Suicide in the Old Elderly: Results From One Italian County

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Objectives: *To investigate factors differentiating old-old elderly (those aged 75 years and older) who died by suicide from middle-aged (those aged 50–64 years) and young-old (aged 65–74 years) adults who took their own lives, and from living psychiatric outpatients 75 years and older who had no suicidal behaviors in the last 12 months before assessment.* **Methods:** *Cases for psychological autopsy interviews were 117 old-old elderly who died by suicide between 1994 and 2009. Comparisons were 97 young-old adult and 98 middle-aged suicide victims and 117 psychiatric outpatients admitted to the Department of Psychiatry of the University of Parma (Parma, Italy) between 1994 and 2009. Information for suicide decedents was gathered through proxy-based interviews, and data regarding living comparison subjects were extracted from medical records.* **Results:** *A high number of old-old elderly were widowed and lived alone before death; widowhood was more prevalent in the old-old elderly than in the younger suicide groups and the psychiatric outpatients. In addition, old-old elderly were more frequently characterized by the presence of life stressors in the few months before death compared with the psychiatric outpatients.* **Conclusions:** *Clinicians involved in the prevention of suicide in older adults should pay particular attention to loneliness and lack of social support, two conditions that may push the individual to feel hopeless, especially in those individuals who are facing stressful life events.* (Am J Geriatr Psychiatry 2013; ■:■–■)

Key Words: life stressors, mental illness, old age, physical illness, psychological autopsy, suicide

For many decades, men aged 75 years and older had the highest rates of suicide in nearly all industrialized countries.[1] More recently, suicide rates among older adults have started to decrease, and rates among young people have been increasing to such an extent that they are now the group at highest risk in one-third of countries, in both developed and developing countries.[2,3] Nevertheless, older male

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residents of many Western countries still have a high risk of dying a violent death.[4,5]

Several research studies investigating risk factors for suicide in those aged 65 years and older have been published.[6–14] However, studies focusing specifically on old-old adulthood (aged 75 years and older) are scarce. Evidence indicates that risk factors associated with suicide may differ between young-old adults (those aged 65–74 years) and the old-old elderly. For example, Waern et al.[15] investigated predictors for suicide among the adults aged 75 years and older in 38 consecutive suicide deaths that occurred in western Sweden. The authors reported that one-half of the suicide victims had required outside assistance with daily living (e.g., shopping, cooking, cleaning, personal hygiene) and that having such assistance was a significant predictor of suicide in this age group compared with young-old adult suicides. However, family conflict, serious physical illness, loneliness, and both major and minor depression were the strongest factors associated with suicide in this group. Major depression affected 42% of the old-old elderly, constituting a very strong risk factor for suicide. However, fewer old-old elderly suicide victims than younger suicide victims had been treated for depression during the year that preceded their deaths.

Because there are few studies focusing on specific characteristics of old-old elderly suicide victims, the objective of the current study was to investigate factors differentiating suicides in the old-old elderly compared with middle-aged and young-old adults who died in the same geographic region. Furthermore, due to the fact that previous literature has reported that approximately 71% to 95% of elderly suicide decedents may have a diagnosable Axis I condition,[16] we investigated those factors differentiating old-old elderly suicides from a gender-matched sample of psychiatric patients 75 years and older living in the same area who had no history of suicidal behaviors in the last 12 months.

METHODS

Suicide Cases

Cases for psychological autopsy interviews were suicide victims aged 75 years or older (range: 75–96 years) who died between 1994 and 2009 and who resided in the province of Parma, Italy. Comparison was made with two younger groups of suicide victims: a group of middle-aged adults (50–64 years old) and a group of young-old adults (65–74 years old). A third comparison group included a sample of psychiatric outpatients aged 75 years and older who were admitted to the Department of Psychiatry of the University of Parma (Parma, Italy) between 1994 and 2009 and who had not committed any suicidal act in the last 12 months. All psychiatric living comparisons were resident in the province of Parma. The psychiatric outpatients were gender-matched with the old-old elderly suicide victims.

In the time span of the study, 312 records were compiled of suicides at age 50 years and older. They included 117 old-old elderly (86 men and 31 women), 97 young-old adults (78 men and 19 women), and 98 middle-aged suicides (79 men and 19 women). The psychiatric living comparison subjects included 117 old-old elderly (86 men and 31 women).

Measures

Suicide cases. Information about the manner of death was collected from official records of the coroner's office of the county of Parma. These data were cross-referenced to the registered persons database, which provided demographic information for residents. One of the senior authors (M.A.) contacted relatives and physicians of decedents judged to have died by suicide to obtain their informed consent for a telephone proxy-based interview. Interviews were conducted by clinical psychologists and psychiatrists extensively trained in interviewing techniques and psychopathology.

The information gathered during the interview was systematically recorded. Suicide methods were grouped into two categories: violent methods (hanging, jumping, shooting or stabbing, drowning, and burning) and nonviolent methods (poisoning and gassing). The proxy-based interview with physicians documented physical illness in the 6 months before the date of death. As markers for the presence of physical illness, we used physician diagnosis and prescribed drugs or drug combinations dispensed in the index period of time, as described elsewhere.[17] Psychoactive drugs prescribed in the 6 months before the date of death were noted, as was