routine
 - prefer familiar to the novel
 - constricted range of intellectual interests
 - blunted affective and hedonic responses

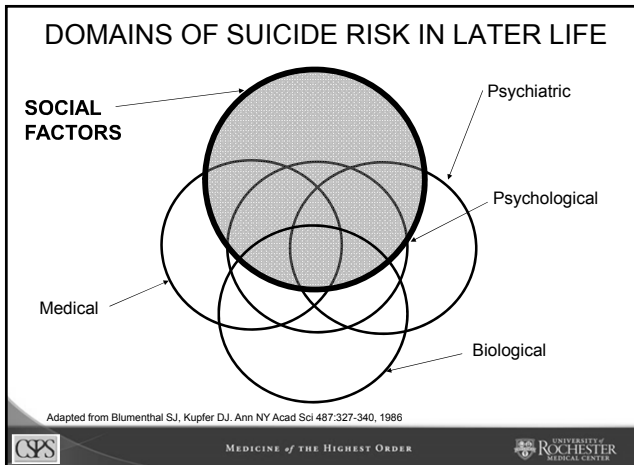
DOMAINS OF SUICIDE RISK IN LATER LIFE



DOMAINS OF SUICIDE RISK IN LATER LIFE



Adapted from Blumenthal SJ, Kupfer DJ. Ann NY Acad Sci 487:327-340, 1986



RISK FACTOR: Firearm Access

	<u>SC</u>	<u>NC</u>	<u>OR</u>	<u>95% CI</u>
%(N) with				
- guns in home	62.7 (52)	41.3 (33)	2.3	1.2-4.8
- handgun	36.1 (30)	18.8 (15)	2.4	1.2-5.6
- long gun only	26.5 (22)	22.5 (18)	1.3	0.6-2.9

Conwell et al, AJGP 2006

- ### RISK FACTORS FOR SUICIDE AMONG OLDER ADULTS
- Depression – major depression, other
 - Prior suicide attempts
 - Co-morbid general medical conditions
 - Often with pain and role function decline
 - Social dependency or isolation
 - Family discord, losses
 - Personality inflexibility, rigid coping
 - Access to lethal means

POINTS OF ACCESS

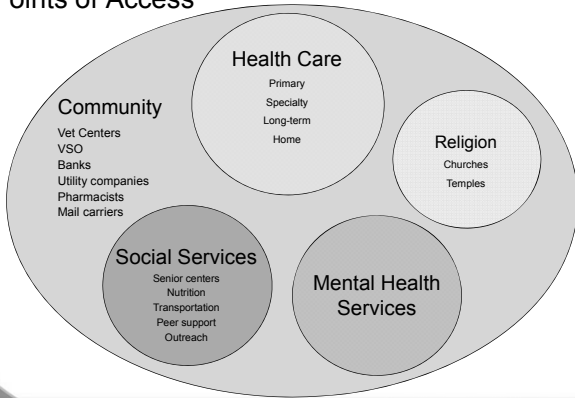
Where do we find older adults at risk of suicide, so that we can intervene?



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Points of Access



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PREVENTION FRAMEWORK

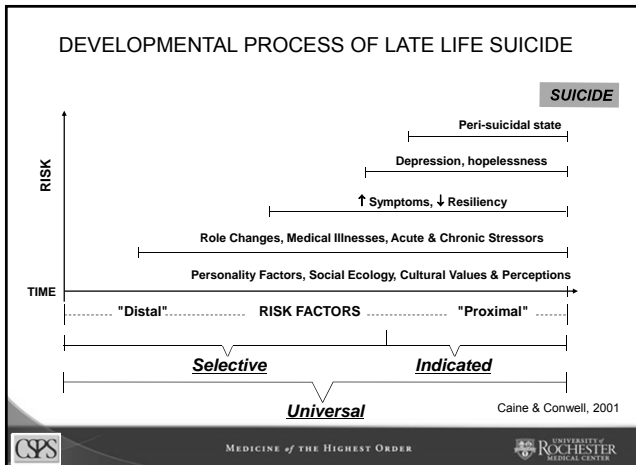
HOW DO WE PREVENT SUICIDE IN ELDERS?

(Approaches to Prevention)



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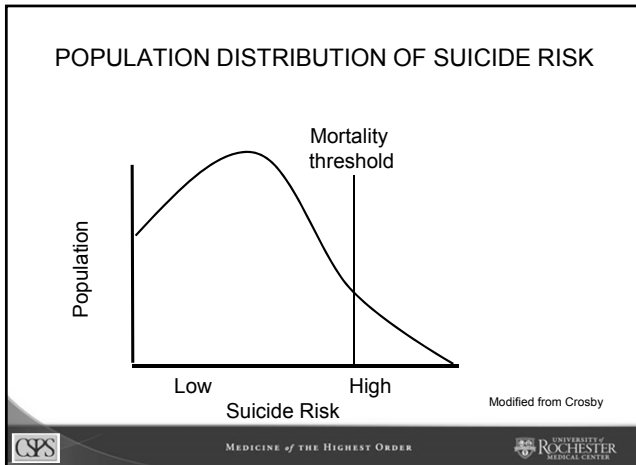


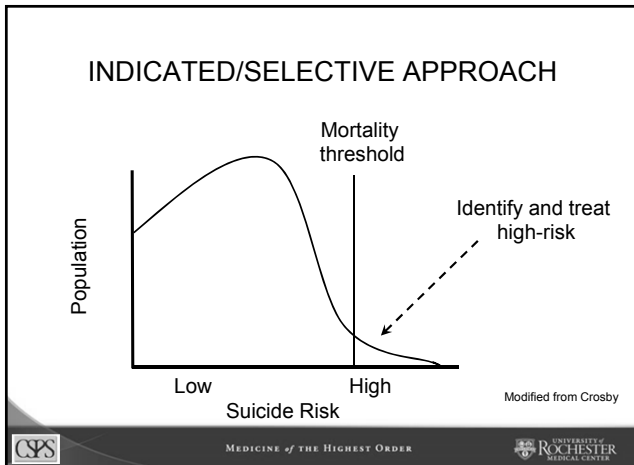
Institute of Medicine Terminology:
 “LEVELS” OF PREVENTIVE INTERVENTION

“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
- Because of the close association between depression and suicide in older adults
 - *detection and effective treatment of depression are key*
 - Routine screening for depression
 - PHQ-9
 - GDS
 - CES-D
 - Depression treatment is effective
 - Including at reducing suicidal ideation and *maybe* suicide rates
 - Primary care most common venue

PHQ-9

Mood Scale (PHQ)
I am now going to ask you some questions regarding your emotional health.

In the past two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	0	1	2	3
b. Feeling down, depressed, or hopeless	0	1	2	3
c. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
d. Feeling tired or having little energy	0	1	2	3
e. Poor appetite or overeating	0	1	2	3
f. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
g. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
h. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
i. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

j. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Total Score PHQ: _____

Question "i"

- "Over the last 2 weeks, how often have you had thoughts that you would be better off dead or of hurting yourself in some way?"
- If "not at all", finish PHQ-9 with item "j"



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RISK RECOGNITION

- Inquire about nature and extent of suicidal thoughts and behaviors
 - Have you had thoughts about death?
 - That life is not worth living?
 - Thoughts of taking your own life, of suicide?



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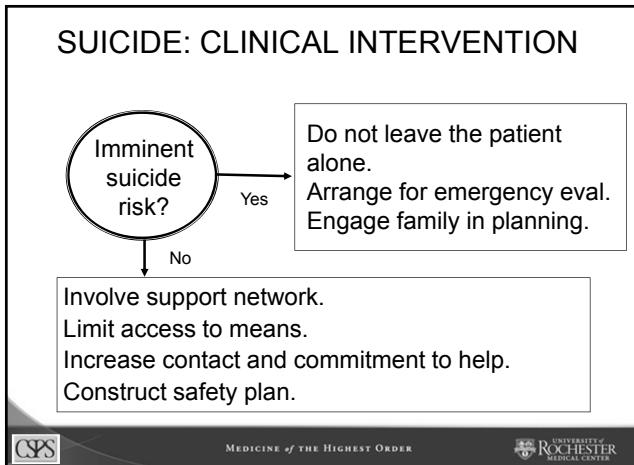
SUICIDE RISK ASSESSMENT

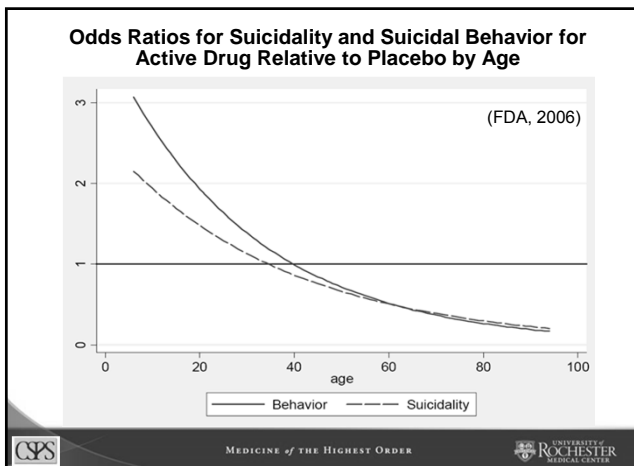
- **If yes, ask:**
 - Have you thought about how you would do it (**plans**)?
 - Do you have the (**means**) available (e.g., a gun and bullets)?
 - Have you rehearsed or **practiced** how you would kill yourself?
 - How strong is your **urge** to do this?
 - Have you ever tried to harm yourself before (**previous attempts**)?
 - What has kept you from doing it?

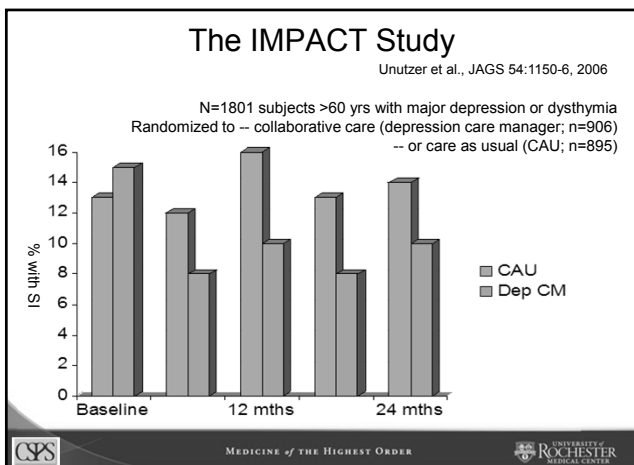


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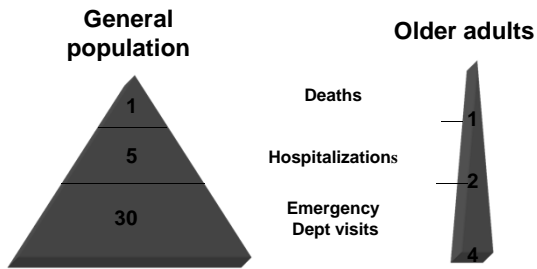








ATTEMPTED : COMPLETED SUICIDE



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SELECTIVE PREVENTION

- High-risk groups, though not all members bear risks – prevention through reducing risks.



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Tele-Help/Tele-Check Service for the Elderly

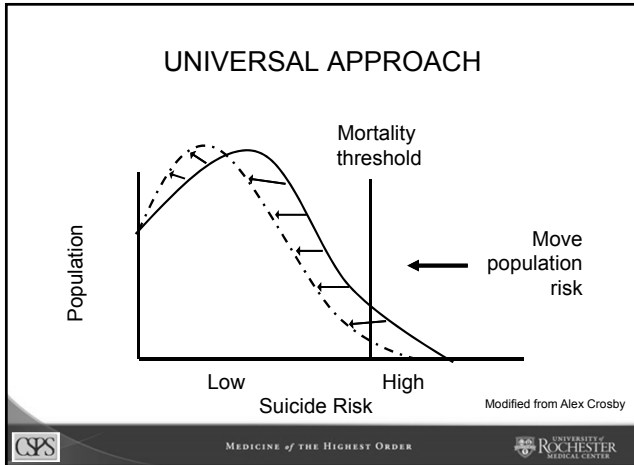
- 18,641 service users in Padua, Italy
- January 1, 1988 thru December 31, 1998
- Mean age = 80.0 years
- 84% women, 73% lived alone
- Suicides observed = 6
 expected = 20.9
 SMR = 28.8% (p<.0001)
- Among women

DeLeo et al., Br J Psychiatry 181:226-229, 2002



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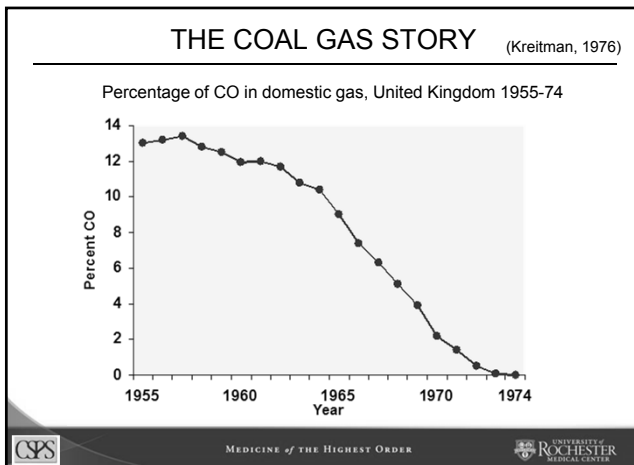


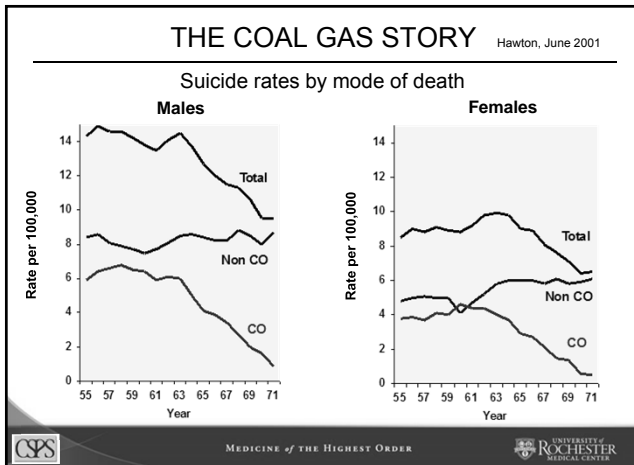


UNIVERSAL PREVENTION

- Focused on the entire population as the target – prevention through reducing risk and enhancing health.

CSPS MEDICINE of the HIGHEST ORDER UNIVERSITY of ROCHESTER MEDICAL CENTER





OPTIMAL SUICIDE PREVENTION =

Indicated
+
Selective
+
Universal

“MULTI-LAYERED SUICIDE PREVENTION”

EFFECT OF MULTILAYERED PREVENTION INITIATIVES ON SUICIDE RATES

		MALE	FEMALE
<i>ALL AGES</i>			
Rutz et al. (1992)	Gotland Study	↔	↓
Hegerl et al. (2006)	Nuremberg	↓	↓
Szanto et al. (in press)	Hungary	↔	↓
<i>OLDER ADULTS</i>			
DeLeo et al. (2002)	Telehelp/Telecheck	↔	↓
Oyama et al. (2004)	Joboji	↓	↓
Oyama et al. (2005)	Yuri town	↔	↓
Oyama et al. (2006a)	Yasuzuka	↔	↓
Oyama et al. (2006b)	Matsudai	↔	↓



Thank you

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