

What You Need to Know...



Older Adult Suicide Fact Sheet

- While the elderly make up only 13% of the population, they account for almost 19% of the suicides.
- There is one elderly suicide every one hour thirty minutes.
- The suicide rate for the elderly rose 9% between 1980 and 1992. During that time, there were 74,675 completed suicides of persons over 65. Rates have declined since that time.
- In 1997, suicide rates ranged from 13 per 100,000 among persons aged 65 to 69, to 21 per 100,000 persons aged 80 to 84, which is nearly double the overall U. S. rate.
- White men over the age of 85 are at the greatest risk of all age- gender-race groups. In 1997, the suicide rate for these men was 65.0 per 100,000. That is nearly 6 times the current overall rate.
- 83% 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 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 (77%) use firearms more than twice as often as women (35%).
- Alcohol or substance abuse play 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.

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.

The content of this fact sheet was taken from material by the American Association of Suicidology

For More Information:

For a free and confidential mental health screening, go on-line to www.mhacolorado.org.