

SUICIDE IN ELDERLY AND ITS OUTCOME

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ABSTRACT

BACKGROUND

Suicide is a complex human behaviour involving many aspects of individual's personality, state of health and life circumstances. The number of suicide attempts has been increasing progressively in India. Suicidal behavior in older people is a major public health issue. Suicidal ideation in elderly is most often missed or underestimated probably due communication defects and health issues. There is an increase in suicide tendency towards late life, but its incidence and cause have been under reported. This study aims to evaluate incidence, risk factors and outcomes of suicide attempts by elderly population, along with strategies for prevention of such suicidal ideation.¹

METHODS

60 elderly patients were taken for the study. Retrospective study was done based on hospital records of patients. Data was collected in standardized proforma and analyzed.

RESULTS

Out of the 60 studied cases, 41 (68.3%) were male and 19 (31.6%) were female. Total number of deaths was 14 (64.3%) who were female and 5 (35.7%) who were male. The most commonly attributed cause for suicide attempts were socio-economic situations 38 (63%), psychiatric illness 13 (21.6%) and physical illness 9 (15%).

CONCLUSIONS

Among the study group, major attributing factor turned out to be socio-economic factors, differing from the studies done in western population which point mainly towards depression or presence of major psychiatric or physical illness as major cause for suicide among the elderly population. Male preponderance was noted in the study. Although male preponderance was noted in the study, the death rate was high among women implying that women used more fatal methods and had higher suicide completion rate. During the period of study, we found that most patients had unknowingly expressed some symptom or sign expressing their wish to commit suicide before the incident either to their family members or their physicians.

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BACKGROUND

As new medical interventions are being identified every day, and with improved health care facilities reaching every corner, medical interventions have started creating major success in prevention and cure of many previously fatal illness. It has become evident that the population of elderly people are in increasing trend in both developed and developing countries because of these interventions. With increasing population of the elderly, there is an increase in the need for better health care facilities to meet the demand of the elderly population in medical, social and psychological aspects.² India being a growing country is predicted to have a tremendous increase in the number of elderly populations in the upcoming years, which puts us in a position to equip ourselves adequately. With these demands ahead of us,

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have we achieved the expertise that's required to cope up? No, despite medical advances that had come up in the recent days to save life and prolong the number of years of living we are still lacking the art of understanding and addressing the physical and mental illness and their needs, especially the ones in later life. This being one of the most important reasons for raising trends of suicide. Throughout the world many studies have been conducted on the rates and various causes of suicide among general population, which had thrown light on the fact that the number of suicide attempts in both developed and developing countries is showing increasing trend pointing to various stress factors in daily lifestyle.³ With the increase in the demand for expertise, we have to ask ourselves has the geriatric care in our country increased? Our country is gifted with certain age old traditions of having a well-integrated family who treat their elders with respect and care. But even then there seems to be an increase in elderly suicidal rates most of which are seen among families under poverty or which financial constrains, majority of these being located in rural and suburban parts of our country. In India, suicide attempt was a punishable offence until recently when it was changed. Hence accurate data and burden of suicidal attempts in previous years were not available due to social stigma.⁴ Our study aims to identify the various possible causes of suicidal

act in elderly population and postulate a feasible method for early recognition and prevention.

METHODS

60 elderly patients were taken into the study, of the 60 cases studied, the cases were divided according to sex wise, the attributing cause for suicide commitment, outcome. All the patients were subjected to through psychiatric analysis and their records were taken.

RESULTS

The results from our study suggest that the incidence of suicide attempts in elderly population is on increasing trend, with major contribution by socio-economic burden on the family, psychiatric illness and physical illness. The attempts are more planned and less impulsive in nature.⁵

These findings are in consistence with western studies which suggest that despite cultural and social differences between countries, the rising trend of change in family structure to nuclear family, increasing life expectancy of elderly population also play a major role as suicidal stressors.⁶ These findings also imply that with proper counselling, most of the suicidal attempts can be prevented. We had identified that most of the patients, who had committed suicide, had at some point of time contacted a medical fraternity with vague physical complaints and had expressed their wish to die. Hence primary care physicians are in a position to assess their older patients and extract any ideas of suicide among them, since most of the elderly population have their first contact with a general physician for primary care.⁷ Hence In order to identify these at risk individual's a common but easily applicable strategy should be devised and must be made aware of throughout the country.

The study also throws light on the fact that much emotional care is needed to protect our elderly and proper identification and counseling must be done to prevent such attempts, to improve the geriatric health care of the country. It came to our eyes during the period of study that most general physicians are not able elicit the signs and symptoms given by their older patients and hence are not able to identify the alarming suicidal intention among their patients. As most of the older adults visit a primary health care expressing their vulnerability and thoughts of death, we strongly recommend that a common protocol should be developed for identification of suicidal ideation among the old who approach primary health care providers. As the saying goes blood is thicker than water hence families of such at risk elderly population must also be joined in the process of identification risk factors and attitudes and behavior of these individuals and must be included in the counselling and treatment of these individuals. In our period of study, we had seen that families which bonded well with the victims either prior or after the attempts, showed much better recovery and eased up the counselling process, by which we understood that despite all scientifically based efforts the emotional bonding, support and strength from the family will make sure that no further misfortune happens

in the future. Hence, we would like to put forward that proper training and counselling of individuals and their family members would bring about a drastic change in our fight against suicide among any population. Suicide is an equally devastating and an important upraising issue as any other social issues that prevails and hence, the involvement of non-governmental and governmental organizations in the process of assessment and counselling and follow up the population and spreading awareness among the general population would increase the helping hand tremendously, that it helps the individuals and the treating physicians in achieving the strive of achieving a reduction in suicide and increase the health care of the geriatric and general population of our country.

DISCUSSION

Sex and Incidence of Suicide

Of the 60 attempters, the number of males was 41(68.3%) and number of females was 19(31.6%). Male preponderance was noted in our study, though global perspective is different.⁸ One study showed that majority of the older males who committed suicide had spontaneously approached medical facilities, mainly primary care physicians with non-specific and sometimes with an open desire to commit suicide.⁷ With this inference in mind we would like to put forward a word that presence of expert care like psychiatrist at the level primary care or training of primary health care professional in psycho- social relationships should be available.

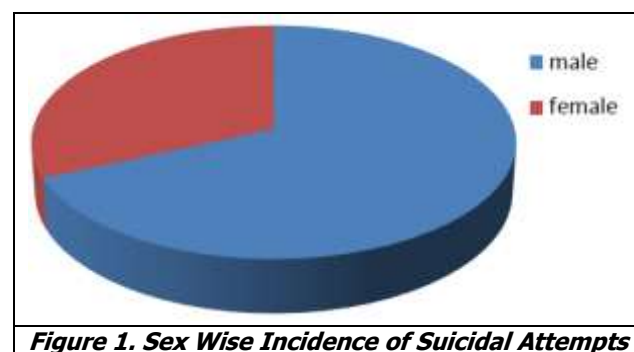


Figure 1. Sex Wise Incidence of Suicidal Attempts

Attributing Factor for Suicide Commitment

All patients were subjected to a through psychiatric interview, where the causes attributing to their suicidal attempts were identified. Most of the patients reported that they had assumed themselves as a economic burden to the family due to either their weak physical fitness leading to inability to support their family financially and requirement of financial and medical backups from their family, while others had reported the effect of their chronic health conditions and the disability that followed these health conditions putting them at a need for constant support from other members for their routine activities and some had major psychiatric illness and habits predisposing to the act of commitment of suicide. Other similar studies have also shown that many adults experience depression and worthlessness in their later life due to either loss of their

spouses or sensation of worthlessness due to physical and mental weakness.⁹

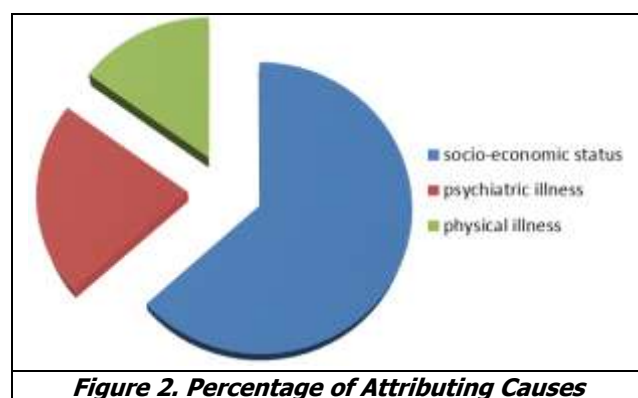


Figure 2. Percentage of Attributing Causes

Outcome of Suicidal Attempts

Out of the total elderly under study, 14 females and 5 males died, of which the strong stress factor stated was economic burden to the family. This graph shows that despite male dominance in attempt rates, the completion rate is more among females hence proving the above-mentioned fact of suicide completion being more in females.¹⁰ Through this study it was identified that the females had more sense of guilt of burden towards family and had rare communication of their thoughts about committing suicide to the people around them, as when compared with the male population. In our study we had seen that unidentified psychiatric issues were mainly present among the female population than their male counterpart.¹¹

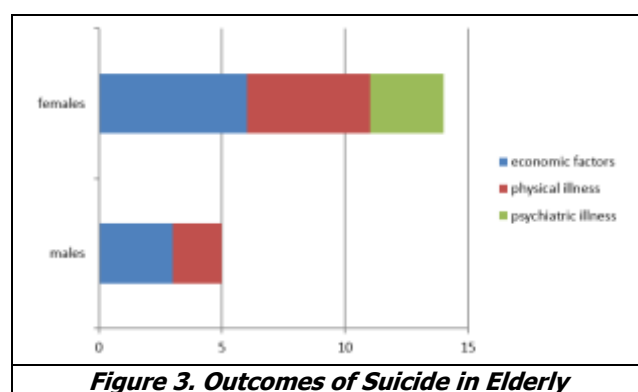


Figure 3. Outcomes of Suicide in Elderly

CONCLUSIONS

Suicidal rates are increasing when compared to previous decades in all age groups, though the causes may differ.¹²

With increasing trends of suicides among the elderly, it is clear that we have to identify the various risk factors and delineate an approach to reduce their incidence.

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