

Editorial

Late-Life Suicide

Suicide rates for older people are increasing worldwide, thereby creating a major public health concern. There has been an absence of public policy and research interest in this area, although the needs are pressing and promise to be even more so.

Besides the fact that a worldwide aging population means more older people, and thus more late-life suicides, the percentage of older people who kill themselves is increasing. Suicide rates in the United States are highest for elderly white males, and represent a four- to five-time increase beyond the national average. In many European countries as well, some with significantly higher rates, many more elderly males commit suicide than do elderly females. Suicide rates in Japan are also extremely high for women as well as for men.

The elderly are more apt to complete suicide, whereas younger people are more apt to attempt it. Many late-life suicides are camouflaged as starvation, failure to take medication, or "accidental drowning" in bathtubs. With an established cohort effect, and an increased advocacy for "rational" suicide, including guides to achieve success, we can anticipate that rates will rise more rapidly over the next decade.

The vast majority of older people who commit suicide have severe psychiatric illness, mostly treatable depressions. They see their primary care physicians within a few months of suicide, but only a few are actively obtaining treatment from a mental health professional. It seems important, therefore, to develop guidelines for primary care physicians about early detection of depression and potential suicide completers.

Only about 5% of late-life suicides are correlated with terminal medical illness. In fact, there is evidence to suggest that most older people who take their lives have no serious acute medical illness. It is a myth and an example of ageism to say that older people are sick and disabled, and therefore should want to commit suicide.

There is an immediate need to increase knowledge about risk factors for late-life suicide, to provide understanding in this important area, and to develop the appropriate strategies to address these factors. Epidemiologic, demographic, neurobiological, clinical, personality, and social research is mandatory in order to understand and approach this problem before it reaches epidemic proportions. The International Psychogeriatric Association proposes to take a leadership role in initiating and developing collaborative international research on suicide in the elderly. We welcome any comments and suggestions from our membership and readers.

Kazuo Hasegawa, MD, Associate Editor
Sanford I. Finkel, MD, Associate Editor
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