Suicide in the Elderly: Crucial Not to Forget!

Suicídio nos Mais Velhos: Fundamental Não Esquecer!

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Albert Camus said that suicide is the only truly serious philosophical problem. To live, to die or to attempt against one´s own life are issues that have always worried humankind.

In 2009, the World Health Organization alerted to the fact that, each year, almost one million suicidal deaths occur, representing about one suicide every forty seconds[1]. Beyond individual suffering dimension suicide is, therefore, a real Public Health problem.

Suicidal behaviour may be classified in three different categories: ideation, attempt and completion. In terms of severity, suicidal ideation is at one end of the spectrum (which may range from death thoughts to structured suicide with or without suicide planning) while at the other end stands suicidal completion, with suicidal attempt standing between these two.[2]

Despite suicidal completion rates being lower in Portugal than in most other European countries (8.2 / 100.000 in 2010), it has been increasing in the past few years (7.2 in 2005, 6.8 in 2006, 7.8 in 2007, 7.9 in 2008 and 7.8 in 2009).[3] However, these numbers must be considered cautiously, because in Portugal a high percentage of "undetermined causes" deaths may in fact be attributable to a suicide.. On the other hand, as suicide completion rates are also reduced in other catholic countries in Southern Europe, this lower figure in Portugal has been associated to factors of a religious nature.[4] In what concerns geographic distribution in Portugal, regional asymmetries are observed with a higher rate in some areas of Alentejo. In fact, at a national level and along with other countries, elderly people present the highest suicide rates: in fact, the highest suicide rate occurred in the over fifty-year age group, corresponding to a rate of 13 suicides per 100.000 people in 2001.[5]

So far, suicide and associated factors amongst the elderly have not been addressed with adequate relevance, due perhaps to social beliefs and historical aspects. Nevertheless, according to recent studies, in some countries, suicide in people over 65 years of age may reach a rate 50% higher than the values observed in other age groups.[6]

Suicide attempts in the elderly are usually more serious and more frequently associated with suicide completion and relapses of self-destructive behaviour. In addition, at present time, suicide attempts studies in the elderly are particularly relevant in view of population ageing. Furthermore deteriorating economic conditions dictated by global policies become particularly relevant in this age group. It is therefore crucial to invest in research focused on finding the real determinants of this issue, in order to establish specific intervention strategies.

Reasons that lead to suicide in elderly patients are complex and scarcely documented, with depression recognized as its most important factor[7]. Depression in the elderly is increasingly prevalent and its severity assumes more relevant proportions than in younger population. It is also frequently associated with special characteristics such as severe anxiety, which may lead to severe psychomotor agitation, and in turn induce a higher risk of performing suicide attempts or fatal self-destructive actions.

Other factors which may also be related to suicide in these ages are male gender, race (Caucasian), marital status (widow, single), social isolation, physical disease, rigid and inadequate coping mechanisms as well as the presence of personality disorders.[5-8] Some authors prefer to enhance a lower number of risk factors, considering previous affective disorders and suicide attempts as the most important predictors.[9]

Although many elderly people live in their own home, transfer to retirement homes or specialised residences are increasingly frequent. This social phenomenon forces a greater percentage of elderly people to be confronted with changes in their latter years of life, which in themselves may represent an important impact in psychopathological risk. Although research comparing suicide ideation/attempts between the institutionalised and non-institutionalised elderly is scarce and presents discordant conclusions in what concerns patients who live at home compared to those who live elsewhere, several studies refer that depression prevalence may be higher in institutionalised elderly people.

It is therefore crucial to implement and evaluate studies that may clarify aspects of elderly people psychopathological profile and institutionalisation impact, to improve research

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comparing different types of institutions and to identify those issues that may predispose to psychopathology increase in the institutionalised elderly.

These studies may contribute to future prevention strategies, commencing with a correct evaluation of the risk of suicide in elderly people from which to draw recommendations for improved functioning of institutions for this age group.

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