Suicide: A major, preventable mental U.S. Department of Health and Human Services—National Institute of Mental Health (NIMH)

Older Adults: Depression and Suicide Facts (Fact Sheet)

A brief overview of the statistics on depression and suicide in older adults, with information on depression treatments and suicide prevention

- How common is suicide among older adults?
- What role does depression play?
- Isn't depression just part of aging?
- What are the treatments for depression in older adults?
- Are some ethnic/racial groups at higher risk of suicide?
- What research is being done?
- For More Information
- References

How common is suicide among older adults?

Older Americans are disproportionately likely to die by suicide.

- Although they comprise only 12 percent of the U.S. population, people age 65 and older accounted for 16 percent of suicide deaths in 2004.[1]
- 14.3 of every 100,000 people age 65 and older died by suicide in 2004, higher than the rate of about 11 per 100,000 in the general population. [1]
- Non-Hispanic white men age 85 and older were most likely to die by suicide. They had a rate of 49.8 suicide deaths per 100,000 persons in that age group.[1]

IF YOU ARE IN CRISIS AND NEED HELP RIGHT AWAY:

Call this toll-free number, available 24 hours a day, every day: 1-800-273-TALK (8255). You will reach the National Suicide Prevention Lifeline, a service available to anyone. You may call for yourself or for someone you care about. All calls are confidential.

Suicide information and resources from MedlinePlus (en Español)

What role does depression play?

Depression, one of the conditions most commonly associated with suicide in older adults,[2] is a widely under-recognized and undertreated medical illness. Studies show that many older adults who die by suicide — up to 75 percent — visited a physician within a month before death.[3] These findings point to the urgency of improving detection and treatment of depression to reduce suicide risk among older adults.

- The risk of depression in the elderly increases with other illnesses and when ability to function becomes limited. Estimates of major depression in older people living in the community range from less than 1

percent to about 5 percent, but rises to 13.5 percent in those who require home healthcare and to 11.5 percent in elderly hospital patients.[4]

- An estimated 5 million have subsyndromal depression, symptoms that fall short of meeting the full diagnostic criteria for a disorder.[5,6]
- Subsyndromal depression is especially common among older persons and is associated with an increased risk of developing major depression.[7]

Isn't depression just part of aging?

Depressive disorder is not a normal part of aging. Emotional experiences of sadness, grief, response to loss, and temporary "blue" moods are normal. Persistent depression that interferes significantly with ability to function is not.

Health professionals may mistakenly think that persistent depression is an acceptable response to other serious illnesses and the social and financial hardships that often accompany aging - an attitude often shared by older people themselves.[8,9] This contributes to low rates of diagnosis and treatment in older adults.

Depression can and should be treated when it occurs at the same time as other medical illnesses. Untreated depression can delay recovery or worsen the outcome of these other illnesses.

What are the treatments for depression in older adults?

Antidepressant medications or psychotherapy, or a combination of the two, can be effective treatments for late-life depression.

Medications

Antidepressant medications affect brain chemicals called neurotransmitters. For example, medications called SSRIs (selective serotonin reuptake inhibitors) affect the neurotransmitter serotonin. Different medications may affect different neurotransmitters.

Some older adults may find that newer antidepressant medications, including SSRIs, have fewer side effects than older medications, which include tricyclic antidepressants and monoamine oxidase inhibitors (MAOIs).[10] However, others may find that these older medications work well for them.

It's important to be aware that there are several medications for depression, that different medications work for different people, and that it takes four to eight weeks for the medications to work. If one medication doesn't help, research shows that a different antidepressant might.[11]

Also, older adults experiencing depression for the first time should talk to their doctors about continuing medication even if their symptoms have disappeared with treatment. Studies showed that patients age 70 and older who became symptom-free and continued to take their medication for two more years were 60 percent less likely to relapse than those who discontinued their medications.[12]

Psychotherapy

In psychotherapy, people interact with a specially trained health professional to deal with depression, thoughts of suicide, and other problems. Research shows that certain types of psychotherapy are effective treatments for late-life depression.[9]

For many older adults, especially those who are in good physical health, combining psychotherapy with antidepressant medication appears to provide the most benefit. A study showed that about 80 percent of older adults with depression recovered with this kind of combined treatment [13] and had lower recurrence rates than with psychotherapy or medication alone.[14]

Another study of depressed older adults with physical illnesses and problems with memory and thinking showed that combined treatment was no more effective than medication alone.[12] Research can help further determine which older adults appear to be most likely to benefit from a combination of medication and psychotherapy or from either treatment alone.

Are some ethnic/racial groups at higher risk of suicide?

For every 100,000 people age 65 and older in each of the ethnic/racial groups below, the following number died by suicide in 2004[1]:

- Non-Hispanic Whites — 15.8 per 100,000
- Asian and Pacific Islanders — 10.6 per 100,000
- Hispanics — 7.9 per 100,000
- Non-Hispanic Blacks — 5.0 per 100,000

What research is being done?

NIMH-funded researchers designed a program for health-care clinics, to improve recognition and treatment of depression and suicidal symptoms in elderly patients. A recent study of the program showed that it reduced thoughts of suicide and that major depression improved.[15]

Examples of other ongoing or recently completed NIMH-funded studies on topics related to depression and suicide in older adults include:

- overcoming barriers to treatment for depression
- improving adherence to treatment
- the relationship between other medical illnesses and depression
- physical function and depression
- depression treatment for depressed older adults in homecare
- treatment services for depression
- death rates of depressed older adults, compared to others
- depression treatment for low-income older adults
- depression treatment for caregivers of older adults

Ask yourself…

…if you feel:

- nervous
- empty
- worthless
- that you don’t enjoy things you used to
- restless
- irritable
- unloved
- that life isn’t worth living

…or if you are:

- sleeping more or less than usual
- eating more or less than usual

These may be symptoms of depression, a treatable illness. Talk to your doctor.

Other symptoms that may signal depression, but may also be signs of other serious illnesses, should be checked by a doctor, whatever the cause. They include:

- being very tired and sluggish
- frequent headaches
- frequent stomachaches
- chronic pain

For More Information

Depression Information and Organizations from NLM's MedlinePlus (en Español)

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