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PREDICTION AND PREVENTION OF SUICIDE IN ELDERLY DEPRESSIVES

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In the majority of countries, suicide rates increase progressively with age, the highest suicide rates occurring in men above 75 years. Given the progressive aging of population in industrialized countries, old age suicide is one of the greatest public health problems. Although suicide attempt, and particularly completed suicide are relatively rare events in the community, they are very common among older psychiatric patients who contact different levels of health care system, particularly some weeks or months before the suicide event. More than one-third of suicide victims have at least one prior suicide attempt, which significantly increases the risk of future attempts and completed suicide. However, the rate of attempted to completed suicide decreases with increasing age indicating that the lethality of suicidal behaviour is much higher in older persons. Suicide is a very complex, multifactorial human behaviour with several biological and psychosocial components, associated with a number of

- 1/ Psychiatric (e.g., major mental disorders),
- 2/ Psycho-social (e.g., adverse life situations), and
- 3/ Demographic (e.g., male gender) suicide risk factors.

Although depressive disorders and substance-use disorders are the two most common diagnoses among suicide victims, depression is more common and substance abuse is less prevalent in later-life suicide victims. Beside depression and prior suicide attempt, social isolation, loss of relatives/friends and physical illnesses are the most important risk factors for suicide in this age-range. Available studies suggest that appropriate acute and long-term treatment of depression in combination with psychosocial interventions reduces suicide mortality even in this very high-risk population.