Stopping Suicides in Seniors

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Seniors and Suicide: Is It Even An Issue?

- July 12, 1854 – March 14, 1932
  “To my friends: my work is done. Why wait?”
- Age 77; gunshot wound to the heart
- Chronic daily back pain
- Eastman School of Music (Rochester, New York)
  Univ. of Rochester School of Medicine & Dentistry
  Rochester Institute of Technology
  Massachusetts Institute of Technology
  Tuskegee University (Alabama)
  Hampton University (Virginia)
- George Eastman
Seniors and Suicide: Is It Even An Issue?

• July 21, 1899 – July 2, 1961
  “Happiness in intelligent people is the rarest thing I know.”
• Age 61; gunshot wound to the head
• Hemochromatosis; alcoholism; depression
• WWI veteran as Red Cross ambulance driver
• Spanish Civil War & WWII journalist
• 7 novels; 6 short-story compilations; 2 non-fiction works
• 1954 Nobel Prize in Literature
• Ernest Hemingway
Seniors and Suicide: Is It Even An Issue?

• 28 August 1899 – 26 August 1978
  “That love at first sight should happen to me was Life’s most delicious revenge on a self-opinionated fool.”

• Age 78; overdose of Seconal (secobarbital)

• 2 days after his wife’s death (married 44 years)

• Appeared in over 80 films from 1920 to 1976
  4 Academy Award nominations for Best Actor
  1 Golden Globe nomination for Best Actor
  1 Emmy Award nomination

• Starred as himself in an “I Love Lucy” episode

• Charles Boyer
Seniors and Suicide: Is It Even An Issue?

• July 21, 1951 – August 11, 2014
  “I just want to reboot my brain.”

• Age 63; asphyxia (found hanging in his home)

• Lewy body disease

• Depression, delusions, dementia

• He described his career as a failure

• 7 Golden Globe Awards; 4 Grammy Awards;
  2 Emmy Awards; 2 Screen Actor Guild Awards;
  1 Academy Award

• Robin Williams
Seniors and Suicide: How Is It Even Happening?

Suicides by age and income level

Global suicides, by age and country income level (thousands), 2016

- High-income countries
- Low- and middle-income countries

793,000 suicides
79% in LMICs

Source: WHO Global Health Estimates (http://www.who.int/healthinfo/global_burden_disease/estimates)
Seniors and Suicide: How Is It Even Happening?

Figure 3. Suicide rates for males, by age group: United States, 1999 and 2017

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>1999</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14</td>
<td>1.9</td>
<td>3.3</td>
</tr>
<tr>
<td>15-24</td>
<td>16.8</td>
<td>22.7</td>
</tr>
<tr>
<td>25-44</td>
<td>21.6</td>
<td>27.5</td>
</tr>
<tr>
<td>45-64</td>
<td>20.8</td>
<td>30.1</td>
</tr>
<tr>
<td>65-74</td>
<td>24.7</td>
<td>26.2</td>
</tr>
<tr>
<td>75 and over</td>
<td>42.4</td>
<td>39.7</td>
</tr>
</tbody>
</table>

*Significantly different from 1999 rate, p < 0.05.
*Significantly higher than rates for all other age groups in 1999, p < 0.05.
*Significantly higher than rates for all other age groups in 2017, p < 0.05.

NOTES: Suicides are identified using International Classification of Diseases, Tenth Revision underlying cause-of-death codes U03, X60–X84, and Y67.0. Access data table for Figure 3 at: [https://www.cdc.gov/nchs/data/databriefs/db330_table-508.pdf#3](https://www.cdc.gov/nchs/data/databriefs/db330_table-508.pdf#3).

Seniors and Suicide: How Is It Even Happening?

- Suicide rates in USA increased 30% since 1999
  - Highest increases: UT, WY, KS, SC, VT, NH
  - *Any states with decreased suicide rates?*  
    - NV (by only 1%)

- >25 senior suicides (age 65+) per 100,000 population
- 12-13 all-age suicides per 100,000 population

- Seniors account for 12% of the US population but 18% of US suicides
- Beginning at age 65, risk for suicide increases each decade

- 75.4 million baby boomers (US Census Bureau)
- 11,000 lives will be lost to suicide annually as baby boomers reach 65+
Seniors and Suicide: Why Is It Even Happening?  
What are the Warning Signs?

• Loss of interest in things or activities that are usually found enjoyable
• Cutting back social interaction, self-care, and grooming
• Feeling hopeless and/or worthless
• Breaking medical regimens (such as going off diets, prescriptions)
• Experiencing or expecting a significant personal loss (e.g., a spouse)
• Putting affairs in order, giving things away, or making changes in wills
• Stock-piling medication or obtaining other lethal means
• Preoccupation with death or a lack of concern about personal safety
  "This is the last time that you'll see me"
  "I won't be needing anymore appointments"

• **Most significant indicator: an expression of suicidal intent**
Seniors and Suicide: Why Is It Even Happening? What are the Possible Causes?

• DEPRESSION/OTHER PSYCHIATRIC
  • #1 Reason for SI & completed SA: Depression
    • 5% of general elderly population have depression; about 6 million people
    • 11.5-13.5% of those with chronic/hospital illnesses
    • Only 10% receive treatment
  • Alcohol abuse, Anxiety disorders, Psychotic disorders
  • Dementia; not as well documented; may be more in early Dx

• SUBSTANCE ABUSE
  • Mostly alcohol but other drugs of abuse are on the rise
    • Benzodiazepines
    • Opioids +/- BZDs
    • Polypharmacy
  • Often depression and alcohol are paired: risks are raised
Seniors and Suicide: Why Is It Even Happening? What are the Possible Causes?

• SOCIAL ISOLATION
  • Loss of spouse and/or close friends
  • Living alone, loneliness, low social support
  • Chronically unfulfilling relationships

• Interpersonal Theory of Suicide (Joiner & Van Orden)
  2 proximal causes of suicide:
  - Thwarted belongingness
  - Perceived burdensomeness
  - Simultaneous presence of both with acquired capability of suicide: LETHAL
Seniors and Suicide: Why Is It Even Happening? What are the Possible Causes?

- GENDER ROLES/SOCIALIZATION/EXPECTATIONS
  - 31 of 100,000 white males age 65+ suicide & 51 of 100,000 age 85+ (CDC)
  - Males age 65+: 8X more than women age 65+; 2X all other ages
  - Gender roles more fixed when seniors were younger
    - Male expressing emotion = weakness
    - Male as “breadwinner” and in control
    - Changes in mood, money, medical status

- 70% of completed elderly suicides have seen PCP within 4 weeks of death
  - PCPs and other healthcare professionals seem uniquely placed to intervene
  - Not all PCPs are trained or feel comfortable in addressing psychiatric issues
  - Not all senior depressions are easily identified (#1 complaint: fatigue)
  - Average time of PCP visit:
    - 17 minutes
Seniors and Suicide: Why Is It Even Happening? What are the Possible Causes?

• **PAIN/PHYSICAL DISABILITY**
  - Chronic pain is complex – commonly leading to depression/hopelessness
  - Cognitive distortions are frequent – commonly leading to SI
  - *Fear: of pain; disability; reliance on others; discomfort*
  - Not necessarily true but leads to hopelessness/SI
  - Men: particularly burdened by physical illness
  - Men: impaired physical ability = less worth

• **POVERTY**
  - Impoverished seniors are more likely to commit suicide
  - Impoverished seniors are less likely to get good medical care
  - Impoverished seniors are less likely to afford continuous treatment
  - Impoverished seniors are more likely to abuse substances
  - Impoverished seniors are more likely to experience pain/injury
  - Impoverished seniors are more likely to suffer from social isolation
Seniors and Suicide: Can We Even Make a Dent? What Can Be Done?

• PROVIDE SOCIAL CONTACT
  • Seniors who feel loved and are social are less likely to be depressed
  • If loved ones are not nearby: letters; calls; photographs
  • Community events; book reading; cooking events

• PROVIDE REGULAR MENTAL HEALTH VISITS
  • First line of defense for at-risk seniors: early detection and treatment
  • Depression symptoms may seem like normal aging to caregivers
  • Assessment in MH 1-2X yearly can catch it before it’s lethal
Seniors and Suicide: Can We Even Make a Dent? What Can Be Done?

• FACILITATE DISCUSSIONS ABOUT FEARS
  • If the senior is experiencing pain, chronic medical, debility
  • If the caregiver is sensing difficulties with these issues
  • Keeping quiet may seem polite but it can be lethal

• REVIEW WHAT IS GOOD & MEANINGFUL IN LIFE
  • Recalling relationships, careers, achievements, values, faith
  • Even the simple pleasures of life that were shared in love
  • Viktor Frankl, MD (from Man’s Search for Meaning):
    “Those who have a 'why' to live, can bear with almost any 'how'.”
Seniors and Suicide: Can We Even Make a Dent? What Can Be Done?

• **REACH OUT TO OTHER ORGANIZATIONS AND RESOURCES**
  • Treatment programs and senior centers for day programs
  • Intensive Outpatient Programs (THRIVE OU Edmond)
  • Faith-based and/or ethnicity-based organizations

• **REMOVE LETHAL MEANS OF SUICIDE IN THE HOME**
  • Removal of firearms from the homes of at-risk seniors
  • 80% of senior male suicides are by use of firearms
  • Management of medications for at-risk seniors
Seniors and Suicide: What Does It Even Mean? Meaning and the Struggling Senior

• Viktor Frankl (26 MAR 1905 – 2 SEP 1997)
• Was a young contemporary of & knew Freud
• Neurologist, Psychiatrist, Jew in 1938 Vienna
• Arrested and sent to Theresienstadt (Terezin)
• Survived Terezin, Auschwitz, Kaufering, Türkheim
• Developed Logotherapy and the Will to Meaning
• Key books in his bibliography:

  The Will to Meaning

  The Doctor and the Soul

  Man’s Search for Meaning
Seniors and Suicide: What Does It Even Mean? Meaning and the Struggling Senior

• WILL TO MEANING (Sören Kierkegaard’s idea developed by Frankl)
  • Striving to find meaning in life is the most powerful and motivating driving force
  • *Those who have a 'why' to live can bear with almost any 'how'*
  • Found in our choices and freedom as human beings

• LOGOTHERAPY
  • One can find meaning in life no matter the circumstances
    “Life is never made unbearable by circumstances, but only by lack of meaning and purpose.”
  • Driving force & motivation for life is the will to meaning
    “If there is meaning in life at all, then there must be meaning in suffering.”
  • We have freedom to find meaning in what we do in life
    “What matters most is to make the best of any situation.”
“If there is meaning in life at all, then there must be meaning in suffering.”

“Our generation is realistic, for we have come to know man as he really is. After all, man is that being who invented the gas chambers of Auschwitz; however, he is also that being who entered those gas chambers upright, with the Lord’s Prayer or the Shema Yisrael on his lips.”

“The crowning experience of all, for the homecoming man, is the wonderful feeling that, after all he has suffered, there is nothing he need fear anymore—except his God.”

- Viktor Frankl
SOURCES


• Frankl, Viktor. The Doctor and the Soul.

• Frankl, Viktor. Man’s Search for Meaning.