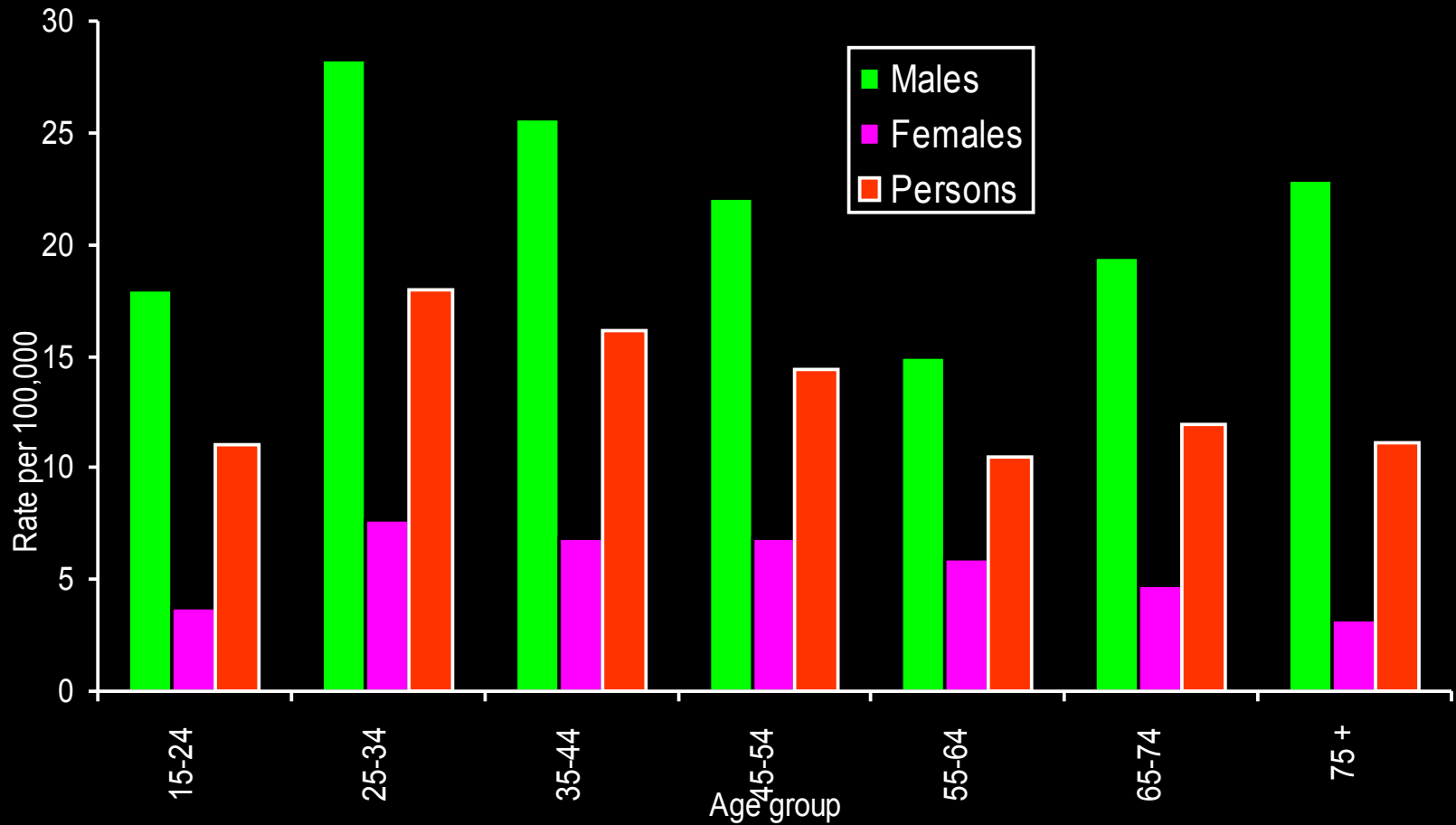


Management of the Suicidal Older Patient

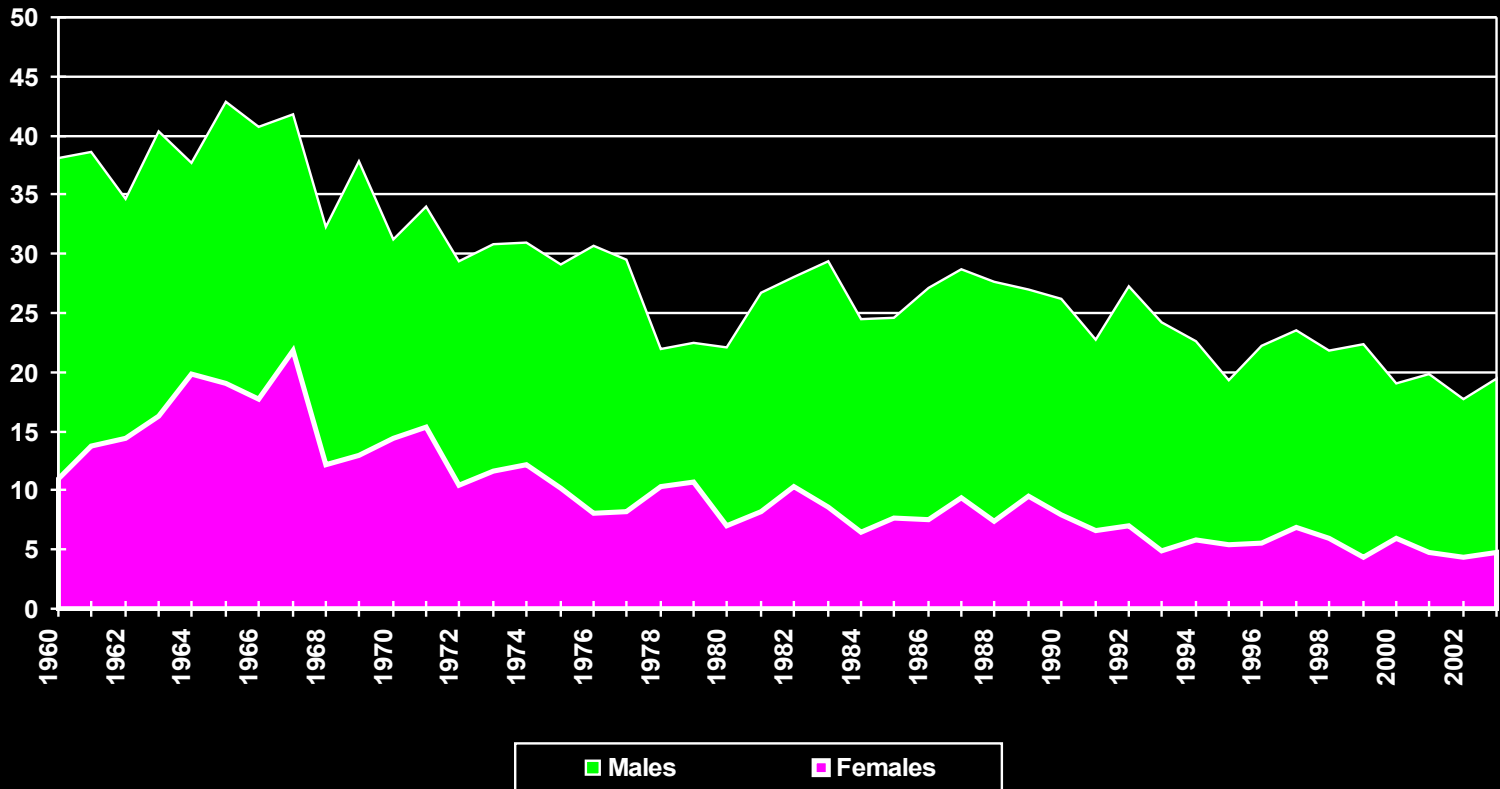
Brian Draper
Prince of Wales Hospital
&
UNSW

SUICIDE ACROSS THE LIFE SPAN

AUSTRALIA. Age specific rates, 2003.

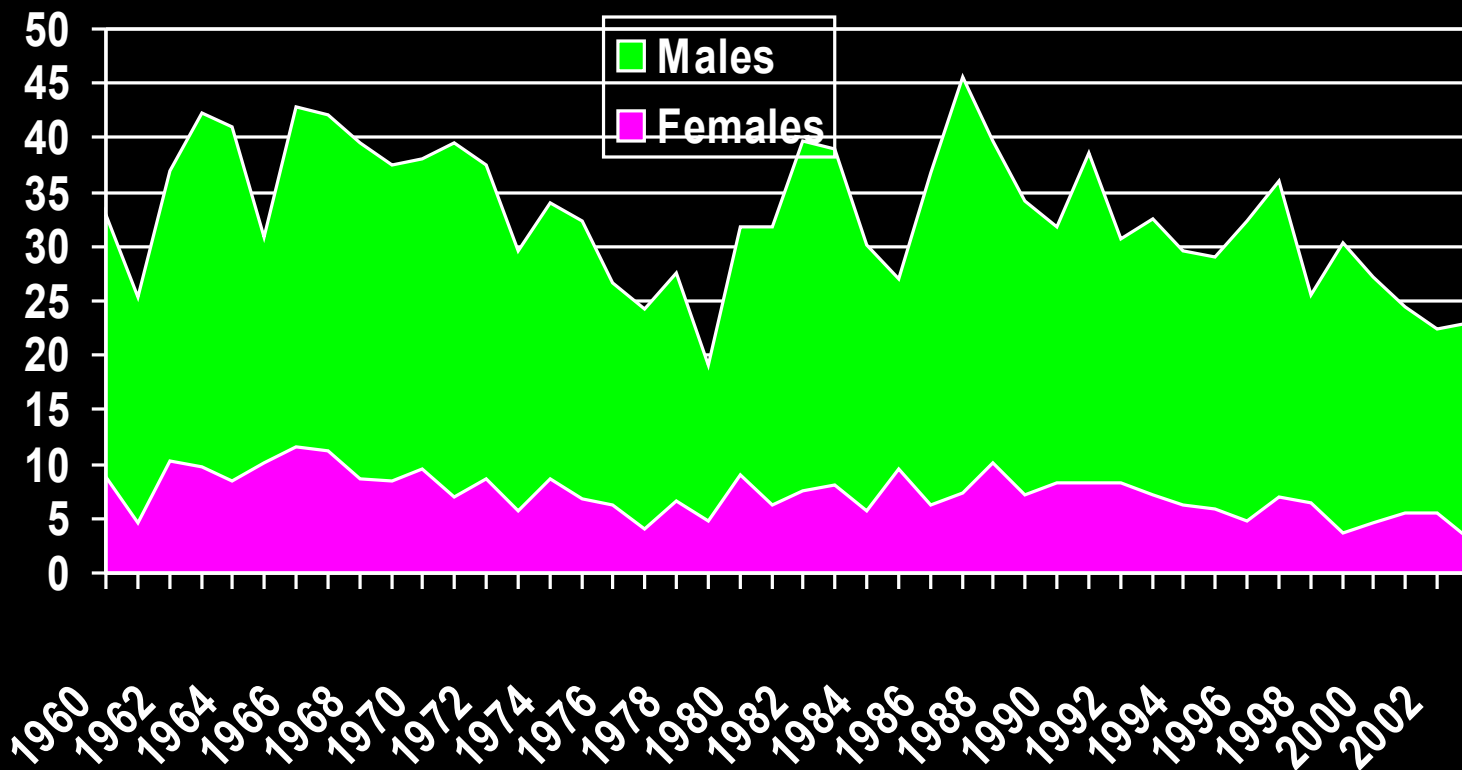


SUICIDE in OLDER PERSONS (65-74 Yrs) AUSTRALIA - 1960-2003



SOURCE: ABS (2001)

SUICIDE IN OLDER PERSONS >74 YEARS - AUSTRALIA, 1960-2003



What suicide risk factors does
Mr Szabo have?

Risk Factors for Suicide in Late Life – Mental Disorders

Combined data from 10 Psychological Autopsy studies (N = 533) Conwell et al (2002)

- Mood Disorders – 71%
 - ❖ Major Depression – 50%
 - ❖ Other Depression – 21%
- Other Psychoses – 4%
- Alcohol/Substance – 22%
- Any Mental Disorder – 86%

Risk Factors for Suicide in Late Life – Mental Disorders

Data from 5 controlled PA studies (Conwell et al, 2002)

- Increased Suicide Risk (all studies)
 - Any Mental Disorder OR 27-113.1
 - Any Mood Disorder OR 4-184.6
 - Past Suicide Attempts OR 10.7-36.3
- Increased Suicide Risk (some studies)
 - Alcohol/Substance Abuse - 3/5 studies
 - Psychotic disorder - 1/5 studies
 - Anxiety disorder -1/4 studies

Risk Factors for Suicide in Late Life – Physical Health

Data from controlled PA studies (Conwell et al, 2002)

- Physical Illness Burden (2/2 studies)
- Current Serious Illness (3/4 studies)
 - Cancer & CNS disorders most common
 - Uncontrolled pain implicated in ~20%
- Functional impairment (3/3 studies)

Risk Factors for Suicide in Late Life – Social Factors

Data from controlled PA studies (Conwell et al, 2002)

- Living Alone
 - Recently bereaved males
- Low Social interaction
- Less Social support
- Financial Problems
- Relationship problems
 - caregivers

Risk Factors for Suicide in Late Life

– Other Putative Factors

- Neurobiological
 - Low brain serotonin
 - Grey & white matter brain changes
- Access to Means
- Personality
 - Neuroticism
 - Openness to Experience
 - Hopelessness
 - Aggression

Risk Factors for Suicide in Late Life

– some Australian data

- **Urban vs Rural - Rural settings have higher suicide rates in younger people and older people**
- **Migration – older migrants have higher suicide rates – especially from European countries**

Mr Szabo – suicide risk factors

- Recent suicide attempt
- Wife died less than a year ago
- Lives alone, few social supports
- Significant depressive symptoms
- Chronic pain, ill health
- Poor impulse control
- Ethnic background with high suicide rate
- Troubled insomnia
- Feelings of hopelessness
- Stockpiling pills
- ? Childhood losses

Mr Szabo – absent risk factors

- No substance abuse
- No psychosis
- No obviously available lethal method (apart from pills)

LEVELS of RISK

- **THREATS**
- **SUICIDE PLANS**
- **AVAILABILITY OF METHOD**
- **PREVIOUS ATTEMPTS**
- **LOSS OF HOPE**
- **ALCOHOL USAGE**
- **SOCIAL SUPPORT**

– Adapted from Baume 1999

Suicide Risk Assessment -1

- Establish rapport – see the patient alone, allow sufficient time
- Acknowledge the distress and the difficulties of talking about sensitive issues
- Create awareness of the limits of confidentiality – only assure confidentiality to the extent that the patient's safety isn't compromised due to the risk of self-harm.

Suicide Risk Assessment -2

- Inquire directly about the frequency and content of suicidal ideation
- Explore the problem that led to the current crisis
- Ask the patient their arguments for and against attempting suicide
- Evaluate the patient's access to a means for suicide

Levels of Risk

Low

- No thoughts/actions of harm towards self and/or others.

Mild

- Occ. thoughts of harm towards self and/or others; occ. apparently unintentional dangerous behaviours, e.g. wandering,

Moderate

- current thoughts of harm towards self and/or others with no, or only vague, plans; or frequent, apparently unintentional, dangerous behaviours. No history of impulsive harm.

Levels of Risk

Severe

- well-formed plans of harm towards self and/or others; or vague plans with a history of impulsive harm; or current life-threatening behaviours, e.g., refusal to eat, persistently refusing treatment

Extreme

- actual harm towards self and/or others has occurred recently.

PREVENTING THE CRISIS

- **TALK TO THE PERSON ALONE**
- **ALLOW SUFFICIENT TIME**
- **ACKNOWLEDGE THAT IT MAY BE DIFFICULT TO TALK ABOUT SENSITIVE ISSUES**
- **ASK DIRECTLY ABOUT SUICIDAL THOUGHTS OR BEHAVIOUR**

- **Adapted from Baume 1999**

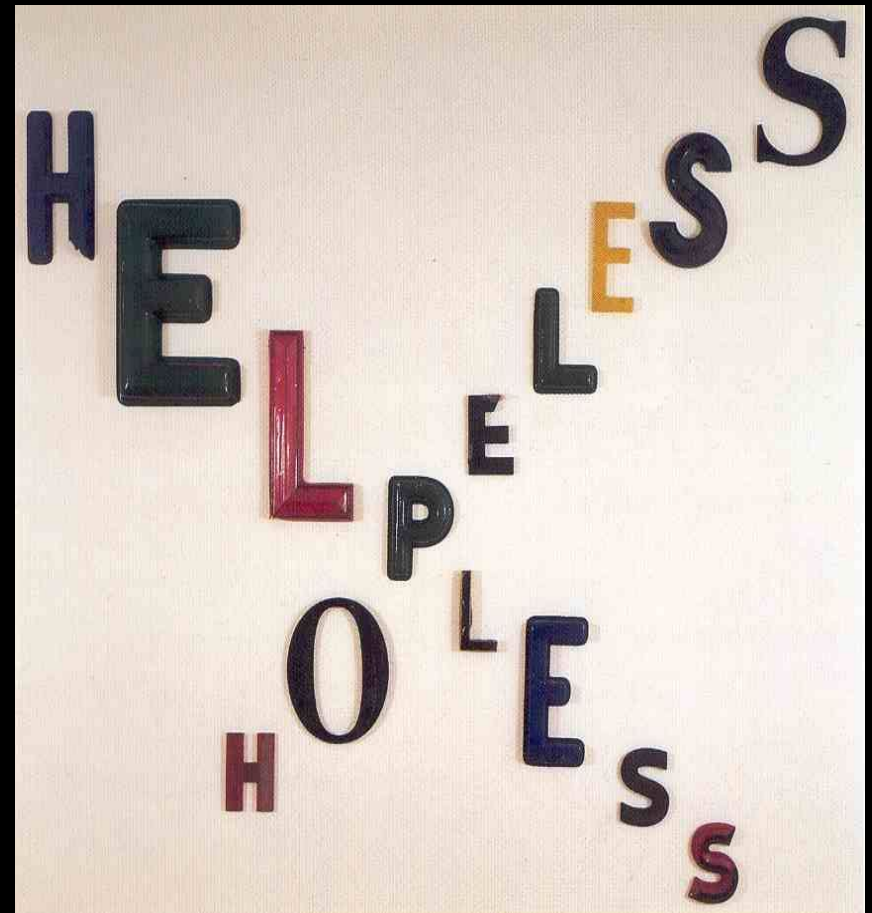
HIGH RISK PATIENTS

- Any stated intent to attempt suicide
- Plans for suicide attempt have been considered
- Spontaneous self-report of suicide ideation

– Adapted from Brown et al, 2001

HIGH RISK PATIENT ASSESSMENT (1) – FEELINGS of HOPELESSNESS

- increases risk of suicide attempts,
- may persist after depression remits,
- is associated with premature discontinuation of therapy.



HIGH RISK PATIENT ASSESSMENT (2)

- Lack of reasons for living
 - minimal or no concern about deterrents e.g. family, friends, religion
- Poor social support
 - no known neighbours, family or friends identified by patient as supportive

Motivations for Suicide

Snowdon & Baume (2002)

- **Suicides aged 60 and over in Sydney**
- **Most were depressed – yet**
 - 25% ‘loss-related’ depressions
 - 24% ‘understandable’
 - 18% - melancholic/psychotic depression
 - 13% responding to untenable situations
 - 10% depression associated with illness/disability
 - 10% ‘other’ e.g. psychosis, dementia, delirium,

HIGH RISK PATIENT ASSESSMENT (3)

- Access to lethal method
 - Includes current and anticipated near future and opportunity to use it. Firearms possession should be particularly noted
- Previous suicide attempts
 - suicide risk is increased for years after previous attempts, maybe indefinitely

HIGH RISK PATIENT ASSESSMENT (4)

- Stressful life event
 - chronic illness – especially with pain, feeling a burden on others, loss of dignity, fears of placement
 - recent diagnosis cancer, dementia
 - death of loved one
 - financial concerns
 - fear of cancer

HIGH RISK PATIENT ASSESSMENT (5)

- Moderate to severe depression
 - Hamilton > 15
 - Psychosis
- Poor treatment compliance
- Any psychotic illness

HIGH RISK PATIENT ASSESSMENT (6)

- Alcohol / substance abuse
- Poor impulse control
 - gambling
 - anger outbursts

HIGH RISK PATIENT ASSESSMENT (7)

- **Behaviour Change
Associated with Suicide**
 - **Giving away money and possessions**
 - **Making / Changing a will**
 - **Stockpiling pills**
 - **Insomnia associated with rumination**

HIGH RISK PATIENT MANAGEMENT

- urgent assessment by appropriate mental health specialist
- development of a treatment plan with the patient and, where appropriate, carers, GPs and other health professionals

POSSIBLE REASONS FOR HOSPITALISATION

- Psychosis
- Suicidal ideation associated with substance abuse, hopelessness, or strong desire to make an attempt
- Lack of social support
- Co-morbid medical conditions make outpatient treatment unsafe
- Patient refuses to contract for safety
- Definite plan & means to commit suicide

HIGH RISK PATIENT MANAGEMENT – GENERAL GUIDELINES (1)

- Inquire directly about the frequency and content of suicidal ideation during both diagnostic and assessment interviews
- Explore the problem that led to the current crisis

HIGH RISK PATIENT MANAGEMENT – GENERAL GUIDELINES (2)

- Ask the patient their arguments for and against attempting suicide\
- Evaluate the patient's access to a means for suicide
- Depression education
- Strongly advise discontinuation of all alcohol and illicit drugs

HIGH RISK PATIENT MANAGEMENT – GENERAL GUIDELINES (3)

- Develop formal suicide contracts about who to contact if suicidal feelings intensify
- Provide 24 hour contact point
- See patients at least weekly if suicidal ideation present
- Family education
- Alert other health professionals – determine who is the primary case manager

HIGH RISK PATIENT MANAGEMENT – GENERAL GUIDELINES (4)

- One week medication supply whilst suicide ideation present
- appropriate antidepressant therapy
- Remove guns and other suicide means
- Reassess patient for hopelessness, suicidal ideation and substance abuse at each treatment session

Answers

- 1 – False
- 2 – True
- 3 – True
- 4 – True
- 5 – True
- 6 – True
- 7 – False
- 8 – True
- 9 – True
- 10 – True