



Depression, Grief, and Suicide Among Older Adults: What We Need to Know



[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)

Doree Ann V. Espiritu, M.D.

Henry Ford Health System

Objectives



At the end of this session, the learner will be able to:

1. Describe the scope of suicide in the older adults.
2. Discuss suicidal behaviors in older adults.
3. Discuss the features of depression in older adults.



Depression

- Increases the perception of poor health (Wells et.al 1989).
- Depression increases the economic burden on the health care system. (Simon et.al. 1995)
- Depression is the second leading cause of disability. (Murray & Lopez 1997)
- **Depression kills!**



The Magnitude of the Problem

(NIH Consensus Conf. 1992)

<u>In the Community</u>		<u>In Long-term Care</u>	
Major Depression	1% - 3%	Major Depression	
Dysthymia	2%	Or Dysthymia	5% - 25%
Depressive Symptoms	13% - 27%	Depressive Symptoms	18% - 31%
Total	16% - 32%	<u>Total</u>	33% - 56%



Prevalence of Geriatric Depression in the Medical Setting

(NIH Consensus Conf. 1992)

<u>Setting</u>	<u>Major Depression</u>	<u>Depressive Syndromes</u>
Primary Care Settings	17% - 37%	70%
Hospitalized Patients	11%	25%
Long-term Care	12% - 22.4%	17%-30%



Depression is under-recognized!

- Under-reporting of symptoms.
- Uncertainty in defining clinically significant depression.
- Attributing symptoms to medical illness, disability, dementia.



Late-Life Depression: Distinct from Mid-life Depression

- Greater
 - Clinical heterogeneity
 - Disability
 - Cognitive heterogeneity
 - Anhedonia, apathy
 - Number of medical comorbidities
 - Number of somatic symptoms and complaints



Late-Life Depression

- Less overt sadness
- Under-recognized and undertreated
- Higher suicide rate
- Incomplete, brittle response



Symptoms of Major Depression

- Depressed mood
- Diminish interest in pleasurable activities
- Insomnia/hypersomnia
- Psychomotor agitation/retardation
- Guilt
- Poor concentration
- Recurrent thoughts of death/suicide
- Fatigue
- Weight loss/Gain



Cognitive Impairment in Non-demented Individuals

- Disturbances in
 - Attention
 - Speed of mental processing
 - Executive function



Psychotic Depression

- Delusions, hallucinations are frequent
- Usual themes: guilt, hypochondriasis, nihilism, persecution, jealousy.
- Occurs in 20% - 45% of hospitalized elderly depressives (Meyers, 1995).



Adjustment Disorder with Depressed Mood

- Negative life events:
 - Financial problems
 - Socio-economic deprivation
 - Poor physical health
 - Disability
 - Social isolation
 - Relocation to a long-term care facility
 - Death of a spouse
- (Hayes, 1998; Wilson, 1999)



Possible Medical Causes of Depression

- Endocrine Disorders
- Vascular Diseases
- Neurological Disorders
- Neoplastic Diseases
- Infectious Diseases
- Nutritional Deficiencies
- Drugs of Abuse
- Antihypertensive Drugs
- Gastrointestinal Drugs
- Corticosteroids
- Cytotoxic Agents



Medical Burden & Depression

- Patients with medical diagnosis are 2X as likely to have depression than patients who do not have depression. (Alexopoulos, 2002)
- Depression increases mortality.
- Depression increases medical morbidity.
- Depression worsens outcomes of medical disorders.



Grief, Bereavement

- Grief – the time after a loss during which a person feels grief.
- Bereavement – the feelings and associated behaviors (crying) that come from the awareness of irrevocable loss.



Bereavement

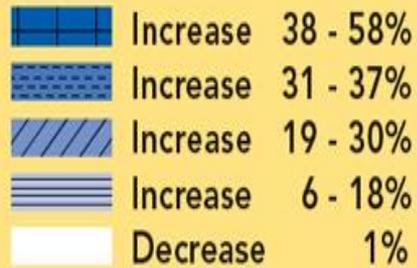
- Estimated 8 million bereaved/year
- Mean age at loss of spouse:
 - 66 years for women
 - 69 years for men
- Each death leaves/bereaves an average of 5 people
- At 65 or older, about 45% of women, 15% of men have experienced spousal bereavement



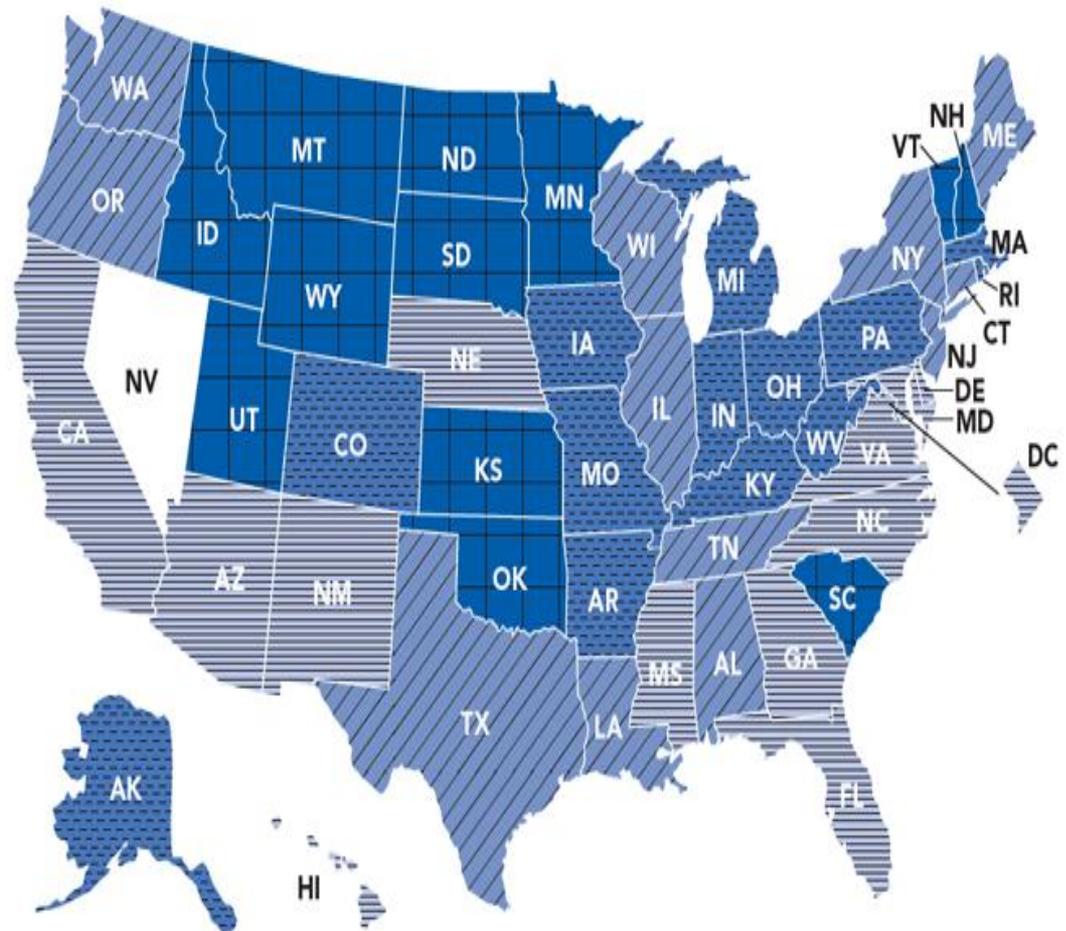
Suicide

- 2018: More than 48,000 died of suicide in the US:
 - 14.2/100,000 in the general population
 - 65 y/o – 74 y/o: 15/100,000
 - 75 y/o – 84 y/o: 17/100,000
 - can be as high as 50/100,000
- Consistently increase in white males, highest level in oldest age group.

Suicide rates rose across the US from 1999 to 2016.



SOURCE: CDC's National Vital Statistics System;
CDC Vital Signs, June 2018.



Many factors contribute to suicide among those with and without known mental health conditions.



Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.

SOURCE: CDC's National Violent Death Reporting System, data from 27 states participating in 2015.



Suicide in the Older Adults

- Older adults make up 12% of the US population but account for 18% of suicide deaths.
- 75% of completed suicides are by firearms.
- Depression is the most common psychiatric diagnosis in elderly suicide victims.



Warning Signs

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty, hopeless, or having no reason to live
- Making a plan or looking for a way to kill themselves, such as searching for lethal methods online, stockpiling pills, or buying a gun
- Talking about great guilt or shame
- Talking about feeling trapped or feeling that there are no solutions



Risk Factors

- Depression
- Substance abuse
- Chronic disability, physical pain
- Catastrophic loss (widow/widower)
- Bereavement
- Family history of suicide



Illness Risk Factors

- Major Depression – fewer than 1/10 received appropriate treatment.
- Medical illnesses:
 - Cancer, Neurological Diseases, Cardiovascular Diseases are the most frequently reported disorders associated with suicide.



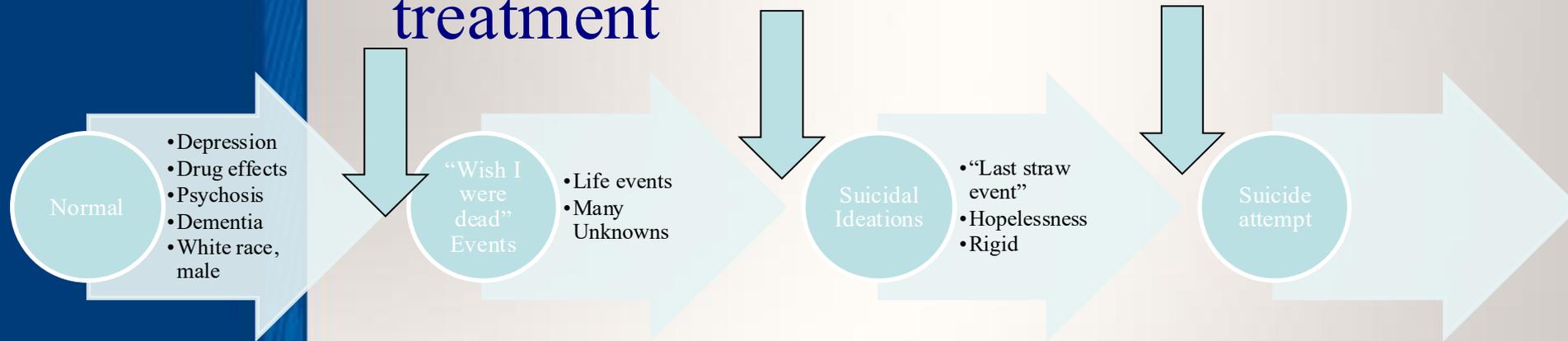
Covid & Suicide

- Increased isolation
- Unemployment
- Economic turmoil
- Decreased access to care
- Grief



Risk Factors & Buffers of Suicide In Older Adults

- Buffer: Mainly social support and treatment





Protective Factors

- Care for mental and physical health problems
- Social connectedness
- Skills in coping and adapting to change

Action Steps

5 Action Steps for Helping Someone in Emotional Pain



ASK

"Are you thinking about killing yourself?"



KEEP THEM SAFE

Reduce access to lethal items or places.



BE THERE

Listen carefully and acknowledge their feelings.



HELP THEM CONNECT

Save the National Suicide Prevention Lifeline number 1-800-273-8255.



STAY CONNECTED

Follow up and stay in touch after a crisis.



“If we are lucky we will not be poor; if we are lucky, we will not be disabled; but if we are lucky, we will live to be old.”

Old Indian Saying