

Suicidal ideation

A preventive role for health professionals

Thoughts of suicide are common in older people, and sadly some go on to kill themselves.

Dr Ajit Shah explains how to manage these vulnerable patients

Suicide rates are the highest in the elderly¹, and this age group often makes contact with doctors prior to death. General practitioners will have seen up to 90 per cent of elderly suicide victims in the preceding three months and up to 50 per cent in the preceding week²—indeed, elderly suicide victims are more likely than their younger counterparts to approach their GP for help³. Moreover, up to 25 per cent of elderly suicide victims will have had contact with psychiatric services in the preceding week⁴ and 20 per cent will have seen a psychiatrist in the preceding month⁵.

Presentation

Suicidal ideation is present in up to 20 per cent of older people in the community⁶. The physical health status of these individuals often deteriorates and they may present to general practitioners or geriatricians. Elderly individuals with suicidal ideation may also directly or indirectly communicate their feelings to professionals (home-helps, home carers, district nurses, health visitors, social workers, day-centre staff, general practitioners and geriatricians) and their non-professional contacts (family, friends, neighbours and the clergy).

Older individuals demonstrating a refusal to eat, take medication, comply with treatment and social withdrawal may be expressing indirect suicidal ideation⁷.

Unfortunately, such behaviour—variously labelled as 'sub-intentional suicide', 'hidden suicide' and 'indirect self-destructive behaviour'⁸—is often unrecognised and under-reported. All professional working with the elderly should therefore have a high index of suspicion of suicidal ideation, and suspected cases should be carefully assessed.

Assessment

● Nature of suicidal ideation

Several questions should be asked systematically (Table 1). What is the precise nature of the suicidal ideation? At one extreme, individuals may report that life is not worth living and, at the other, that they are planning to kill themselves, with a range of answers in between. The first is simple suicidal ideation, but the other is a suicidal ideation with

Key points

- Suicide rates are highest in the elderly
- Suicidal ideation is present in up to 20 per cent of elderly people in the community
- All health-care professionals working with elderly people should have a high index of suspicion of suicidal ideation
- In individual patients, the presence of risk factors for suicide confirms the seriousness of the risk, but their absence does not exclude the risk
- Careful evaluation of the severity of the risk of suicide is needed, and high-risk individuals should be referred to local psychogeriatric services

suicidal intent, and the latter has greater risks. How much planning has gone into the suicidal ideation and intent? Individuals may have been considering and planning suicide for some time or they may have thought of it rapidly, perhaps on impulse, with