

Older-adult patients more likely to disclose suicidal thoughts as they age

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Suicide among older adults is a growing public health issue. Conditions associated with aging—chronic pain, diagnosed or perceived terminal illness, social isolation, and the death of friends and family—can push older Americans towards ending their own lives. A new study in the *American Journal of Preventive Medicine* shows that 23% of individuals aged 50 and older who died by suicide had disclosed their suicide intent.

Using 10 years of data from the National Violent Death Reporting System (NVDRS), researchers were able to identify key trends about older [suicide](#) decedents. They found the older the decedents were, the more likely they were to have disclosed their intent to die by suicide. Decedents who had depressed mood or [health problems](#) were more likely to have disclosed, as well as those who had recently received [mental health care](#) or undergone substance abuse treatment.

"Findings that depressed mood, [health](#) problems, and other stressors were associated with increased odds of disclosure indicate that suicide may have been prevented by providing the services needed to alleviate these problems," explained lead investigator Namkee Choi, PhD, Louis and Ann Wolens Centennial Chair in Gerontology, Steve Hicks School of Social Work at the University of Texas, Austin, TX. "Healthcare providers need better preparation to screen and aid those in need to prevent suicide."

The study also looked at other aspects of older-adult suicide. The data revealed that disclosure was most often to an intimate partner or other family member, with only a small number talking about suicide to a healthcare professional. In terms of methods of suicide, researchers found that the use of firearms and hanging/suffocation were associated with lower overall disclosure odds. Among firearm users, however, men were more likely to have disclosed than females.

"Because disclosing suicide intent provides an opportunity to prevent suicide and offer assistance in coping with stressors, the study findings have important clinical implications for increasing disclosure and preventing suicide among [older adults](#)," said Dr. Choi. Investigators pinpoint four important interventions that may help prevent suicide by the elderly:

- Healthcare providers, especially primary care physicians who

work closely with older adults, should routinely assess [suicide risk](#) and inquire about access to guns and other means of suicide. Evidence-based prevention training programs such as Applied Suicide Intervention Skills Training should be considered.

- Public health campaigns aimed at families and other social support systems for elderly patients should discuss suicide warning signs and give information on how to seek help after a disclosure.
- Healthcare and social [service](#) systems need to ensure that older adults have access to services that address their mental and physical health needs, such as therapy for ongoing emotional turmoil and crisis counseling, palliative care for chronic pain, and affordable and accessible long-term care services for chronic illness and disabling conditions.
- Older adults suffering from depression, mental illness, or substance abuse need tailored treatment services made to suit their specific needs. These services can be integrated into the primary care setting to ease access and reduce the stigma of getting mental health help.

As suicide rates for older Americans continue to climb, it is crucial to take a close look at this issue and find opportunities for intervention.

"High late-life suicide rates in a rapidly aging society call for more effective ways to identify older adults at risk and provide prevention and intervention services," concluded Dr. Choi.

More information: Namkee G. Choi et al, Older Suicide Decedents: Intent Disclosure, Mental and Physical Health, and Suicide Means, *American Journal of Preventive Medicine* (2017). [DOI: 10.1016/j.amepre.2017.07.021](https://doi.org/10.1016/j.amepre.2017.07.021)

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