

CAMS-care Webinar

SUICIDE AND OLDER ADULTS: CLINICAL AND PUBLIC HEALTH PERSPECTIVES

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Disclosures:

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NIA

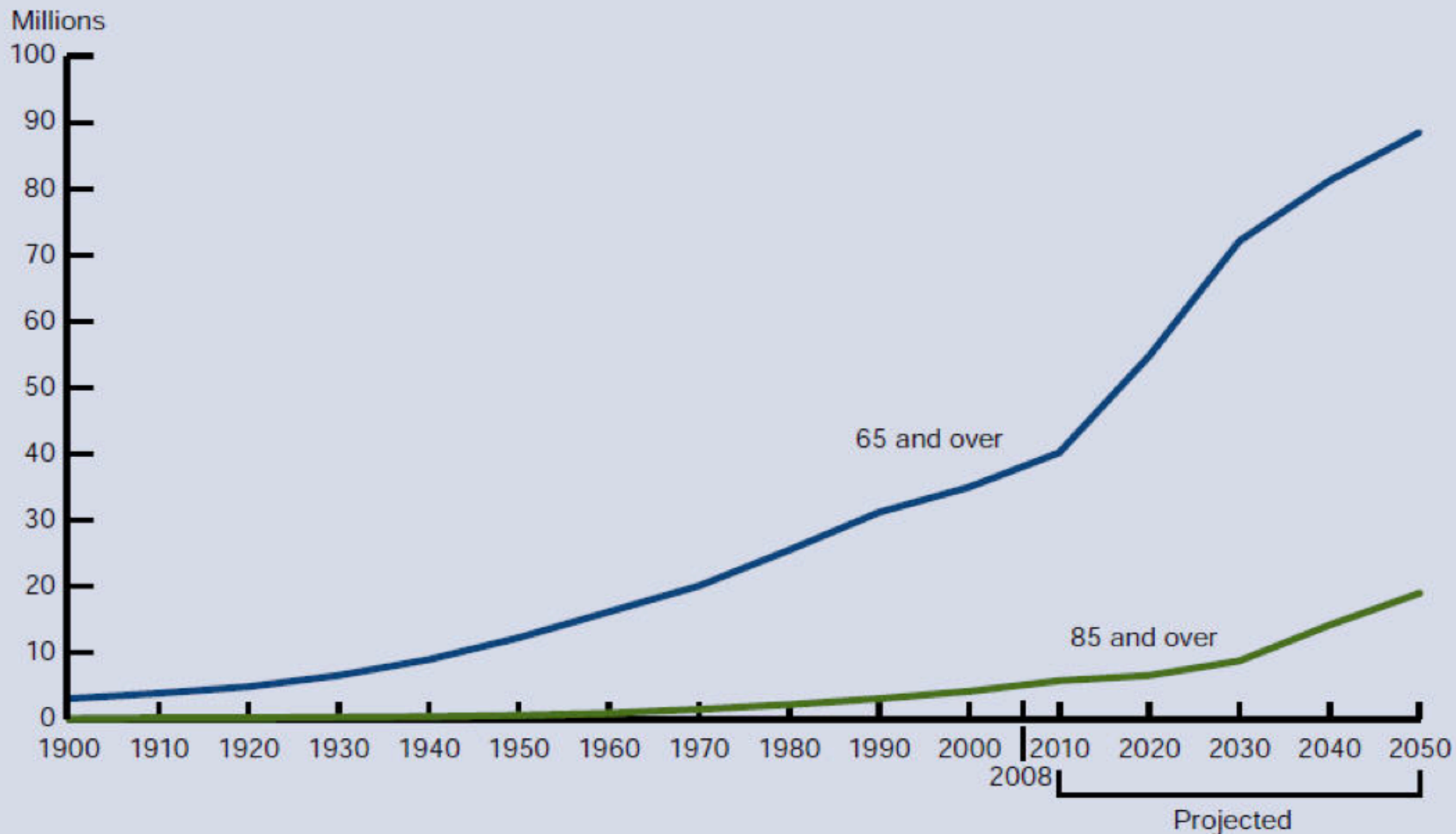
Objectives

- Review the epidemiology of suicide in later life
- Understand factors that place older adults at risk for suicide
- Consider a framework for suicide prevention strategies
- Place late life suicide risk assessment and management in the context of the COVID-19 pandemic

Significance

- Older adults are the most rapidly growing segment of the population.

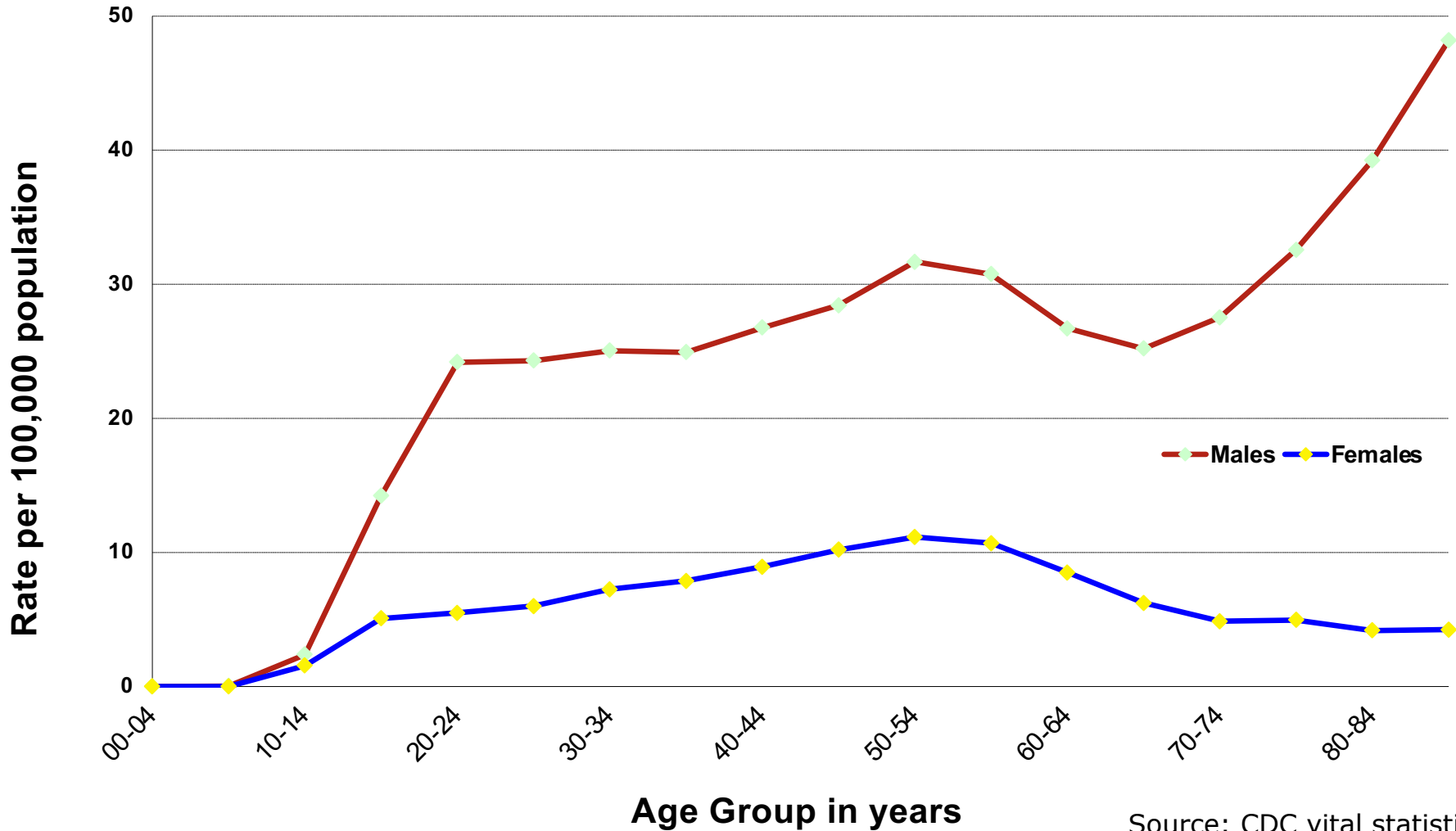
Population age 65 and over and age 85 and over, selected years 1900–2008 and projected 2010–2050



NOTE: Data for 2010–2050 are projections of the population.
Reference population: These data refer to the resident population.
SOURCE: U.S. Census Bureau, Decennial Census, Population Estimates and Projections.

Suicide rates by age and sex

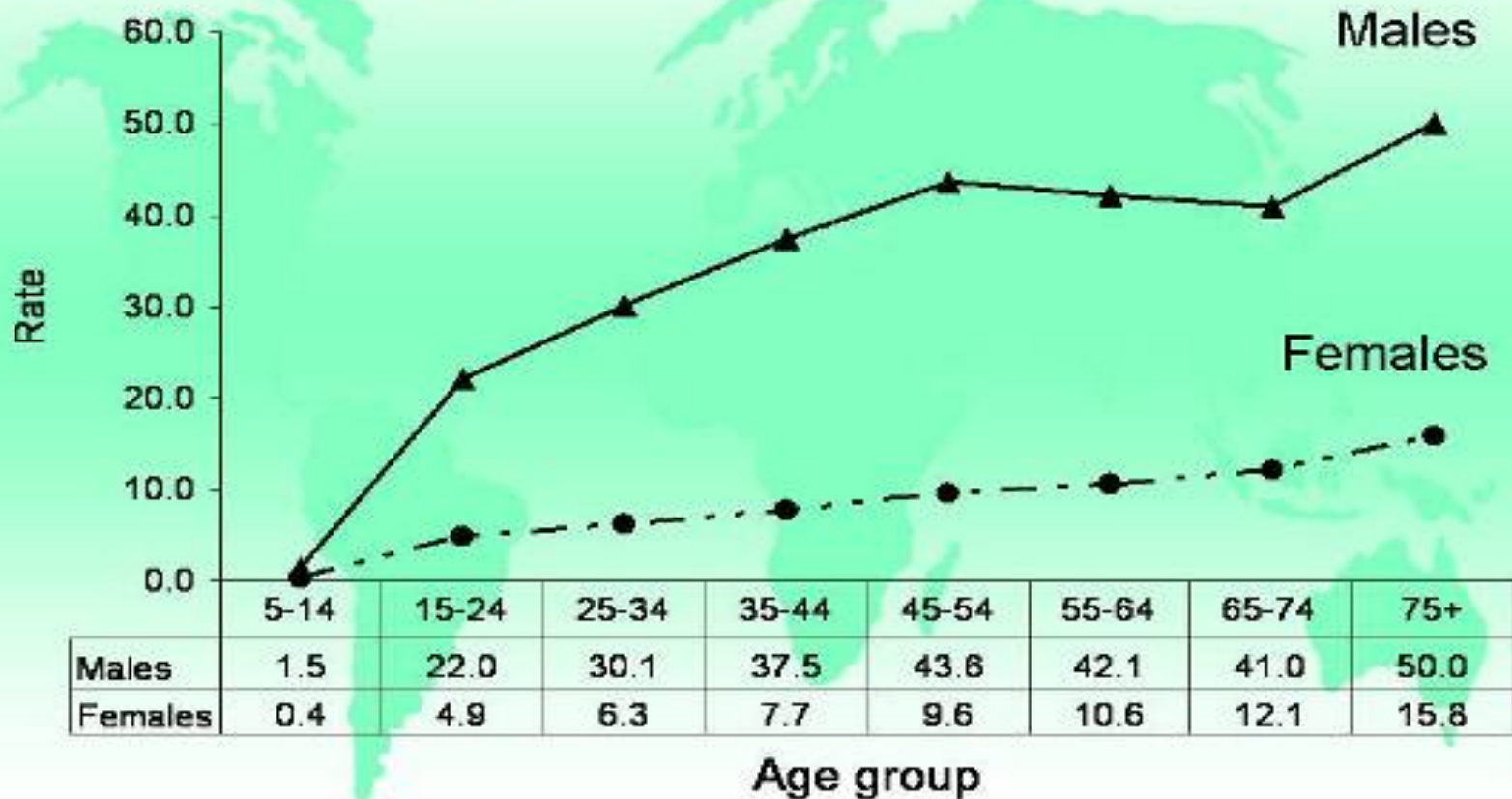
United States, 2015



Source: CDC vital statistics

Worldwide Suicide Rates, WHO

Distribution of suicide rates (per 100,000)
by gender and age, 2000

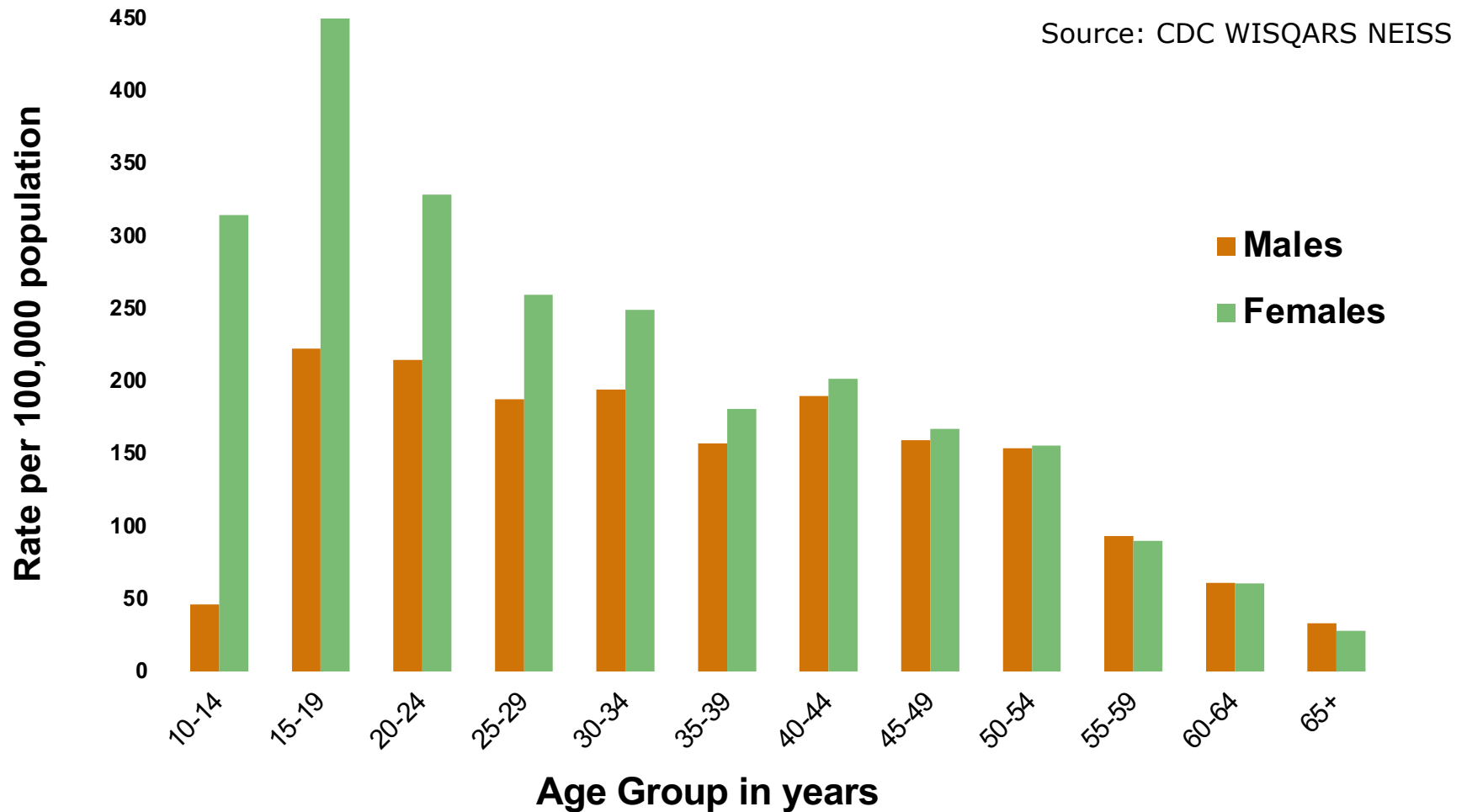


World Health Organization, 2002

Significance

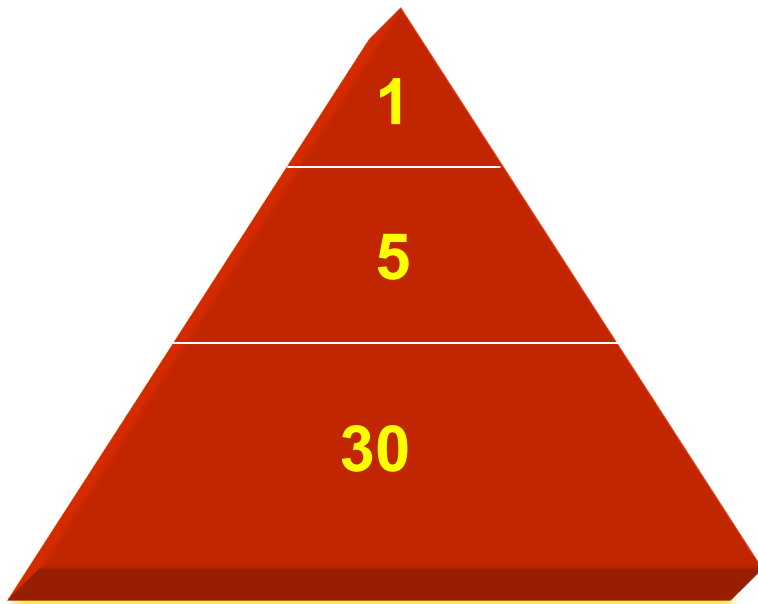
- Older adults are the most rapidly growing segment of the population.
- Suicidal behavior is more lethal in later life than at other points in the life course.

Self-inflicted injury among all persons by age and sex--United States, 2014

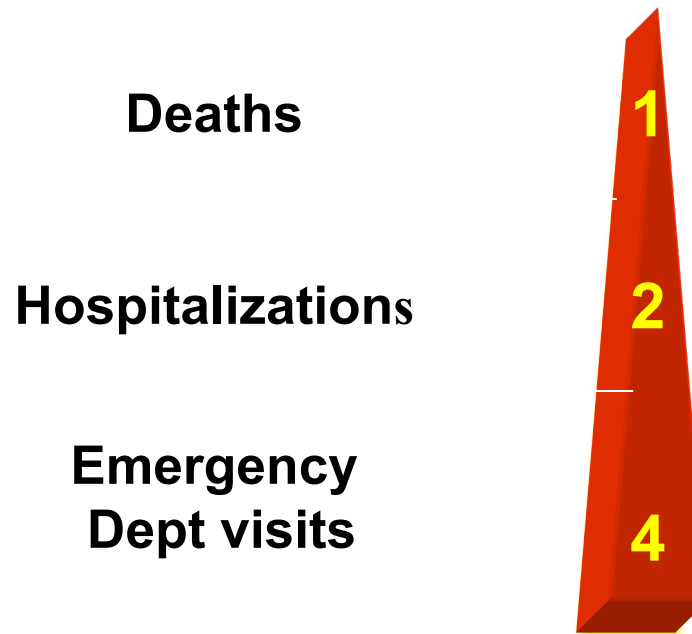


Attempted: Completed Suicide United States

General population



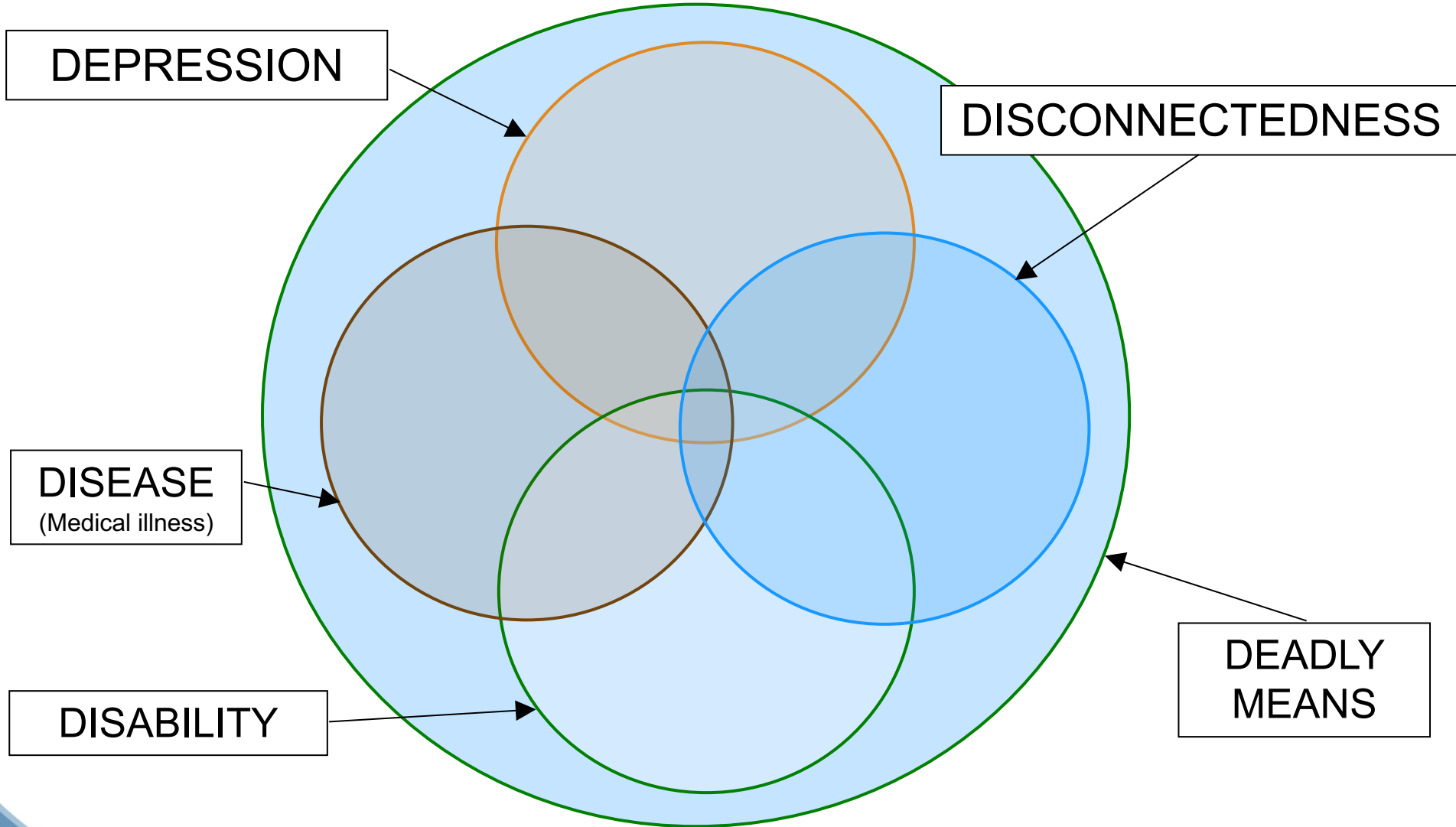
Older adults



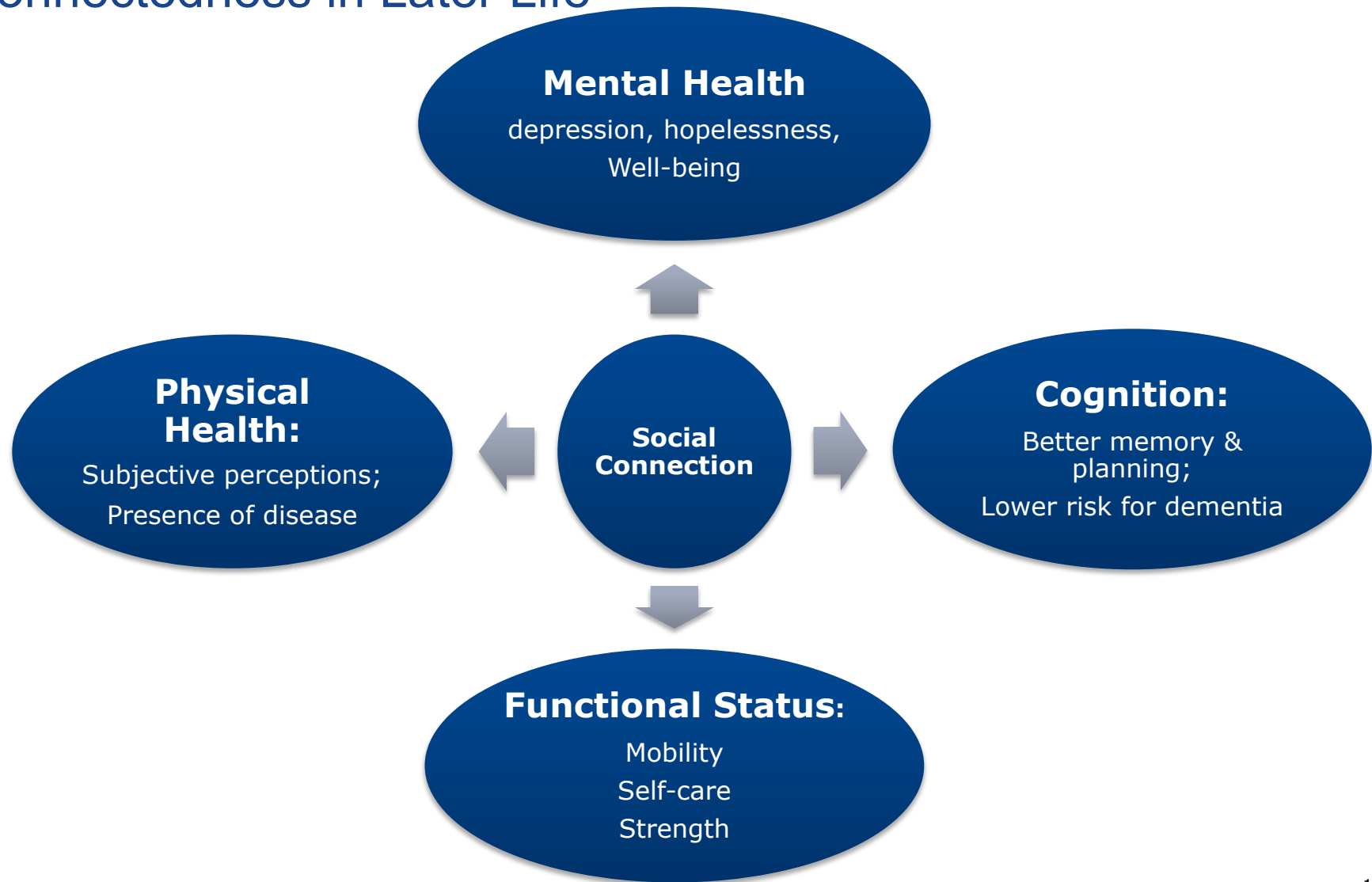
LETHALITY OF LATE LIFE SUICIDE

- Older people are
 - more frail (more likely to die)
 - more isolated (less likely to be rescued)
 - more planful and determined
- **Implying**
 - **Interventions must be aggressive** (indicated)
 - **More distal prevention is key** (selective and universal)

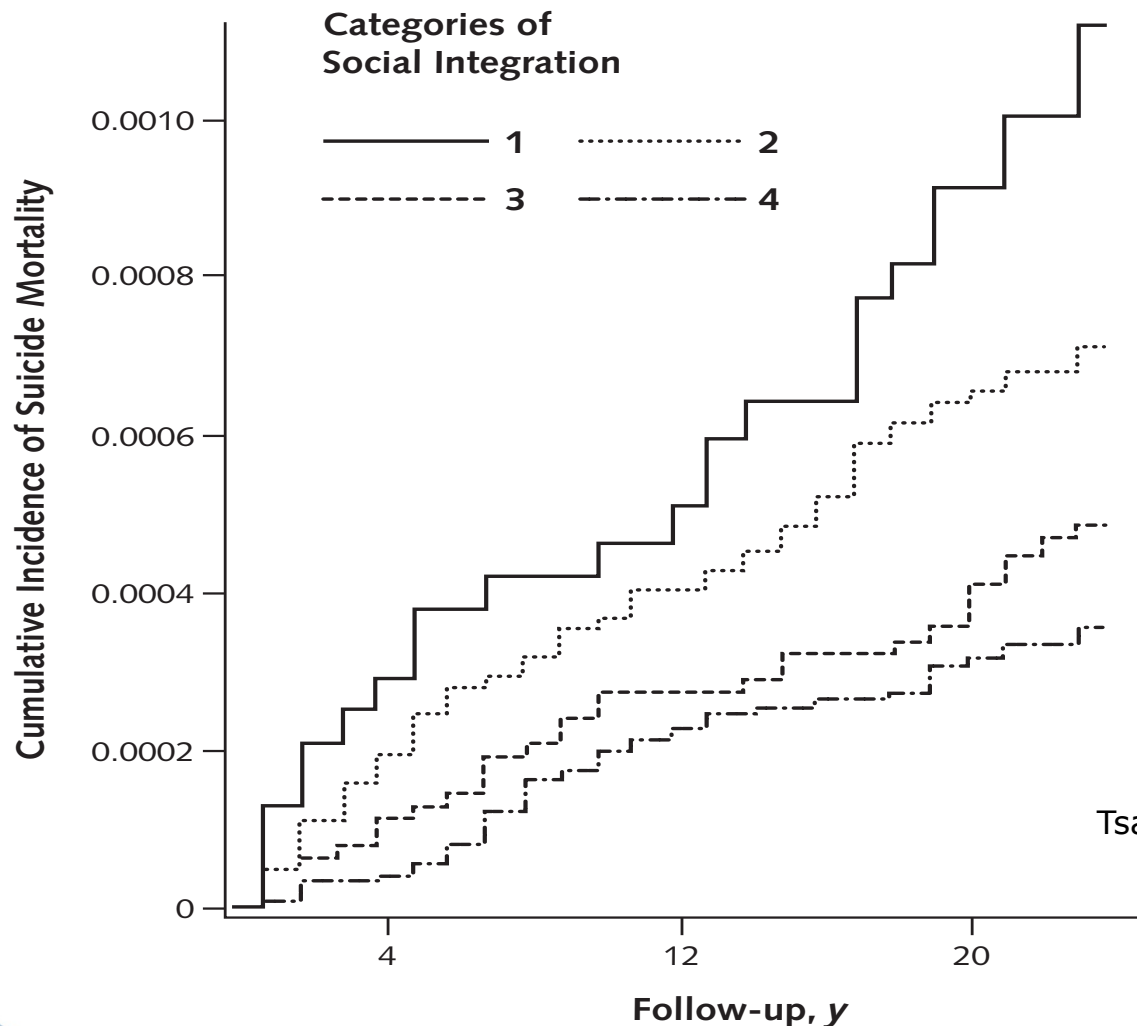
THE “5 Ds” OF LATE LIFE SUICIDE



DISCONNECTEDNESS: Importance of Social Connectedness in Later Life



DISCONNECTEDNESS: Cumulative incidence of suicide by social integration category in the Health Professionals Follow-up Study



Men, ages 40 – 75 years
(n=34,901)

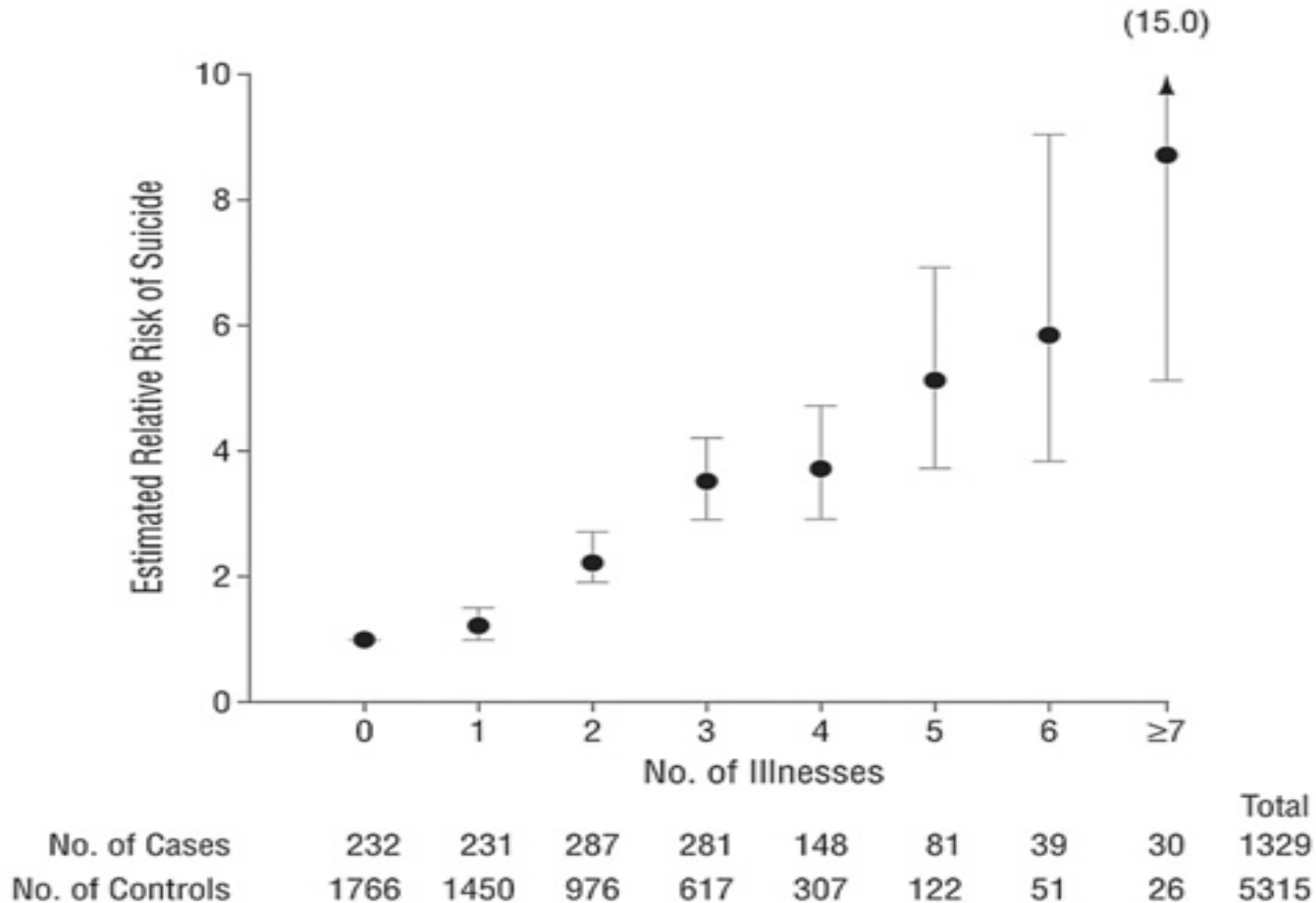
Tsai et al, *Ann Intern Med.* 2014;161:85-95.

DEPRESSION: Psychiatric dx in case/control studies of suicide in later life

Odds Ratio	Harwood et al 2001	Beautrais 2002	Waern et al 2002	Conwell et al 2003	Chiu et al 2004
Any Axis I dx	--	43.9	113.1	56.0	50.0
Any mood d/o	4.0	184.6	63.1	56.0	59.2
Maj dep episode	--		28.6	14.0	36.3
Subst use d/o	ns	4.4	43.1	3.0	ns
Anxiety disorder	--	--	3.6	3.0	ns
Schiz spectrum	ns	--	10.7	ns	>1
Dementia/del	0.2	--	ns	ns	ns

ns = not significant

DISEASE: Suicide and Comorbidity



Juurlink et al., *Arch Intern Med* 2004;164:1179-1184

Health status and suicide in the second half of life

Yeates Conwell^{1,3}, Paul R. Duberstein^{1,3}, Jameson K. Hirsch^{1,3,4}, Kenneth R. Conner^{1,3}, Shirley Eberly² and Eric D. Caine^{1,3}

Objective: To examine the associations of suicide in the second half of life with medical and psychiatric illness, functional limitations, and reported use of inpatient, ambulatory, and home health care services.

Method: A retrospective case-control design was used to compare 86 people over age 50 years who died by suicide with a comparison group of 86 living community participants that were individually matched on age, gender, race, and county of residence.

	Model 1*			Model 2**		
	Adjusted OR	95% CI	<i>p</i>	Adjusted OR	95% CI	<i>p</i>
Any Axis I dx	28.2	5.8–511.4	.0012	23.4	3.5–563.8	.0089
Current physical health – fair/poor	6.3	1.8–33.2	.0102	5.3	0.8–76.4	NS
Education > 12 years	0.9	0.3–3.2	NS	1.4	0.3–7.8	NS
Living alone	2.8	0.7–13.9	NS	4.9	0.7–82.3	NS
IADL				1.4	1.1–1.9	.0247
PSMS				0.9	0.4–2.2	NS

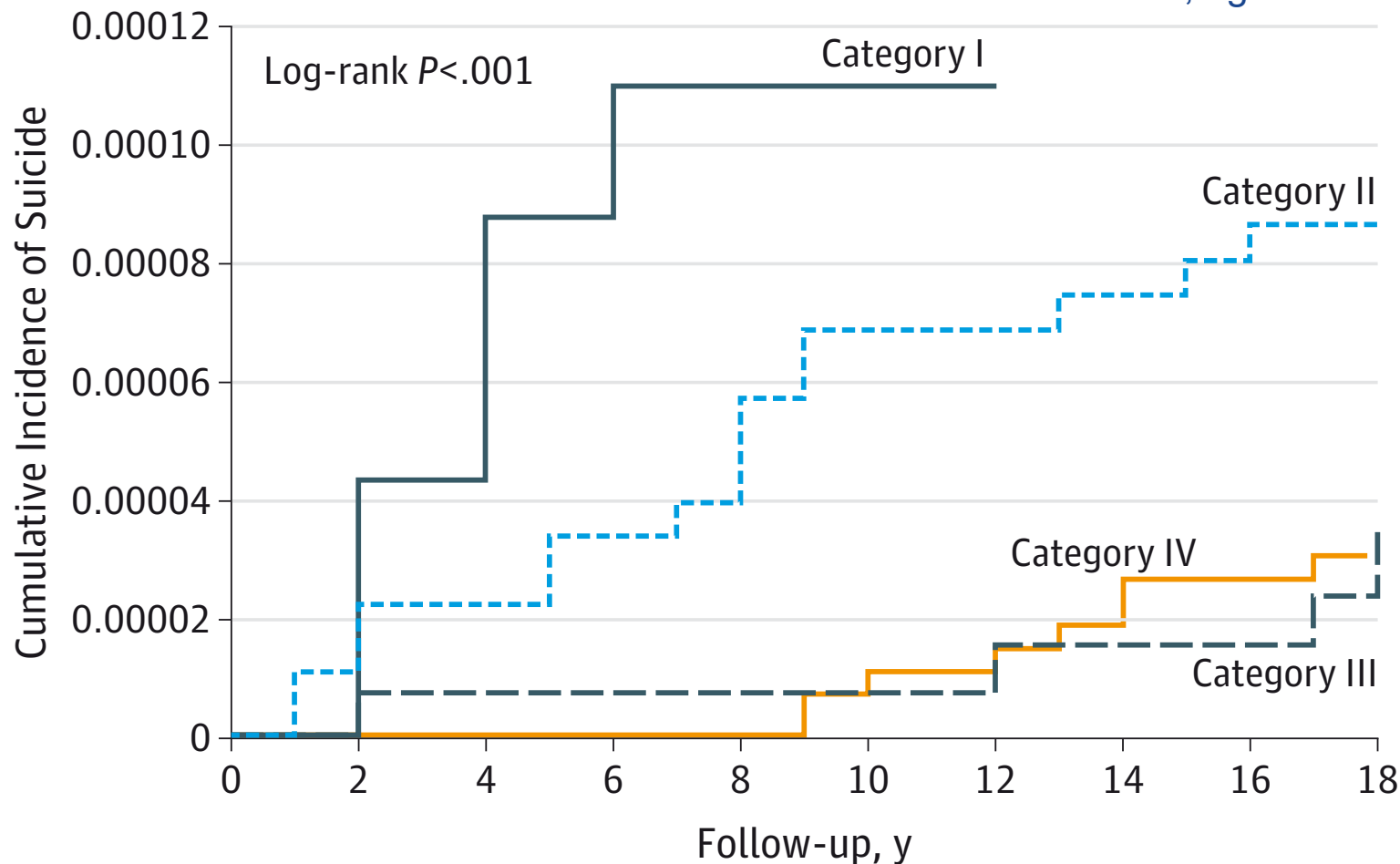
Note: Age, gender, race, and county of residence controlled by design.

*82 pairs in analysis.

**81 pairs in analysis.

DISCONNECTEDNESS: Cumulative incidence of suicide by social integration category in the Nurses' Health Study

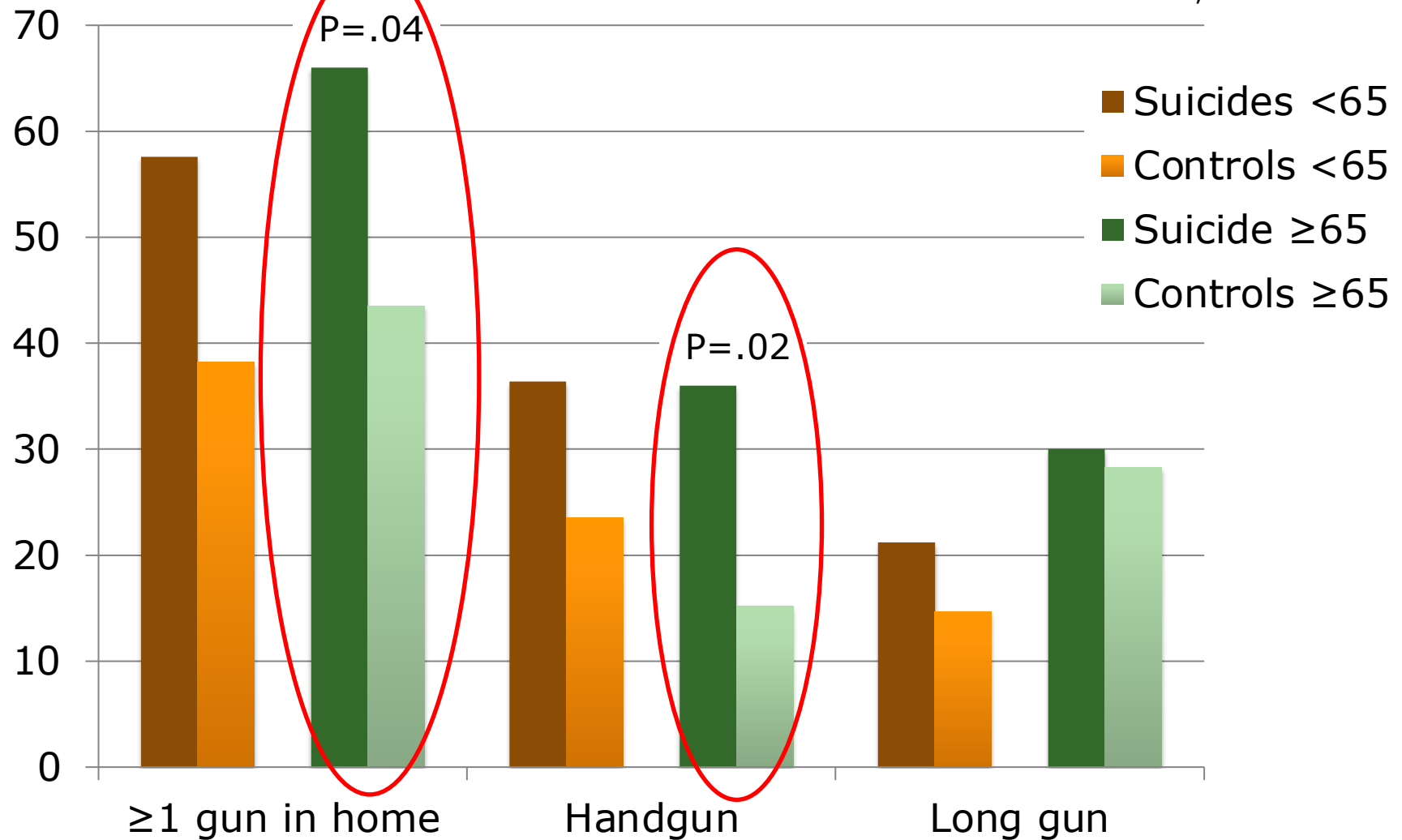
Women, ages 46 – 71 years



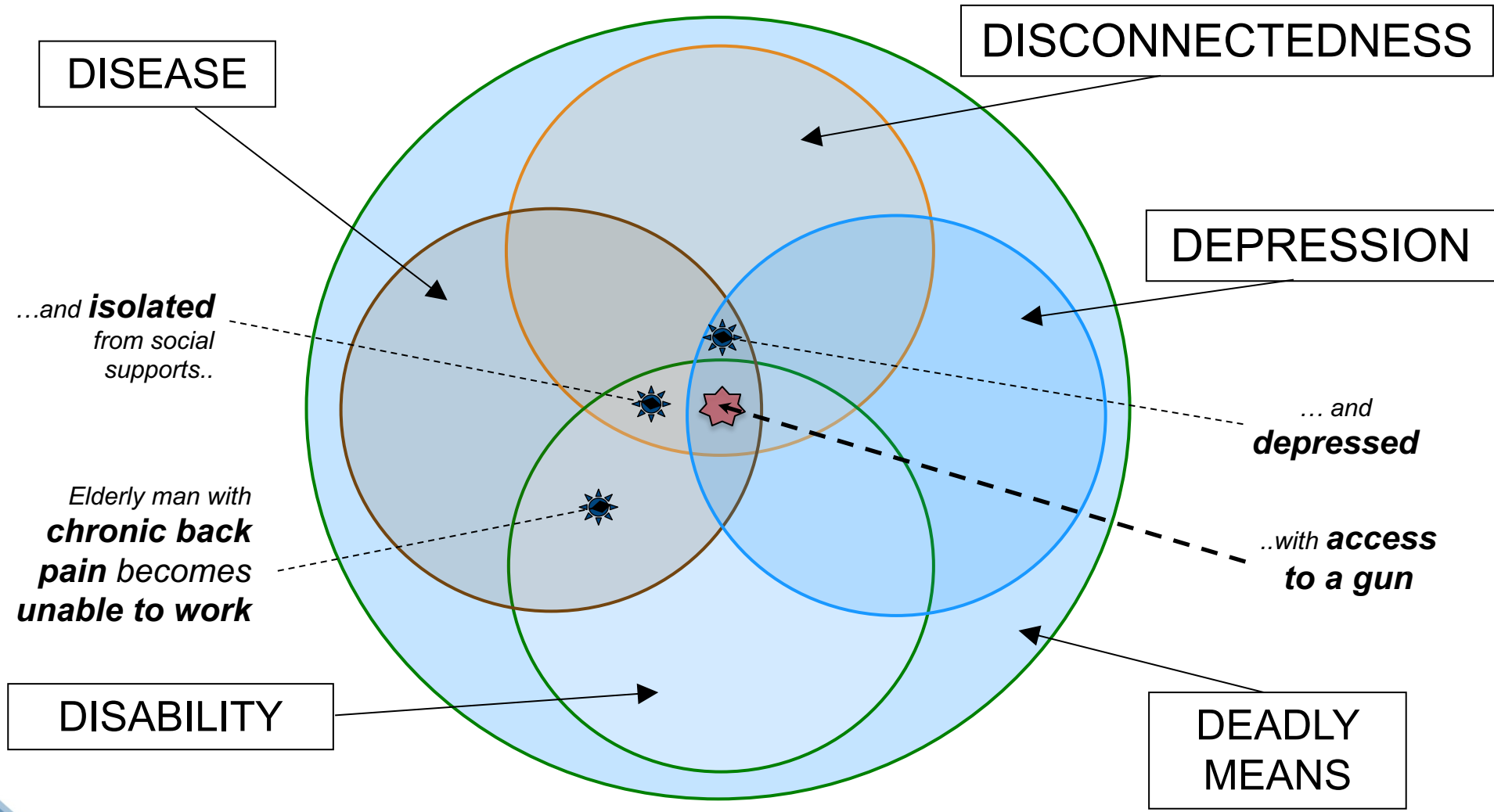
Tsai et al, *JAMA Psychiatry*. 2015;72(10):987-993.

DEADLY MEANS: Firearms in the Home

Conwell et al. AJGP 10:407-416, 2002



THE "5 Ds" OF LATE LIFE SUICIDE



Institute of Medicine Terminology: “LEVELS” OF PREVENTIVE INTERVENTION

“**Indicated**” – symptomatic and ‘marked’ high risk individuals – interventions to prevent full-blown disorders or adverse outcomes.

“**Selective**” – high-risk groups, though not all members bear risks – prevention through reducing risks.

“**Universal**” – focused on the entire population as the target – prevention through reducing risk and enhancing health.

INDICATED PREVENTION

- Routine screening for DEPRESSION
 - PHQ-9, GDS, CES-D
- Screening for suicidal ideation and intent
- Means restriction
- Treat to remission
 - Depression treatment is effective, including at reducing suicidal ideation and *maybe* suicide rates
 - Antidepressants, psychotherapy (CBT, PST, behavioral activation, and others)

SELECTIVE PREVENTION

- *DISEASE & DISABILITY*
 - Easy access to acceptable primary care
 - Rehab; pain management

- *DISCONNECTEDNESS*
 - Outreach & engagement
 - Community-based services and supports

UNIVERSAL PREVENTION

- Focused on the entire population as the target – prevention through reducing risk and enhancing health.
 - Firearm safety (DEADLY MEANS)
 - Culture change – ageism

Late life suicide and COVID-19

- Older adults most often and most severely affected
- Age + medical illness

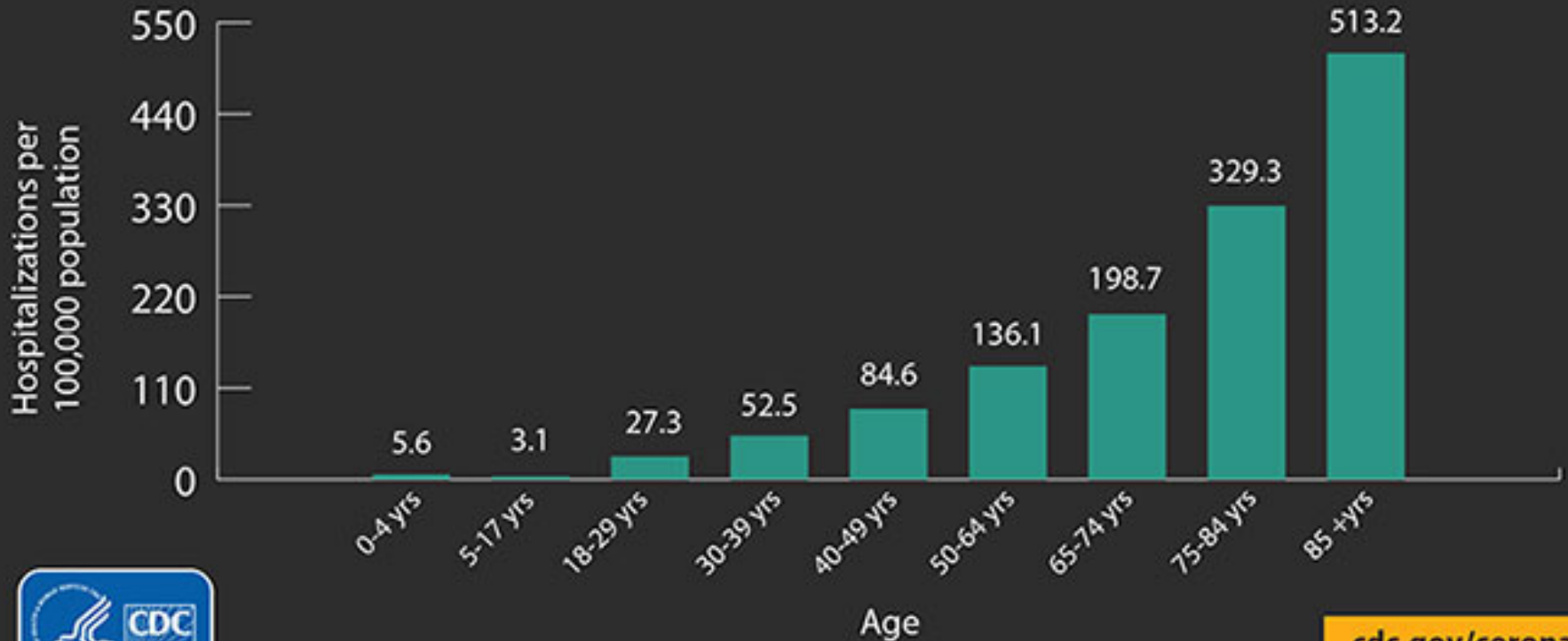
NATIONAL CENTER FOR HEALTH STATISTICS (NCHS) MORTALITY REPORTING SYSTEM

Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET)

DATA THROUGH WEEK ENDING JUNE 6, 2020

**LATEST
DATA**

JUNE 6, 2020



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/index.html>

CDC Has Information For Older Adults at Higher Risk

8 out of **10** COVID-19 deaths reported in the U.S. have been in adults 65 years old and older. Visit [CDC.gov/coronavirus](https://www.cdc.gov/coronavirus) for steps to reduce your risk of getting sick.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Late life suicide and COVID-19

- Older adults most often and most severely affected
- Age + medical illness
- Social distancing
 - Disconnectedness
 - Loneliness
 - Altered immune function
 - ↑ risk of COVID-19

Late life suicide in Hong Kong with SARS

- Severe Acute Respiratory Syndrome
- Hong Kong 2003
- Sharp uptick in suicides among older women

(Chan et al, Int J Geriatr Psychiatry 2006; 21: 113–118).

- Qualitative analysis showed association with
 - fear of contracting the disease
 - fear of disconnection
 - fear of being a burden on one's family

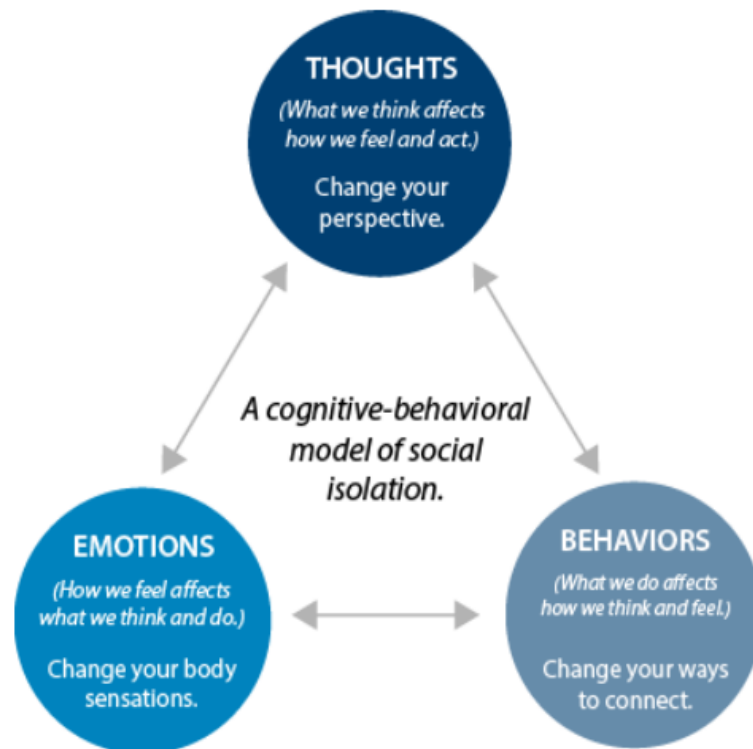
(Yip et al, Crisis 2010; 31: 86–92)

How can clinicians help older adults maintain social health while social distancing?

Social distancing, a key public health strategy to control the spread of the COVID-19 virus, can unintentionally result in social isolation & loneliness among older adults.



Loneliness is associated with impaired immune functioning & adds even greater risk for coronavirus infection, complications & death.



Older adults are at compound risk, making effective management of loneliness & social isolation in older patients a prime target for preventive intervention.

A "Connections Plan", an evidence-informed cognitive-behavioral strategy, may help patients maintain social connections while social distancing & provide clinicians an opportunity to identify the most effective approaches to promote connectedness in later life.

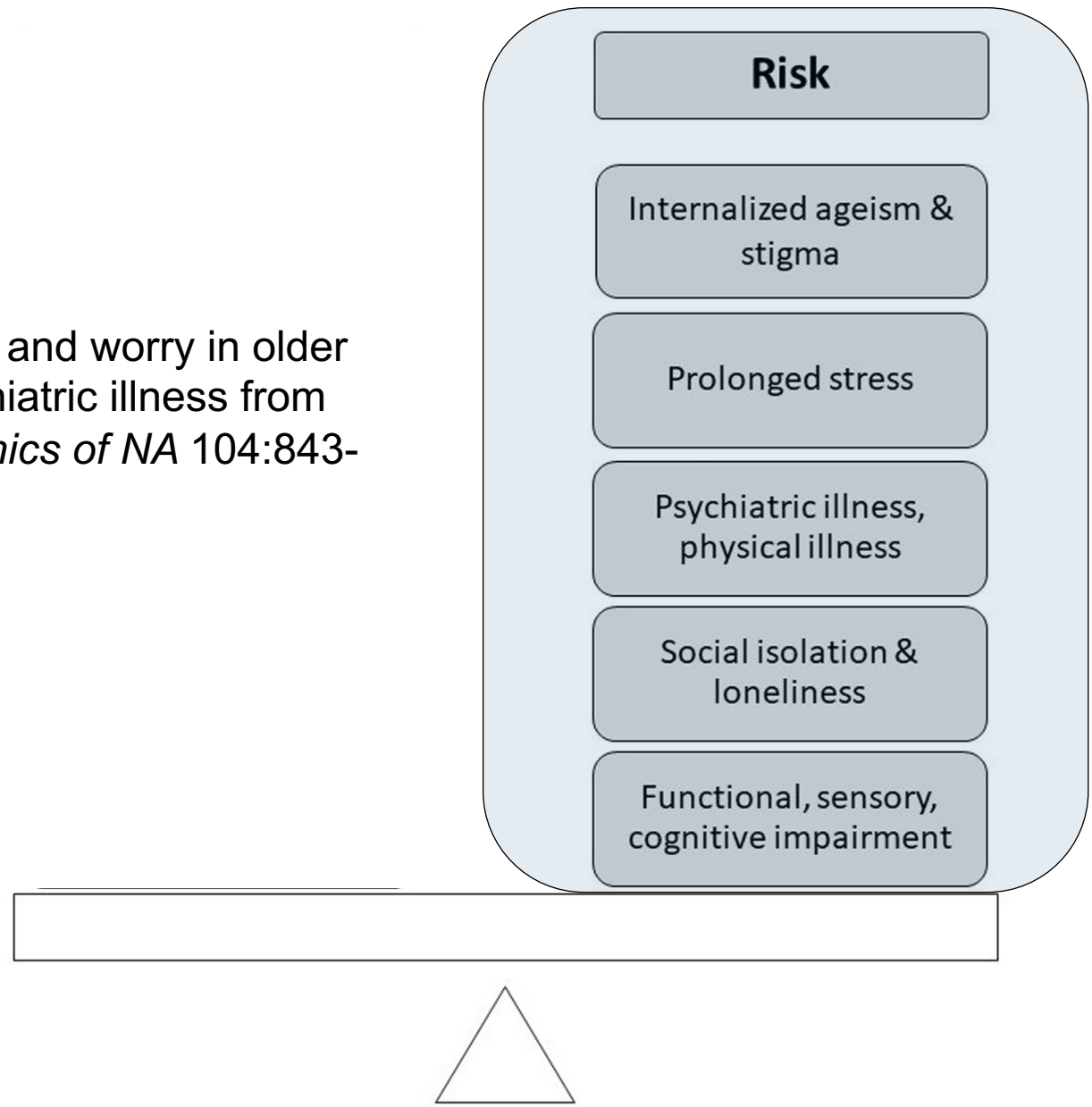
Van Orden, et al. 2020. <https://doi.org/10.1016/j.jagp.2020.05.004>

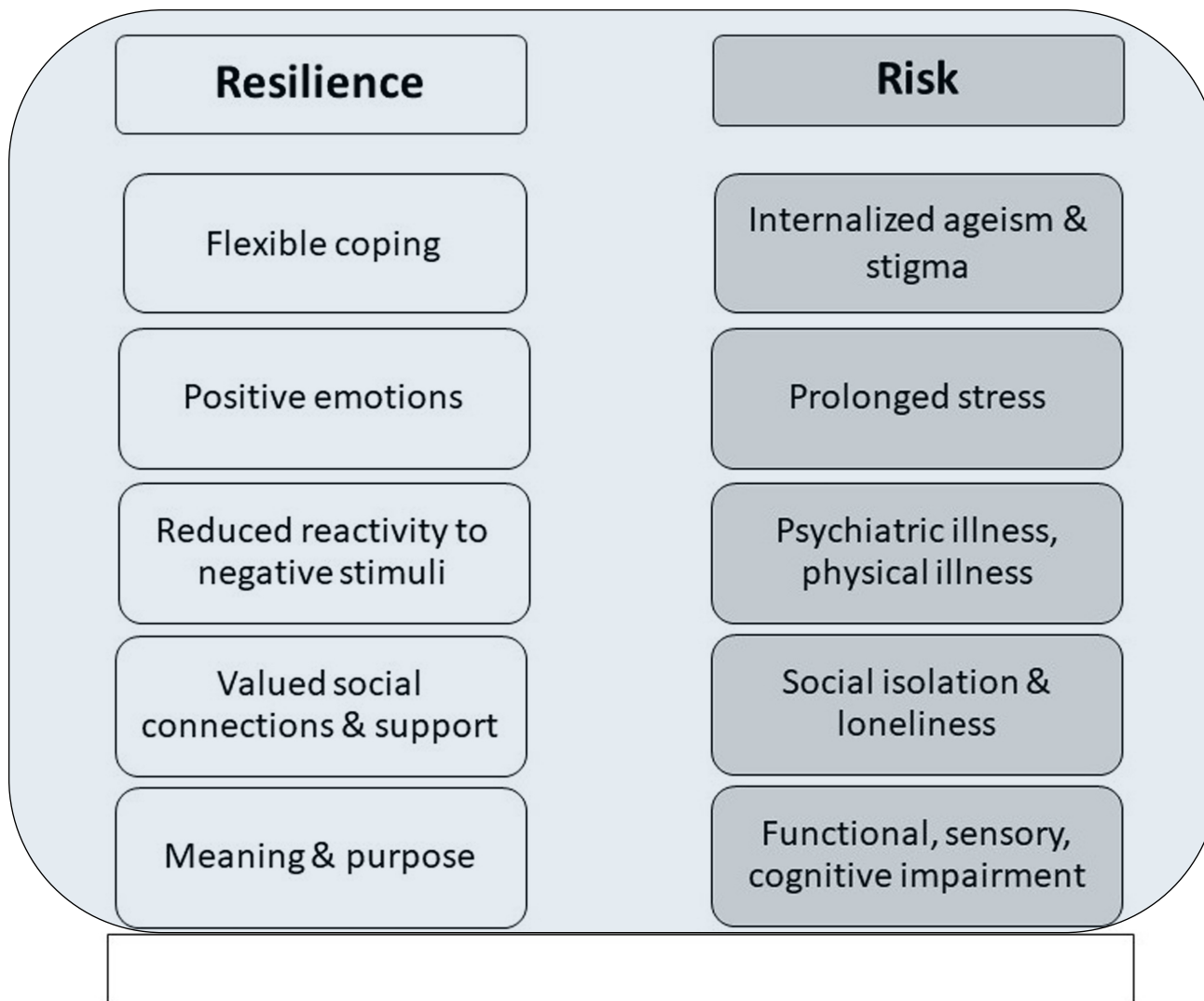
Van Orden et al: Strategies to Promote Social Connections Among Older Adults During "Social Distancing" Restrictions. Am J Geriatr Psychiatry: May, 2020 (online)

Long-term Care Resources

- American Medical Directors Association (AMDA):
<https://paltc.org/COVID-19>
- The Institute on Aging's 24-hour toll-free Friendship Line: [1-800-971-0016](tel:1-800-971-0016)
- American Health Care Association/National Center for Assisted Living:
 - Tips for Keeping Residents Engaged:
www.ahcancal.org/coronavirus

Lutz & Van Orden: Sadness and worry in older adults - Differentiating psychiatric illness from normative distress. *Med Clinics of NA* 104:843-854, 2020





Lutz & Van Orden: *Med Clinics of NA* 104:843-854, 2020



OPTIMAL SUICIDE PREVENTION =

Indicated – *detect and treat depression*

+

Selective – *optimize independent **functioning**,
increase social **connectedness***

+

Universal – *education to reduce **ageism**,
improve **firearm safety***

Thank you

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