

Elderly Suicide Prevention: Focus on Change in Living Location

BY BRUCE JANCIN

ORLANDO – Transition to an assisted-living facility or nursing home is a period of high risk for suicide among the elderly – as well as an opportunity for preventive intervention.

That was the key message of a study, which earned its presenter, Briana Mezuk, PhD, the Best Early Investigator Award for the top research study presented at the annual meeting of the

American Association for Geriatric Psychiatry.

Dr. Mezuk, an epidemiologist in the department of family medicine and population health at Virginia Commonwealth University, Richmond, presented an analysis of suicide among seniors in nursing homes and assisted-living facilities in Virginia from 2003 to 2011. The data came from the Virginia Violent Death Reporting System, which includes detailed case narratives

describing the circumstances of all violent deaths in the state.

Dr. Mezuk's study was unusual in that it provided quantitative data addressing the study hypothesis that nursing homes and assisted-living facilities where suicides occurred would have lower quality of care ratings than facilities without suicides – the opposite proved to be true – as well as common narrative themes gleaned from the case files that could provide clinicians with

practical warning signs of impending suicidality.

“Common themes of verbalized anticipatory distress, substance abuse, caregiver burden, past suicide attempts, and history of mental illness highlight potential risk factors for suicide in later life,” she reported.

Older adults have the nation's highest suicide rate, but little research has been done on the epidemiology of suicide risk in senior residential communities, Dr. Mezuk noted.

Of 3,451 suicides among persons aged 50 years or older recorded in the Virginia reporting system during the 9-year study period, 109 suicides related to life in a senior community, she found. Fifty-two decedents lived in an assisted-living facility or nursing home at the time of their death. Another 38 were preparing to move into a long-term facility – and were demonstrably unhappy about it. And 19 Virginians older than age 50 who committed suicide had a family member who had recently entered long-term care, most often a spouse.

Contrary to Dr. Mezuk's expectations, nursing homes where a suicide occurred had significantly better overall rating scores on the widely used Center for Medicare & Medicaid Services Nursing Home Compare metrics than facilities without a suicide, by a margin of 3.92 versus 3.11 out of a possible 5. Nursing homes with a death by suicide were less likely to be for-profit and more likely to be part of a continuing care retirement community. Their average staff rating score of 3.92 out of 5 was significantly better than the 2.97 for nursing homes without a suicide.

Assisted-living facilities where a suicide occurred had an average bed size twice that of non-suicide assisted-living facilities.

The average age of individuals who committed suicide in a nursing home or assisted-living facility was 77.8 years. Of all suicides, 22% were accomplished using firearms, 20% by hanging, 17% by falls, and 15% by cutting, among other means.

Among seniors who were living in a long-term care facility at the time of suicide, common themes that emerged from the narrative reports were a history of treatment for depression, one or more prior suicide attempts while in long-term care, and complaints of chronic pain.

Recurring themes among those who committed suicide while anticipating entry into a nursing home or assisted-living facility included explicit resistance to the move, threatened self-harm to avoid the transition, a poor family support network, and despondence over the prospect of the loss of home, friends, and mobility.

Dr. Mezuk's study was funded by the Virginia Department of Health and the National Institute of Mental Health. She reported having no financial conflict.

BRUCE JANCIN is with the Denver bureau of *Frontline Medical News*.