

SUICIDE

Across the
Lifespan



ABOUT ABCT

ABCT is dedicated to bridging communication between scientific and clinical members and the media as well as the public.

We do that in a few ways by

- respond to media inquiries about CBT-related topics by connecting interested journalists, writers, and producers with relevant ABCT experts.
- develop initiatives to assist ABCT members in communicating with the public about science and evidence-based practice. Possible video.
- develop resources to help communicate with the media for ABCT members, journalists, and the public at large if we offered compendiums of relevant resources ("Briefing Books") that provide information about the current science presented in layman's terms.



SUICIDE ACROSS THE LIFESPAN





ABCT MISSION

The Association for Behavioral and Cognitive Therapies (ABCT) is a multidisciplinary organization committed to the enhancement of health and well-being by advancing the scientific understanding, assessment, prevention, and treatment of human problems through the global application of behavioral, cognitive, and biological evidence-based

principles. ABCT is committed to a policy of equal opportunity in all of its activities, including employment. ABCT does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, sex, sexual orientation, gender identity or expression, age, disability, or veteran status.

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CONTRIBUTORS

Association for Behavioral and Cognitive Therapies (ABCT) would like to thank our dedicated contributors without whom this project could not have happened.

Our organization is strengthened by your contribution and commitment to supporting our mission and vision. The wider community benefits daily from your efforts to support evidence based research and your commitment to those in your care.

in gratitude

YOUTH 5 TO 24 YEARS



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**LATE LIFE SUICIDE OFTEN FATAL, DIMINISHED
PHYSICAL RESERVES & USE OF FATAL MEANS**

OLDER ADULTS

Attempted suicides are less common in the geriatric population in comparison to younger cohorts. However, the proportion of suicide attempts that are fatal are more substantial, and among a burgeoning geriatric population is an issue of growing public concern.

PREVALENCE

According to World Health Organization (2014), individuals who are age 70 years and older have the highest rates of death by suicide in most areas in the world. In the US suicide rates among all age groups have increased between 2000-2011, deaths from suicide for those aged 50-74 years have almost doubled. The prevalence of suicide increases with age, especially for males. In 2011, white males 85 years or older had a suicide rate of 47.3/100,000 per year. Suicide rates in the elderly have decreased in the last few decades, but the fatality rate in older adults is the highest across all age groups. It is estimated

that in the general population, 10 to 20 suicide attempts occur for every one death. In the geriatric population, the estimate is 4 suicide attempts for every 1 death by suicide. The high fatality rate has been associated with methodical planning of suicide attempts, paired with systemic medical conditions, and limited physiological reserve that makes older adults less likely to survive a suicide attempt. The Interpersonal Theory of Suicide suggests 2 main reasons for suicidal ideation or behavior in older adults - thwarted belongingness and perceived burdensomeness.



50% DEVELOP
DEPRESSION FOR
THE FIRST TIME
AFTER AGE 65



Factors such as living alone, loneliness, and social isolation resulting in limited social support contribute to a sense of thwarted belongingness is a psychologically painful mental state that results when the fundamental need for connectedness are un-met. People that experience are loss of belonging are more likely to engage in suicidal behaviors,

use more immediate lethal means and are more likely to re-attempt death by suicide. In addition perceived burdensomeness a mental state characterized by thoughts that others would be better off if the person is dead are common in situations of physical impairment, family discord, and unemployment

RISK & PROTE

Medical illnesses, pain, disability, hopelessness, and decreased social connectedness have been noted to contribute to suicidality among older adults. A prior history of suicide attempts is a less relevant factor in older adults, as approximately 75% of aging adults who commit suicide have never made a prior attempt. The prevalence of psychiatric disorders is high among geriatric patients who die by suicide. Up to 97% of suicide attempts have been linked to a psychiatric illness. Major psychiatric illnesses were found in 71%-95% of suicides, with depressive disorders the most common conditions, seen in 54% to 87% of suicides. The absence of a psychiatric history does not necessarily moderate the risk of suicide in the aging individual, as many aging adults who commit suicide never sought mental health treatment. Moreover, about 50% of older adults develop depression for the first time after the age of 65 years. Recognition of the various methods of suicide and their

prevalence among seniors can help alert caregivers and family of available dangers in the environment. Firearms, hanging, and poisoning, are the most common ways older die by suicide. Awareness of recent purchase of guns or potentially poisonous substances, stock piling of medications or 'getting affairs in order' are important warning signs.

**50% DEVELOP
DEPRESSION FOR
THE FIRST TIME
AFTER AGE 65**

CTIVE FACTORS



**SOCIAL SUPPORT
MITIGATES
SUICIDE RISK**

ASSESSMENT

In light of the high prevalence of completed suicides in a burgeoning geriatric population, screening for suicide risk may need to be given a higher priority. Because aging adults often do not report suicidal thoughts spontaneously, it is helpful to use a screening instrument as a first step. A suicide risk assessment involves more than informal surveillance or structured screening. A comprehensive, three-stage process typically includes: 1) evaluation of risk and protective factors as well as warning signs, 2) an in-depth clinical interview to elicit suicidal ideation, behavior, planning and intent, and 3) a clinical risk formulation. Nature and extent of the patient's suicidal thoughts, feelings, and specific plans.

- Presenting suicide events (past 48 hours)
- Recent suicide events (preceding 2 months)
- Past suicide events (2 months prior to present)
- Immediate suicide events (feelings, ideation, intent)

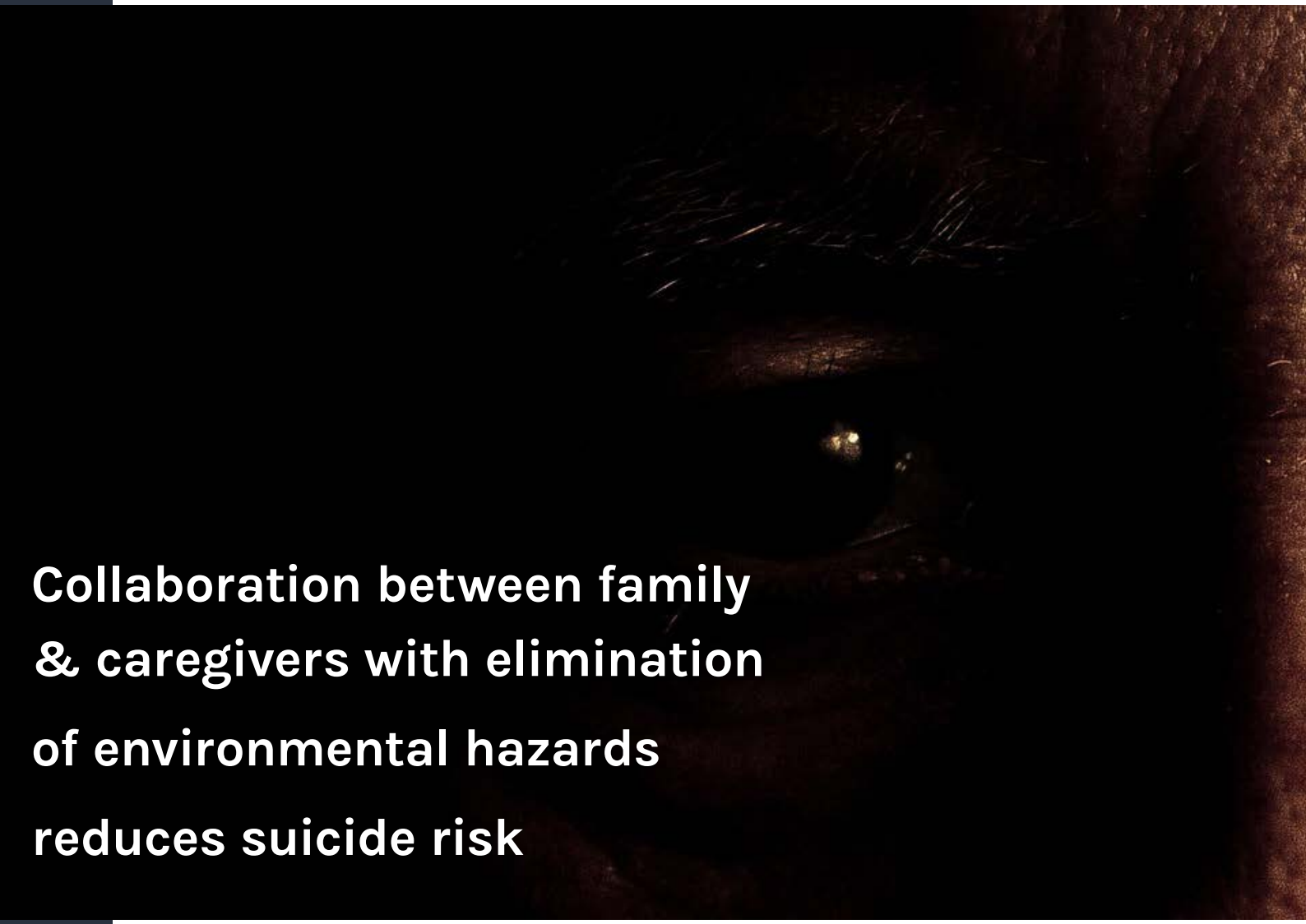


**GETTING "AFFAIRS IN ORDER"
STRONG INDICATOR OF RISK**

PREVENTION

Careful follow up of older adults at potentially increased risk of suicidal behavior, is critical in the prevention of suicidal behavior.

Older Americans living with depression and substance use, both known risk factors for suicide, should be followed closely to reduce the number that die from suicide.



**Collaboration between family
& caregivers with elimination
of environmental hazards
reduces suicide risk**

Under-diagnosed and undertreated alcohol abuse and dependence is a key risk factor for suicide in older adults and an important aspect to prevent suicidal behavior. Elimination of


environmental hazards, and collaboration with family and caregivers with older adults at risk is also important.



TREATMENT

Effective suicide prevention in the elderly should not only focus on mitigating risk factors, but also enhancing protective factors. Understanding what the factors are and what they can and cannot do. Significant others and caregivers may be asked to participate in the development of suicide prevention plans. The plans vary, depending upon the patient's condition, stressors, living environment, resources, and risks. With the suicidal person's permission, the risk of self-harm and death by suicide should be conveyed to caregivers, family, and allied healthcare providers. Safety contracts have sadly not consistently demonstrated prevention of suicidal behavior or death. Identification of support groups, and development of social networks can help mitigate suicide risk in older adults.





The potential efficacy of any treatment plan in older adults with suicidal behavior needs to be considered against the risk of possible adverse effects. Effective pharmacological treatments are available for older adults with suicidal ideation associated with depression or substance use. With antidepressant medication and lithium associated with a reduced risk of suicide compared with placebo. In cases of severe suicidal ideation and intent, paired with a long-history of recurrent episodes of depression Electroconvulsive Treatment (ECT) has shown efficacy, and is safe. Older adults with first occurrence of depression associated with suicidal behavior or whose depression is recent, the difference benefit of medication is less robust.

*"...effective
treatment
is available
for suicidal
behavior
associated with
depression..."*



OLDER ADULTS SUICIDE FAQs

Is the death of a spouse a sign of possible suicide?

Is dementia the reason for suicide in older people?

Are older people wanting to die by suicide depressed?

Suicidal thoughts and behaviors may pose a risk factor for the development of major neurocognitive disorders. Older adults who attempted suicide had an increased risk of developing major neurocognitive disorders later in life. The risk was independent of major depressive disorder and medical comorbidities (e.g. such as fronto temporal dementia).

Among depressive disorders, major depressive disorder has been associated with the highest likelihood of suicide. Depression is the most common psychiatric illness among older adults who die by suicide.

Bereavement most common precipitating life event associated with suicide/ Loss of spouse is a risk factor for suicidal behavior.

Are opioids the reason for suicide in older adults?

Opioids such as fentanyl, hydromorphone, and morphine, show some correlation with suicide, people with severe pain were found to be at increased risk of suicide. Prior prescriptions of these drugs, even at the right doses correlated with subsequent suicide. Medication regimens which have adverse effects on memory, mood, energy, and level of arousal can contribute to suicidality. Non-recommended use of benzodiazepines have shown a correlation with death by suicide, even after controlling poisoning-related suicides. Possibly because the effect of drugs lasts longer, and benzodiazepines contributes to sedation exacerbating the impact of suicidal behavior.

Is chronic illness why older people try to end their life?

Suicidal behavior after age 65 is associated with functional disability and specific medical conditions. Particularly malignant disease, neurological disorder, pain, COPD, liver disease, male genital disorders, and arthritis/arthrosis. Serious systemic illness in any organ is an independent risk factor for suicide. The medical illnesses found highly associated with greater risk of suicide are (i) visual impairment, (ii) neurological disorders, and (iii) malignant disease. The relative suicide risk is increased 5 fold in older adults with 5 or more illness or more illnesses.

Why are more older males dying by suicide than females?

Among elderly males, significant differences are found between the young-old (65-74), middle-old (75-85) and oldest-old (85+), respectively with increasing incidence with greater age. The incidence is significantly greater in older males than older females, across all geriatric age groups. Suicide and serious illness or disability has been found to be more common in men than in women (65% v 44%, $P=0.05$), physical illness was associated with a fourfold increase in the suicide rate in men. Studies suggest that physical illness may be a stronger risk factor for suicide in men than in women.



Awareness of risk factors & routine assessment
essential to decrease suicide rates in older people

IMPACT OF COVID

COVID-19 has had a profound effect on the lives of all older adults. It has resulted in fear of contagion, social isolation, chronic stress, anxiety and depression for many. Older adults with pre-existing physical and psychological condition have felt the impact of the

pandemic more pronouncedly. The likely impact of COVID on suicide rates in older adults may not fully emerge until after the pandemic has passed. In the interim active outreach to older adults at possible risk is strongly encouraged.

SUMMARY

In the US, across all age groups, older adults that die by suicide represent the smallest group, however in terms of the likelihood of suicidal behavior being fatal older adults represent the largest group. Pre-existing medical and physical vulnerabilities paired with the meticulous and often insidious approach that older adults have to suicide planning, means they are at a very high risk of death. White older

males, with access to firearms are the most vulnerable group, although the incidence of older females dying by suicide is on the increase, by more fatal means and in previous eras. Awareness of risk factors and routine assessment are key to the reduction in the number of older adults dying by suicide. For those known to be at risk treatments are available.

ABCT PRESS OFFICE

ABCT Press Office

Responsible for all ABCT publications and ABCT's website. Coordinates projects with the Publications Committee. Handles press relations for ABCT. In Executive Director's extended absence, serves as Deputy Director.

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Director of Communications & Deputy Director

Media Finding Experts

ABCT has a list of speakers and subject matter experts on topics such as PTSD, anxiety, suicide, and more. Details available on the website or by contacting the ABC Press Office.

Media Guidelines for the Responsible Reporting & Depicting of Nonsuicidal Self-Injury (NSSI)



Avoid use of NSSI-related images and details within text, especially of NSSI wounds and methods/tools.



Highlight efforts to seek treatment, stories of recovery, adaptive coping strategies as alternatives to NSSI, and updated treatment and crisis resources.



Avoid misinformation about NSSI by communicating peer-reviewed and empirically supported material, including distinguishing NSSI from suicide.



Present information neutrally; avoid exaggerated descriptions of NSSI prevalence and sensational headlines that include NSSI, especially the method of NSSI.



Use non-stigmatising language and avoid terms that conflate person and behaviour (e.g., cutter, self-injured).

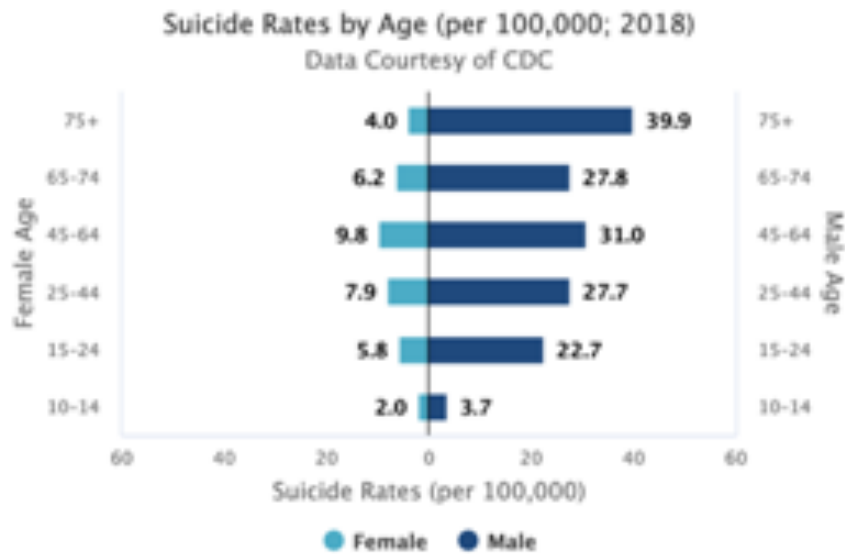


Assure that online article comments are responsibly moderated.

SUICIDE STATISTICS

Leading Cause of Death in the United States (2018) Data Courtesy of CDC							
Rank	Select Age Groups						
	10-14	15-24	25-34	35-44	45-54	55-64	All Ages
1	Unintentional Injury 692	Unintentional Injury 12,044	Unintentional Injury 24,614	Unintentional Injury 22,667	Malignant Neoplasms 37,301	Malignant Neoplasms 113,947	Heart Disease 655,381
2	Suicide 596	Suicide 6,211	Suicide 8,020	Malignant Neoplasms 10,640	Heart Disease 32,220	Heart Disease 81,042	Malignant Neoplasms 599,274
3	Malignant Neoplasms 450	Homicide 4,607	Homicide 5,234	Heart Disease 10,532	Unintentional Injury 23,056	Unintentional Injury 23,693	Unintentional Injury 167,127
4	Congenital Abnormalities 172	Malignant Neoplasms 1,371	Malignant Neoplasms 3,684	Suicide 7,521	Suicide 8,345	CLRD 18,804	CLRD 159,486
5	Homicide 168	Heart Disease 905	Heart Disease 3,561	Homicide 3,304	Liver Disease 8,157	Diabetes Mellitus 14,941	Cerebro-vascular 147,810
6	Heart Disease 101	Congenital Anomalies 354	Liver Disease 1,008	Liver Disease 3,108	Diabetes Mellitus 6,414	Liver Disease 13,945	Alzheimer's Disease 122,019
7	CLRD 64	Diabetes Mellitus 246	Diabetes Mellitus 837	Diabetes Mellitus 2,282	Cerebro-vascular 5,128	Cerebro-vascular 12,789	Diabetes Mellitus 84,946
8	Cerebro-vascular 54	Influenza & Pneumonia 200	Cerebro-vascular 567	Cerebro-vascular 1,704	CLRD 3,807	Suicide 8,540	Influenza & Pneumonia 59,120
9	Influenza & Pneumonia 51	CLRD 165	HIV 482	Influenza & Pneumonia 956	Septicemia 2,380	Septicemia 5,956	Nephritis 51,386
10	Benign Neoplasms 30	Complicated Pregnancy 151	Influenza & Pneumonia 457	Septicemia 829	Influenza & Pneumonia 2,339	Influenza & Pneumonia 5,858	Suicide 48,344

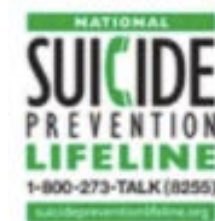
CLRD: Chronic Lower Respiratory Disease



USEFUL RESOURCES



www.veteranscrisisline.net



www.suicidepreventionlifeline.org



www.afsp.org



www.theactionalliance.org

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BRIEFING BOOKS

SUICIDE