

# INJURY UPDATE

*A Report to Oklahoma Injury Surveillance Participants\**

April 25, 2007

## Suicide Among Persons 65 Years and Older, Oklahoma, 2004

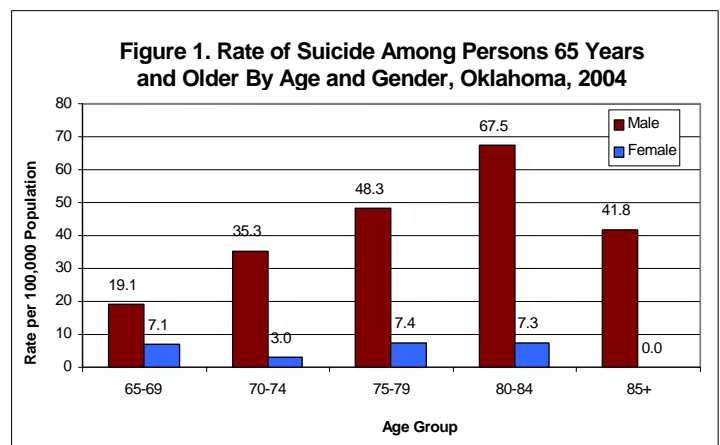
Persons 65 years of age and older have the highest risk of suicide worldwide. During 2004, suicide was the 11th leading cause of death for all ages in the U.S. claiming more than 32,000 lives. Persons 65 years of age and older, accounted for about 13% of the U.S. population and over 18% of all suicide deaths. One person 65 years and older dies every hour and thirty-nine minutes from suicide. From 2000-2004, the rate of suicide among persons 65 years and older in Oklahoma remained stable at 17.1 per 100,000 population, 14% higher than the national rate (15.0 per 100,000 population).

For this report, suicide data from the Oklahoma Violent Death Reporting System (OK-VDRS) was analyzed for 2004 for Oklahoma residents 65 years of age and older. The OK-VDRS collects data from medical examiner reports, death certificates, and police reports on suicides, homicides, legal intervention deaths, unintentional firearm injury deaths and deaths of undetermined manner.

During 2004, 88 persons 65 years and older committed suicide in Oklahoma for a rate of 18.9 per 100,000 population. Eighty-four percent of victims were male and 16% were female. The rate among males (37.6 per 100,000 population) was more than seven times higher than the rate among females (5.2 per 100,000 population). The highest rate of suicide was among males 80-84 years of age. Among females, the highest rate of suicide was between 75-79 years of age (Figure 1). Almost all victims were white (98%), 1% black, 1% Native American and 1% unknown race. None of the suicide victims were of Hispanic ethnicity.

Forty-three percent of victims were widowed, 42% were married, 11% were divorced and 4% were never married. About one-fourth of victims (24%) had completed 12th grade level or less, more than one-third of victims (36%) had completed high school or GED, 19% had some college courses, 8% had a college degree, 5% had a master's degree, 3% had a doctorate degree. Educational attainment was unknown for 5% of persons.

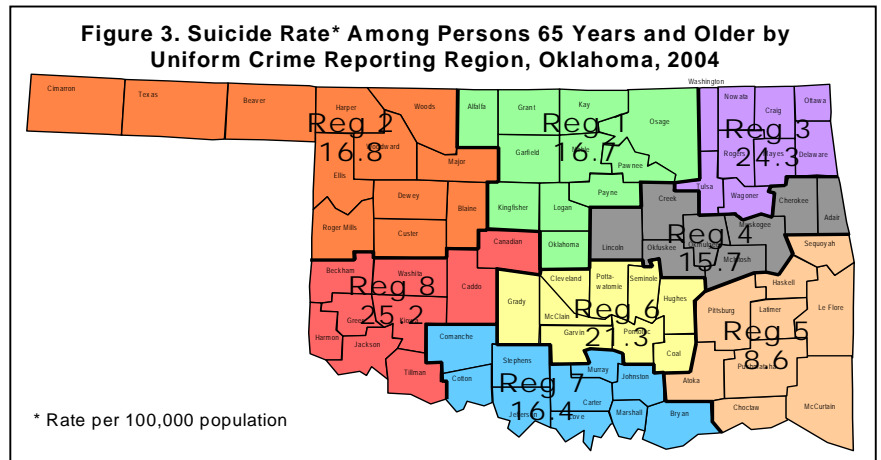
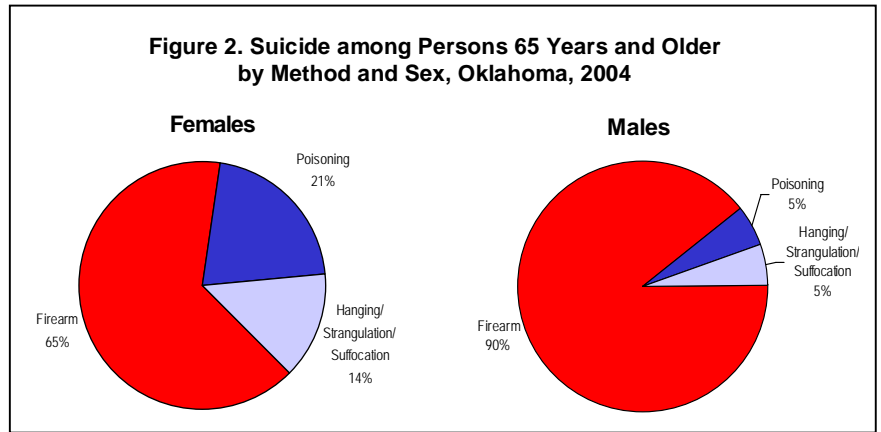
According to the American Community Survey of the U.S. Census Bureau in 2004, 31% of Oklahomans 65 years and older were veterans. Fifty-nine percent of persons 65 years and older who committed suicide were veterans; 70% of males who committed suicide were veterans. None of the women who committed suicide were veterans. The majority (56%) of veterans 65 years and older who committed suicide were between the ages of 75-84 years. Marital status among veteran victims was similar to the rest of the victims: 44% were widowed, 40% were married, 14% were divorced and 2% were never married. Ninety percent of veteran victims used a firearm in suicide.



\*The INJURY UPDATE is a report produced by the Injury Prevention Service, Oklahoma State Department of Health. Other issues of the INJURY UPDATE may be obtained from the Injury Prevention Service, Oklahoma State Department of Health, 1000 N.E. 10<sup>th</sup> Street, Oklahoma City, Oklahoma 73117-1299, 405/271-3430 or 1-800-522-0204 (in Oklahoma). INJURY UPDATES and other IPS information are also available at [www.health.state.ok.us/program/injury](http://www.health.state.ok.us/program/injury).

The vast majority of deaths (76) occurred in a residence, 2 occurred on a street/road or sidewalk, 2 in a vehicle, and 8 deaths occurred at other locations. Other locations included a commercial establishment (2), parking lot (1), hospital or supervised residential facility (2), park (1), cemetery (1) and unspecified location (1).

Firearms were the predominant method of suicide (82%) followed by poisoning (12%) and hanging, suffocation or strangulation (6%). Among females, firearms were used in 65% of suicides, poisoning in 21%, and hanging, suffocation or strangulation in 14%. Among males, firearms were used in 90% of suicides, poisoning in 5%, hanging, suffocation or strangulation in 5% (Figure 2). Sixty-seven percent of firearms used were handguns; 61% of handguns were revolvers and 39% were pistols. Eighteen percent of firearms used were shotguns, 6% were rifles and 9% were of unknown type.



The leading circumstances surrounding suicide deaths among persons 65 years and older were physical health problems (75%), current depressed mood (34%), current mental health problems (32%) and a crisis within the two weeks prior to the event (26%). Physical health problems were the leading circumstances of suicide in all age groups. For persons 80-84 years of age, mental health problems were the second leading circumstance and for persons 85 years of age and older crisis within the past 2 weeks and current depressed mood were second to physical health problems (Table 1).

Oklahoma is divided into eight Uniform Crime Reporting (UCR) Regions. The highest rates of suicide among persons 65 years and older were in Region 8 in southwestern Oklahoma and Region 3 in northeastern Oklahoma. The lowest rate was in Region 5 in southeastern Oklahoma (Figure 3).

**Table 1. Four Leading Circumstances\* of Suicide Among Persons 65 Years and Older, Oklahoma, 2004**

	65-69		70-74		75-79		80-84		85+	
	No.	%	No.	%	No.	%	No.	%	No.	%
Physical Health Problem	12	71%	11	55%	19	83%	17	81%	7	100%
Current Depressed Mood	5	29%	8	40%	8	35%	6	29%	3	43%
Current Mental Health Problem	4	24%	8	40%	6	26%	8	38%	2	29%
Crisis in Past 2 Weeks	3	18%	6	30%	5	22%	6	29%	3	43%

\*One or more circumstances may be related to one event.

## CASE BRIEFS

- A 76-year-old male was reportedly depressed over his failing health and the death of his wife. He had made some statements that he wanted to go to his wife in heaven. He was found in his residence with a self-inflicted gunshot wound to the head.
- A 71-year-old male was found at his wife's grave with a self-inflicted gunshot wound to the head. He had purchased the weapon a month before from a sporting goods store. He had been depressed over the death of his wife and the relapse of his cancer. He had stated that he missed his wife and did not want to receive any treatment.
- A 72-year-old female died from a medication overdose. She left notes stating that she was tired of being in pain. She had previously attempted suicide by the same method.
- An 83-year-old female was found with a plastic bag tied over her head. She was suffering from arthritis and reportedly did not want to be a burden to her family.
- A 67-year-old male shot and killed his wife and then turned the gun on himself. Both had been suffering from medical problems. He had stated that they could not bear the pain anymore.

## PREVENTION

Dispelling *myths* about suicide among persons 65 years and older and aging is an important first step for suicide prevention. These myths include:

- Hopelessness and suicidal feelings are part of the normal aging process.
- Depression is normal and inevitable with aging.
- Depression cannot be treated in persons 65 years and older.
- Suicide of persons 65 years and older cannot be stopped.
- Persons 65 years and older who commit suicide do not have close family members.
- Suicide and suicidal behavior are normal responses to stress among persons 65 years and older.
- Most suicidal persons 65 years and older are taken care of by mental health services.
- Suicide of persons 65 years and older does not have warning signs.

Suicide, in most cases, results from the combination of multiple factors that create hopelessness. Suicide in persons 65 years and older is rarely due to an impulsive act, thus there are opportunities to intervene before suicide occurs. First it is important to identify suicide warning signs in persons 65 years and older. These signs include:

- Depression
- Hopelessness
- Talking about death
- Previous suicide threats or attempts
- Increase in use of alcohol or drugs
- Giving away prized belongings
- Acquiring a weapon

When suicide warning signs are identified, some steps that can be taken include:

- Remove all means possible that can be used to kill
- Ask the person his/her feelings about suicide
- Seek professional help for depression
- Show interest and support
- Offer hope that alternatives exist

The following actions should be avoided:

- Expressing shock
- Ridiculing or daring the person to do it
- Being judgmental
- Being sworn to secrecy
- Offering superficial reassurance

Suicide among persons 65 years and older is a serious public health problem, especially with an increasing population of persons 65 years and older and higher life expectancy. Despite the fact that persons 65 years and older have the highest rates of suicide, little research has focused on this problem. Risk factors associated with suicide among persons 65 years and older include older age, male gender, living alone, easy access to firearms and lethal methods, bereavement, psychiatric and physical illnesses, and poor access to mental health care.

Suicide prevention among persons 65 years and older should be addressed at the individual and community levels. Strategies to prevent suicide among persons 65 years and older include:

- Screening for hopelessness, depression, and suicidal feelings by primary care physicians
  - Primary care physicians should be trained to recognize and treat depression: 40-70% of persons 65 years and older who committed suicide had seen their physician 30 days prior to the event. Twenty to fifty percent had contact with their general practitioner within one week of the event.
- Developing community-based outreach services to persons 65 years and older to improve social contact, support, and integration in the community
- Working to limit access and/or reduce the availability of the means of suicide, including firearms

More information on suicide and suicide among persons 65 and older may be found at:

<http://www.preventsuicidenow.com>

<http://www.suicide.org>

<http://www.oregon.gov/DHS/ph/ipe/esp/index.shtml>

<http://www.nimh.nih.gov/publicat/elderlydepsuicide.cfm>

<http://www.Sprc.org>

<http://www.suicidepreventionlifeline.org>

For help, 24 hours a day, 7 days a week, call the National Hopeline Network at 1-800-SUICIDE.

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