

# Suicide attempts spike soon after dementia diagnosis

March 24 2021, by Ernie Mundell

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A new study shows just how devastating a diagnosis of mental decline

can be: Researchers found that rates of suicide rise sharply in the months after such news is delivered.

The study of almost 148,000 older U.S. Department of Veterans Affairs patients, mostly men, looked at diagnoses for [mild cognitive impairment](#) (MCI), which is often (but not always) a precursor to [dementia](#).

"Risk of [suicide](#) attempt was 73% higher in patients recently diagnosed with MCI and 44% higher in those recently diagnosed with dementia" compared to patients without such diagnoses, reported a team led by Amy Byers of the San Francisco Veterans Affairs Health Care System. The researchers reported their findings March 24 in the journal *JAMA Psychiatry*.

The message to patients and those closest to them is clear, according to Jami Halpern, a neuropsychologist at Northwell Health's Institute for Neurology and Neurosurgery in Great Neck, N.Y.

"Following a [diagnosis](#), patients, their loved ones and providers should be conscious of an increase in symptoms of depression, for example, increased social withdrawal, apathy, increased feelings of sadness, increased tearfulness and [suicidal thoughts](#), to name a few," said Halpern, who wasn't involved in the new research.

According to Byers and colleagues, while studies have been done on the risk for suicide in people with dementia, their research is the first to look at connections between MCI and suicide. According to the Alzheimer's Association, MCI involves "a slight but noticeable and measurable decline in cognitive abilities, including memory and thinking skills. A person with MCI is at an [increased risk](#) of developing Alzheimer's or another dementia."

Learning that you have the condition can be, of course, psychologically

troubling. To find out how emotionally damaging a diagnosis of mental decline can be, the San Francisco group looked at five databases on almost 148,000 VA patients averaging 74 years of age. Data was collected between late 2011 and the fall of 2013.

More than 63,000 of the largely white male cohort already had or did receive a diagnosis of dementia, and about 21,000 were diagnosed with MCI. About 63,000 more had no such diagnoses and were used as a comparison group.

A 'recent' diagnosis was defined as anyone who received the news from their doctor after 2011.

According to the researchers, [suicide attempts](#) were rare, but more common in people with a recent diagnosis. Overall, 138 patients with MCI (0.7%), and 400 patients with dementia (0.6%) tried to kill themselves, compared to 253 patients (0.4%) without either condition.

After adjusting for certain demographics and any history of other mental illness, the odds for a suicide attempt rose substantially among people recently diagnosed with MCI or dementia, Byers' group found. In contrast, people with a longstanding diagnosis of MCI or dementia had no such increase in risk.

The timing of a diagnosis is key to the odds for suicide attempts for many reasons, the researchers said. In many cases, people in a very early stage of mental decline are still able to understand what dementia entails. They may be "anticipating progressive cognitive and functional decline, fearing loss of autonomy, and worrying that they become a burden to significant others," the researchers said. They noted that that sense of "burdensomeness" to others is a well-known risk factor for suicide generally.

People in the early stages of mental decline are also far more able than people in full-blown dementia to plan and carry out a suicide attempt. The means of doing so—guns, for example—may still be readily available in the house, because concerned relatives haven't yet taken them away.

Byers and her team stressed that in some cases, MCI is diagnosed but never progresses to dementia—indeed, some MCI patients can "remain stable or even revert to a status of normal cognition," so it should not be seen a condition that dooms one to dementia.

They say their findings highlight the need for "early detection, treatment, and management of these [psychological] symptoms through [mental health services](#)" in people with a diagnosis of MCI or dementia.

Halpern agreed, and said there are other warning signs.

"Feelings of hopelessness or worthlessness and/or expression of feeling as though one is a burden are also potential indicators to be aware of," she said. "Other signs may include a sudden improvement in mood without any apparent cause and/or giving personal items away, as these can be indicative of intent to carry out a plan to die by suicide."

And while it's a subject many caregivers "shy away from," talking to patients directly about any thoughts they might be having of suicide can be crucial, Halpern said.

"Often, loved ones or providers do not want to ask such questions due to fear it will trigger suicidal thoughts if they did not already exist," she said. "However, this is not the case and often patients will divulge these types of thoughts to family or providers when asked and accept help."

And then there's the issue of guns and lethal pills.

"For caregivers and family members, it is important to remove access to any potential means for dying by suicide, such as medications or guns in the home," Halpern said.

In the meantime, "connecting patients early with services, such as a psychotherapist and/or psychiatrist, may be most helpful in mitigating feelings of depression and decrease suicidal ideation," she said.

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