

SUICIDE

LET'S TALK ABOUT...

...the Impact on the Elderly

While the elderly make up only 12.6% of the population, they account for almost 18.1% of the suicides. There is one elderly suicide every one hour thirty-nine minutes in the United States.

- In 2000, the suicide rates for the elderly was nearly double the overall United States suicide rate.
 - 12.6 per 100,000 among persons aged 65 to 74
 - 17.7 per 100,000 persons aged 75 to 84
- White men over the age of 85 are at the greatest risk of all age-gender-race groups. In 1999, the suicide rate for these men was 59.6 per 100,000. That is nearly 6 times the current overall rate.
- 84% of elderly suicides are men; the number of men's suicides in late life is 5 times that for women (men's rates are 7.6 times those of women).
- The rate of suicide for women declines after age 60 (after peaking in middle adulthood, age 40-54).



Although older adults attempt suicide less often than those in other age groups, they have a higher completion rate. The elderly are more lethal in their attempts and complete suicide more often. For all ages combined, there is 1 suicide for every 20 attempts. Among the young (15-24 years) there is 1 suicide for every 100-200 attempts. Over the age of 65, there is 1 suicide for every 4 attempts.

- Firearms are the most common means of completing suicide among the elderly. Men (78%) use firearms more than twice as often as women (35%).
- Alcohol or substance abuse plays a diminishing role in later life suicides.
- Contrary to popular opinion, only a fraction (2-4%) of suicide victims have been diagnosed with a terminal illness at the time of their death. Two-thirds of older adults in their late 60's, 70's and 80's were in relatively good physical health when they died by suicide.

20% of elderly suicides over 75 have been seen by a physician within 24 hours of completing suicide; 35% have been seen by a physician within a week; 75% have seen a primary care physician within a month of their suicide; and 80% have seen a primary care physician within 6 months of their suicide.

- 66%-90% of elderly suicides have at least one psychiatric diagnosis. Two-thirds of these diagnoses are for late-onset, single episode clinical depression.
- As many as 75% of depressed older Americans are not receiving the treatment they need, placing them at an increased risk of suicide.
- Elderly persons are less likely to reach out by calling a crisis line than their younger counterparts.
- Suicide rates are highest in the mountain states of the United States for the nation as a whole and the elderly.

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MYTHS:

- Depression among the elderly is a normal consequence of aging and associated problems.
- Depression among the elderly cannot be treated.
- Most completed suicides are terminally ill.
- Elders who complete suicide do not have close family members.
- Only elderly persons who live alone are at risk for suicide.
- Suicide and suicidal behavior are normal responses to stresses experienced by most people.
- There is nothing that can be done to stop an elderly suicide.
- Most suicidal elders will self-refer to obtain mental health care.
- Suicidal elderly do not exhibit warning signs of their suicidal ideation or intent.
- Adverse living conditions are not significant risk factors in elderly suicide.

*In this fact sheet, elderly refers to persons over the age of 65.
Information presented refers to the latest available data (i.e., 2000 data).*

