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Influence of childhood abuse and neglect subtypes on late-life suicide risk beyond depression



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ABSTRACT

The association of childhood maltreatment and suicide has been extensively examined within the population. Depression figures as a main cause for the elevated suicide rate in advanced ages and is often related to childhood maltreatment. The purpose of the present study was to examine the relationship between childhood maltreatment subtypes and suicide risk, testing geriatric depression as a moderator. This is a cross-sectional study looking at a sample of 449 individuals 60 years old or older from the Multidimensional Study of the Elderly of Porto Alegre Family Health Strategy, Brazil (EMI-SUS/POA). Childhood maltreatment (Childhood Trauma Questionnaire), geriatric depressive symptoms (Geriatric Depression Scale), and suicide risk (Mini International Neuropsychiatric Interview) were assessed. The subtypes of childhood abuse and neglect were significantly associated with suicide risk. In the multivariate analysis, controlling for age, gender, income, marital status, ethnicity, smoking, and geriatric depression symptoms, all trauma subtypes remained associated with suicide risk with the exception of physical neglect (EA = 3.65; PA = 3.16; SA = 5.1; EN = 2.43; PN = 1.76). The present study showed that childhood maltreatment subtypes predicted suicide risk, and geriatric depression does not directly mediate this relation.

1. Introduction

A prior suicide attempt is the most important predictor of death by suicide in the population (WHO, 2014). In 2012, the suicide rate was 11.4 per 100,000 population throughout the world. Suicide rates are highest in those aged 70 or older for both men and women in almost all regions of the world (WHO, 2014). In Brazil, the suicide rate was 5.7 deaths per 100,000 inhabitants in 2006. There is a predominance in the 70 years or older age group (rate of 7.8 deaths per 100,000 people), followed by those aged 50–59 and then by individuals aged 60–69. The southernmost state of Brazil, Rio Grande do Sul, has the highest national suicide mortality rate, reaching 9.3 deaths per 100,000 inhabitants (Marcos et al., 2006).

Childhood maltreatment is an important risk factor for mental disorders, and increasing evidence shows numerous negative

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consequences of maltreatment in the life cycle (Taillieu, Brownridge, Sareen, & Afifi, 2016). There is strong evidence that maltreated children have more depression in youth and adulthood but also more anxiety disorders, substance use disorder, and post-traumatic stress disorder (Gilbert et al., 2009). Also, childhood maltreatment was associated with internalizing (e.g. depression, generalized anxiety disorder) and externalizing (e.g. conduct and substance disorder) psychopathological dimensions (Keyes et al., 2012). Population-attributable risk proportions suggest that childhood maltreatment account for 29.8% across all mental disorders (Kessler et al., 2010).

Childhood maltreatment is a term that encompasses different types of experiences, such as the emotional abuse, emotional neglect, physical abuse, physical neglect, and sexual abuse that are associated in most of the cases. Early maltreatment have been associated with increased suicidality in depressed adult individuals (Dias, Souza, Jansen, Molina, & Azevedo, 2016) and suicidal behavior in individuals with common psychiatric disorders in young and adult individuals (Carlier, Hovens, & Streevelaar, 2016).

Literature examining the negative consequences of childhood maltreatment in the elderly is still limited, and the majority of the papers evaluate only one form of abuse or neglect. Despite this, they tend to occur together (Dong et al., 2004; Draper et al., 2008). The research has shown a graded relationship between childhood maltreatment and symptoms of depression (Poole, Dobson, & Pusch, 2017) but also suicide risk (Dube et al., 2001).

The consequences of childhood maltreatment have received increasing attention in the case of depression (Comijs et al., 2013; Ege, Messias, Thapa, & Krain, 2015; Raposo, Mackenzie, Henriksen, & Afifi, 2014). Depression figures in a high prevalence in the elderly Brazilian socioeconomically disadvantage population (Nogueira, Rubin, Giacobbo, Gomes, & Neto, 2014) and is the main cause of the elevated suicide rate in advanced age (Conwell, Duberstein, & Caine, 2002). The contribution of childhood maltreatment to suicide in the elderly has been examined only in the past few years. Sachs-Ericsson, Rushing, Stanley, and Sheffler, 2016 show an association between childhood maltreatment experiences and suicide throughout the life span. However, the influence of childhood maltreatment subtypes of abuse and neglect on late-life suicide risk has not yet been appropriately addressed; nor has the moderator effect of geriatric depression in this relation.

The primary aim of the present study was to examine the role of childhood maltreatment subtypes as predictors for late-life suicide risk (SR), testing geriatric depression as a moderator. Secondly, we investigated the sum of the number of dimensions of maltreatment for their likelihood of predicting suicide risk.

2. Method

2.1. Participants

This is a cross-sectional study with a sample of 449 persons 60 years old or older. The data was retrieved from registries of the Multidimensional Study of Elderly of Porto Alegre Family Health Strategy, Brazil (EMI-SUS/POA), a population-based survey conducted from March 2011 to December 2012 in collaboration with the Family Health Strategy (FHS) program of Porto Alegre, Brazil.

The EMI-SUS/POA sample was composed of socioeconomically disadvantage elderly from all health districts of Porto Alegre. Thirty family health teams in Porto Alegre were selected from a total of 97 through a stratified random sampling. Within each team, 36 individuals aged 60 years or older were randomly selected, for a total sample of 1080 for home visits by the community health workers. The final subsample of 449 is composed of those participants who participated in evaluation in the facility of the Hospital São Lucas. We excluded those who had an inability to understand the questions and could not go to the hospital. Assessment and registry of suicide risk were made by board-certified psychiatrists experienced in late-life neuropsychiatric disorders (Nogueira, Moretti et al., 2014).

2.2. Variables

Suicide risk was assessed using the suicidality module of *Mini International Neuropsychiatric Interview 5.0 plus Portuguese version*, or MINI plus (Amorim, 2000). The MINI plus is a gold standard validated diagnostic tool intended for use by general physicians and non-clinical professionals (Lecrubier et al., 1997). Its accuracy is similar to that of more complex psychiatric interviews in different settings. The suicide module encompasses six questions, and the final score is calculated with the sum of each dichotomous variable (yes or no). It was considered positive for current suicide risk if the individual sum was one or more points.

The shorter version of the Childhood Trauma Questionnaire (CTQ) was used (Bernstein et al., 2003). It was translated into Brazilian Portuguese (Grassi-Oliveira, Stein, & Pezzi, 2006) and validated in community and clinical samples with good reliability and validity (Grassi-Oliveira et al., 2014). CTQ is a screening tool that aims to detect five subscales of negative childhood experiences: emotional abuse (EA), physical abuse (PA), sexual abuse (SA), emotional neglect (EN), and physical neglect (PN). It consists of 28 questions that allow the respondent to indicate abuse and its intensity through a five-point Likert scale. For maltreatment types, a positive case was defined by one that surpassed the cut-off “none or minimal” suggested by the CTQ manual as a dichotomous variable.

Emotional abuse is defined as verbal assaults on a child’s sense of worth or well-being or any humiliating behavior directed toward a child by an older person. Physical abuse is defined as bodily assaults on a child by an older person that confer a risk of or result in injury. Sexual abuse is defined as sexual conduct between a child and an adult or older person. Emotional neglect is defined as the failure of an adult to meet children’s emotional and psychological needs. Physical neglect is defined as the failure of adults to provide for a child’s basic physical needs (food, shelter, clothing, safety, and health care).

The 15-item Brazilian Geriatric Depression Scale (GDS15) was utilized to assess depressive symptoms (Almeida & Almeida, 1999).

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