


Slide 1

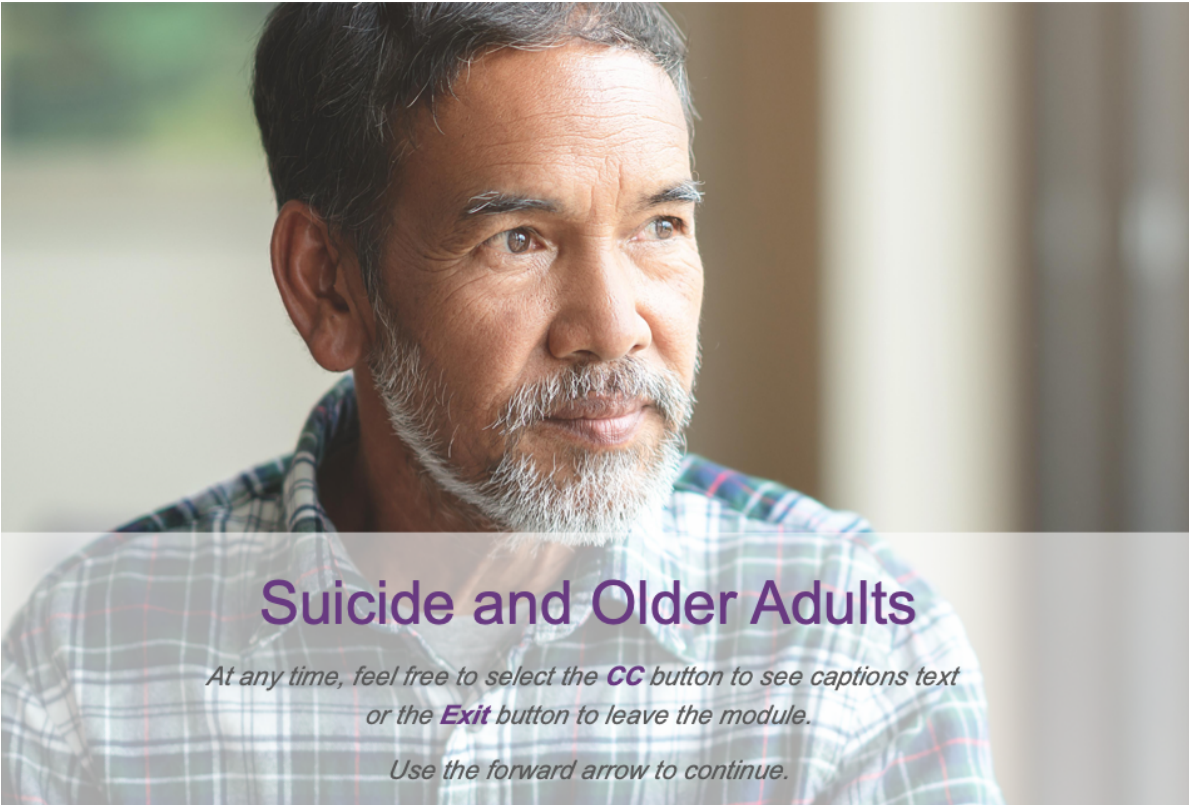


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Suicide and Older Adults

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or the **Exit** button to leave the module.*


Use the forward arrow to continue.




Suicide and Older Adults

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Learning Objectives


After this completing this module, learners will be able to:

- Describe suicide rates
- Identify what is unique about older adult suicide risk compared to younger adults
- Assess older adults for suicide
- Be aware of ethical issues
- Identify suicide prevention interventions

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Background

It is important to know the definition and prevalence rates of suicide as well as risk factors, warning signs, and protective factors for older adult suicide

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Defining Suicide

- Death caused by self-directed injurious behavior with intent to die
- Suicide attempt
 - Non-fatal, self-directed, potentially injurious behavior with intent to die
 - May not result in injury
- Suicidal ideation
 - Thinking about, considering, or planning suicide



Use the forward arrow to continue.

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Prevalence of Older Adult Suicide

- White males 85 years and older are at highest risk for suicide
- “Baby boomer” generation has carried with it higher rates of suicide throughout the life course compared to other generational cohorts
- Older adult suicide must be a major public health priority



Use the forward arrow to continue.

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Older Adult Compared to Younger Adult Suicide

- Attempts are more lethal in older adults compared to younger adults
 - Use more lethal means
 - Medications may be less able to clear
 - Greater intention to end their lives
 - Less likely to reveal suicidal thoughts



Use the forward arrow to continue.

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Suicide Risk Factors: Mental Health

- Mental health issues are the most prominent risk factors for suicide
 - Major depression and bipolar disorder
 - Substance use disorders
 - Dementia
- Schizophrenia, schizoaffective illness, delusion disorder and anxiety are less prevalent



Use the forward arrow to continue.

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Suicide Risk Factors: Physical Health and Functioning

- Poor physical health and functional impairments are risk factors
- Sheer number of acute and chronic conditions that an older adult has also increases suicide risk
- Perceived health status, functional impairment, pain, and reduced independence play a role



Use the forward arrow to continue.

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Suicide Risk Factors: Social Issues

- Stressful life events associated with aging
 - Death of loved ones
 - Relationship conflict
 - Threats to autonomy
 - Financial problems
- Social connectedness is an important factor in suicide risk



Use the forward arrow to continue.

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Suicide Risk Factors: Other Issues

- Further influenced by culture, personality, and neurobiology
- Personality factors
 - Timid, hostile, rigid, independent, pessimistic and lacking an openness to new experiences
- Possible neurobiological and neurocognitive components



Use the forward arrow to continue.

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Substance Misuse and Suicide

- Prescription opioid and benzodiazepine misuse in adults over the age of 50 was associated with experiencing suicidal ideation
- Screen older adults for prescription opioid and/or benzodiazepine misuse
- Nearly half of all older adult Emergency Room visits for suicide related injuries involve substance use



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Impending Suicide Attempt Warning Signs

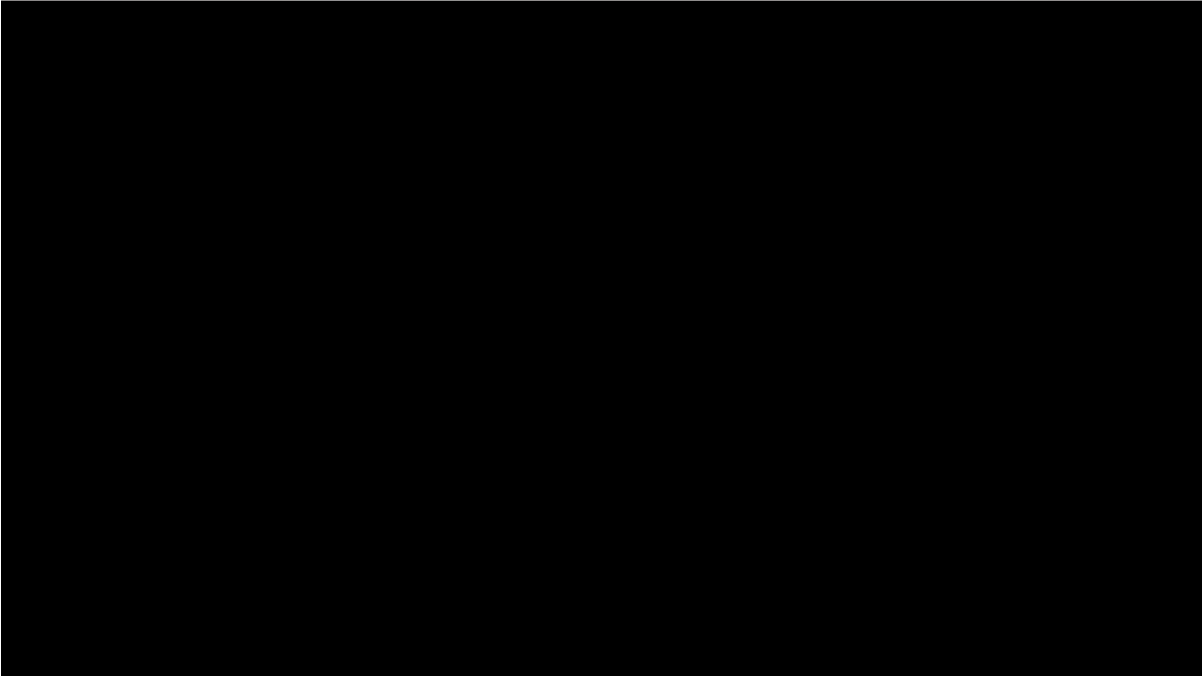
- Verbal warning signs
 - Take all comments seriously
- Behavioral warning signs
 - Failed suicide attempt, giving away all possessions, self-neglect, stockpiling medications
- Contextual or situational warning signs
 - Relocation, death of a loved one, significant change in medical or functional status
- Important to pay close attention to mental health symptoms, recognizing that older adults may not seek help independently


Use the forward arrow to continue.

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Jay Gregg, PhD





Suicide Protective Factors

INTERNAL FACTORS


- Coping and adaptive skills
- Sense of humor
- Engagement in social interests
- Ability to recognize successes

EXTERNAL FACTORS

- Strong family and community network
- Engagement with religious groups
- Supportive and engaged health care team
- Mental health treatment

Use the forward arrow to continue.

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Learning Check

True or false? Older adult suicide attempts are more likely to be lethal than younger adult attempts.

A. True

B. False



Learning Check

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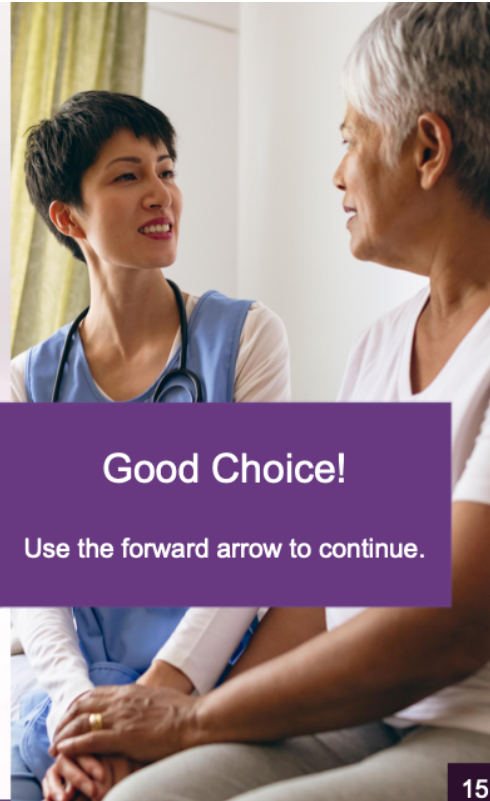
A. True

B. False

Good Choice!

Use the forward arrow to continue.

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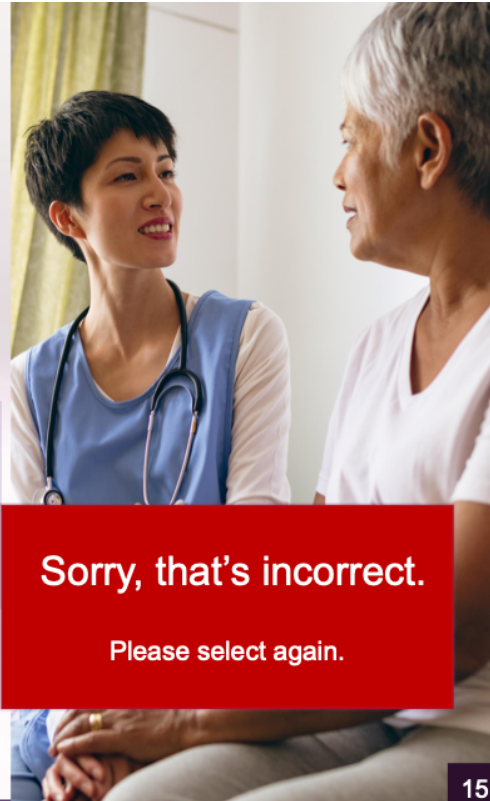


Learning Check

True or false? Older adult suicide attempts are more likely to be lethal than younger adult attempts.

A. True

B. False



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Please select again.

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Take Home Message

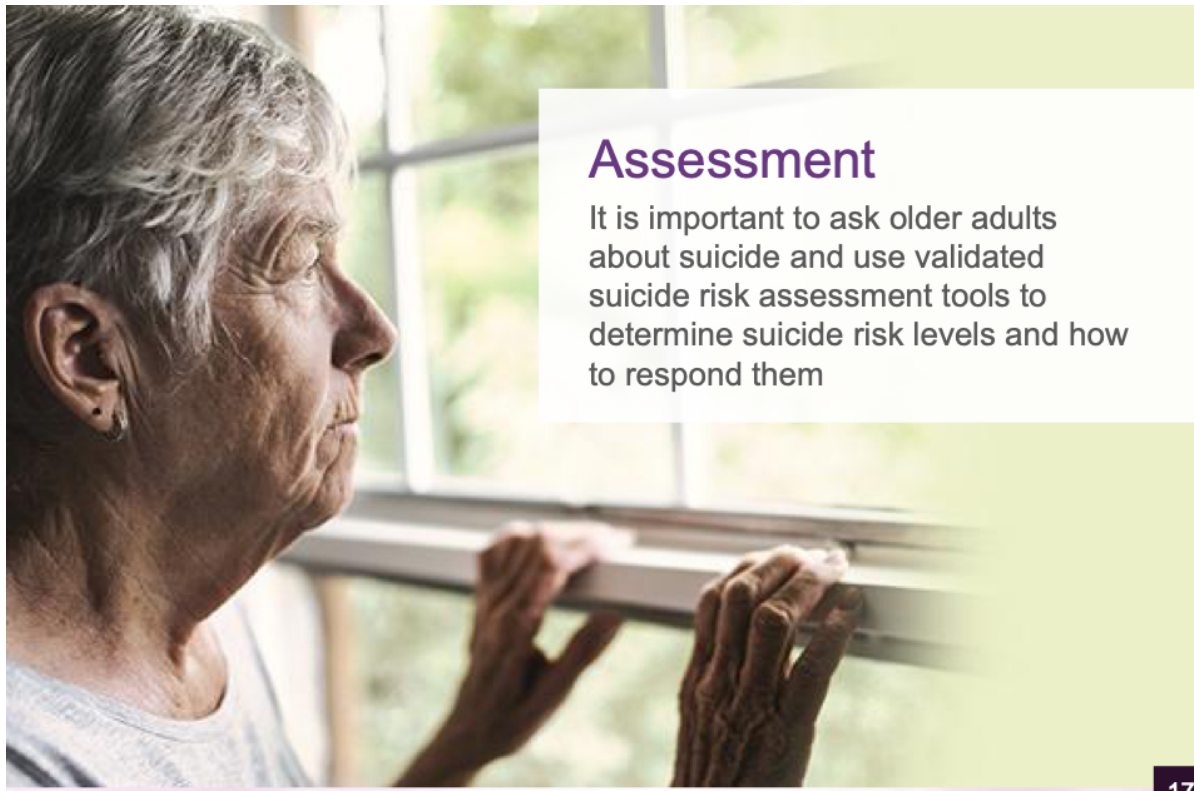
- Older adult white men are at the highest risk for completed suicide
- Suicide attempts are more likely to be lethal in older adults
- Important to be aware of warning signs for an impending attempt
- There are protective factors against suicide



Use the forward arrow to continue.

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Assessment

It is important to ask older adults about suicide and use validated suicide risk assessment tools to determine suicide risk levels and how to respond them

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Asking Older Adults About Suicide

- More likely to discuss mental health issues with primary care team than seek specialized mental health treatment
- Important for health care team be aware of suicide warning signs and routinely screen for suicidal thoughts
- Asking about suicidal thoughts does not encourage a suicide attempt
 - On the contrary, asking older adults about suicidal ideation can build trust and be the foundation for effective treatment

Asking about suicidal thoughts does not encourage a suicide attempt



Suicide Screening Instruments

- Patient Health Questionnaire (PHQ-9)
 - 9-item depression screening tool validated with older adults
 - Includes a question about suicidal ideation
- P4 screening tool
 - 4-item measure that classifies respondents as minimal, lower, or higher risk for suicide
 - Recommended that P4 be paired with the PHQ-9 if there is a positive response on PHQ item 9
- Columbia Suicide Severity Rating Scale (CSSRS)
 - 18-item evidence-based tool
 - Starts with two items that assess suicidal ideation
 - Subsequent questions assess immediate risk of suicide



Assessing Suicide Risk in Older Adults

- If positive for suicidal ideation, follow-up with clinical interview
- Assess the following
 - What actions the older adult has been considering
 - Frequency, intensity and duration of thoughts
 - Intent and means of acting on thoughts
 - Reasons for living
 - Self-confidence that the older adult can resist the thoughts
 - History of self-harm and substance use
- Ageism can lead to lack of appropriate treatment referral

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No Suicidal Ideation

- Normal for older adults to consider issues related to end of life or mortality
- Many older adults voice a readiness for death or deny fear of death
- While these thoughts should be further assessed, they are not necessarily reflective of suicidal ideation
- Re-assess for suicide if life stressors or health status changes arise



Passive Suicidal Ideation

- Thoughts that life is not worth living, wishes that God would carry them away or they would rather be off dead
 - **Deny** thoughts of self-harm
 - May not represent an acute risk for suicide
- Older adults who endorse thoughts of being better off dead without thoughts of harming themselves require further assessment to determine the most appropriate level of treatment



Active Suicidal Ideation

- Endorse thoughts of suicide, considered a method of suicide without specific plan or intent, able to identify reasons for living
- Create safety plan or activate institutional safety plan
- Safety plans can include:
 - Contacting family or friends for support with permission from older adult
 - Removing weapons, alcohol, medications, or other risks from the home
 - Providing a referral for additional mental health treatment
 - Encouraging activities that reduce isolation and increase pleasure



Active Suicidal Ideation

- Help identify protective factors against self-harm
- Provide the National Suicide Prevention Lifeline
 - 1-800-273-8255
 - **988** as of July 16, 2022
 - Accessible 24 hours a day
- Frequent follow-up assessment of suicide risk is imperative



Immediate Suicide Risk

- Detailed plan and/or intention of self-harm, history of suicide attempts, do not have reasons for living or impulse control
- Requires immediate transfer to an emergency department
- Do not leave the older adult alone while waiting for transfer
- Inform a family member or loved one about the suicide plan
- Encourage engagement in outpatient mental health treatment



Learning Check

Which of the following is an evidence-based measure for suicide risk?

A. Self-harm Identification Instrument

B. Columbia Suicide Severity Rating Scale

C. Seattle Suicide Risk Questionnaire

D. Montreal Cognitive Assessment



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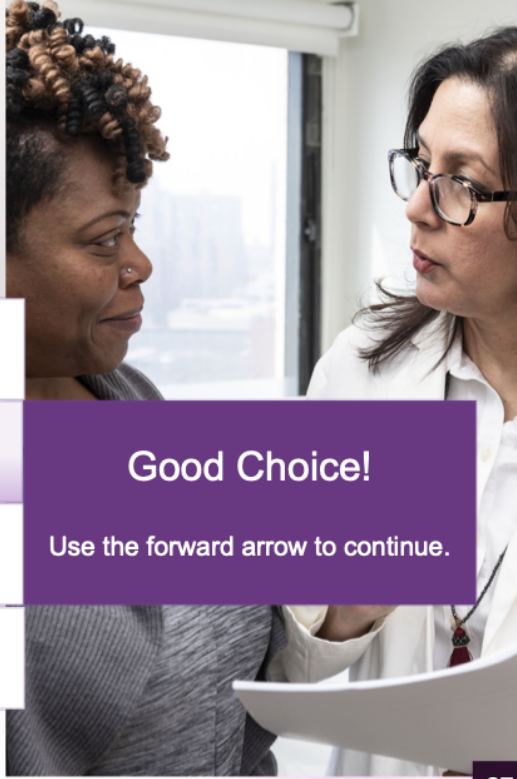
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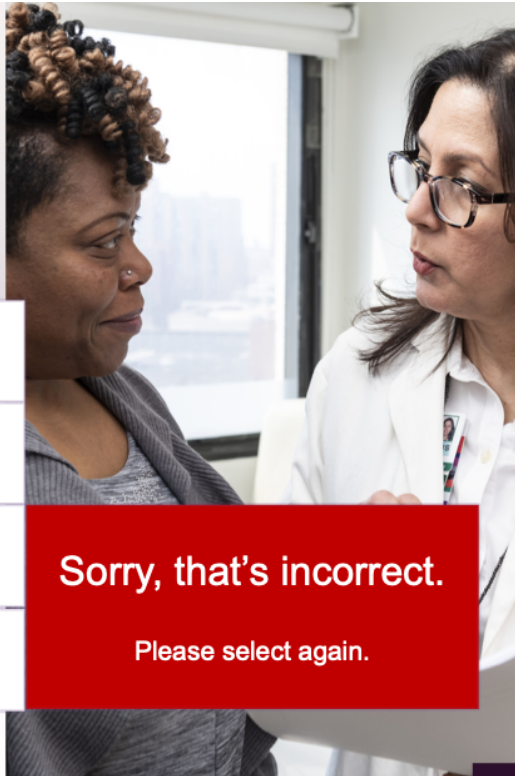
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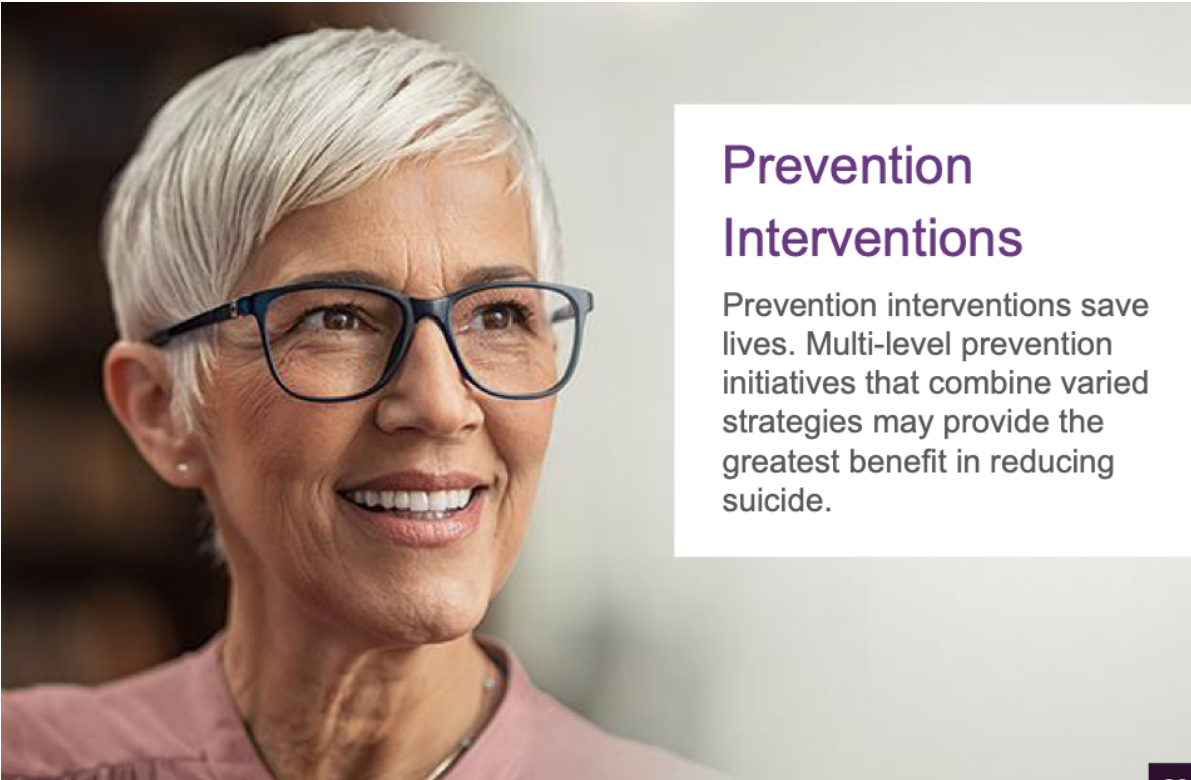


Take Home Message

- Routinely screen for suicidal ideation
- Provide appropriate level of intervention depending on the level of risk for suicide

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Prevention Interventions

Prevention interventions save lives. Multi-level prevention initiatives that combine varied strategies may provide the greatest benefit in reducing suicide.

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Universal Prevention

- Focuses on the entire population
- Strategies involve public health and legislative initiatives
 - Suicide prevention campaigns
 - Gun control legislation



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Selective Prevention

- Focuses on older adults who have characteristics associated with increased risk for suicide
- Interventions can be utilized in diverse settings
- Programming examples
 - Chronic pain management classes
 - Social connectedness programming for isolated older adults

**Interventions can be
utilized in diverse settings**

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Indicated Prevention

- Aim to prevent suicide among older adults at high-risk
- Depression detection and treatment are keys to preventing suicide
- Primary care and mental health clinics are best suited for indicated prevention efforts
- IMPACT and PROSPECT trials
 - Both demonstrated a reduction in depression and suicidal ideation for participants in the experimental group

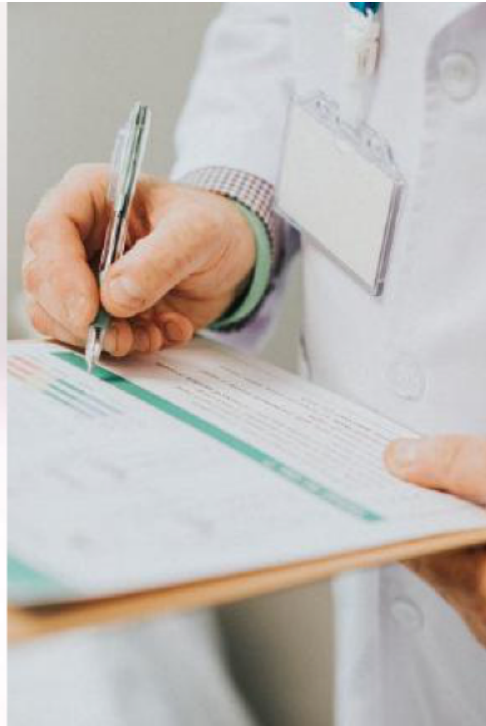
**Depression detection and treatment
are keys to preventing suicide**


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Prevention Research Challenges

- Limited research on older adult suicide prevention programs
 - Methodological challenges
 - Older adults typically have low rates of suicidal ideation and attempts but the lethality of suicide attempts is much greater than younger adults
 - Paucity of older adults who attempt suicide and survive






Take Home Message

- Prevention interventions can save lives
- Interventions can be implemented at different stages of suicidality depending on the targeted population

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In Summary

In this module, we learned:

- ✓ Rates of suicide
- ✓ Risk and protective factors
- ✓ How to assess for suicide
- ✓ How to determine level of suicide risk
- ✓ Suicide prevention interventions



Next Steps

- Please see the reference list for more information about suicide and older adults

[Click here to end presentation](#)

Then click the close button to proceed to the post test



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