

# Depression/Suicide Statistics

Depression is not a normal part of aging, but, unfortunately, it is very common in the elderly. Late-life depression affects about 6 million Americans age 65 and older, but only 10% receive treatment. This is likely because the symptoms of depression in the elderly are often confused with the effects of multiple illnesses and the medicines used to treat them ([www.webmd.com](http://www.webmd.com))

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- Late-life depression affects about 6 million Americans age 65 and older, but only 10% receive treatment.
- Clinical depression can be triggered by long-term illnesses that are common in later life, such as diabetes, stroke, heart disease, cancer, chronic lung disease, Alzheimer's disease, Parkinson's disease, and arthritis.
- Older adults with depression are more likely to commit suicide than are younger people with depression. Individuals age 65 and older account for 19% of all deaths by suicide.
- Older patients with significant symptoms of depression have roughly 50% higher healthcare costs than non-depressed seniors. (The direct and indirect cost of depression in all ages is estimated to be nearly \$44 billion a year.)

Depression in the elderly is more likely to lead to suicide. The risk of suicide is a serious concern among elderly patients with depression. Elderly white men are at greatest risk, with suicide rates in people ages 80 to 84 more than twice that of the general population. The National Institute of Mental Health considers depression in people age 65 and older to be a major public health problem. ([www.healthyplace.com](http://www.healthyplace.com))

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Nearly two-thirds of all people with diagnosable mental disorders do not seek treatment (Regier et al., 1993; Kessler et al., 1996). (<http://www.surgeongeneral.gov/library/mentalhealth/chapter1/sec1.html> )

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Rate of suicides per 100,000 in older adults per 1998 statistics

Age	Rate per 100,000
65-69	13.1
70-74	15.2
75-79	17.6
80-84	22.9
85+	21

2002 statistic – rate among those 85+ = 67.6 per 100,000

White males ages 65+ have a suicide rate of 51.5 per 100,000.

Every 95 minutes an adult age 65+ (or 15 per day), commits suicide. In 2002 5,548 committed suicide. (*Per CDC via Suicide Prevention Foundation –3/3/06*)

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According to one study (6), 20% of older patients who committed suicide visited their primary care physician on the same day as their suicide, 40% within 1 week, and 70% within 1 month. These findings put primary care physicians on the front line in identifying depressed and suicidal patients and underscore the importance of suicide risk assessment in primary care.

([http://www.postgradmed.com/issues/2002/09\\_02/frierson4.htm](http://www.postgradmed.com/issues/2002/09_02/frierson4.htm) )

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## Depression

- The prevalence of major depression declines with age, while depressive symptoms increase. **Eight to 20 percent of older adults in the community (Alexopoulos, 1997) and up to 37 percent in primary care settings suffer from depressive symptoms** (Gurland, et al, 1996).
- The underdiagnosis and undertreatment of depression in primary care represents a serious public health problem; one study found that only about 11 percent of depressed patients in primary care receive adequate antidepressant treatment, while 34 percent received inadequate treatment and 55 percent received no treatment (Katon, et al., 1992).
- (Conwell, 1994).
- An estimated 6 percent of Americans ages 65 and older in a given year or approximately 2 million individuals in this age group have a diagnosable depressive illness.
- The direct and indirect costs of depression have been estimated at \$43 billion each year, not including pain and suffering and diminished quality of life. Late life depression is particularly costly because of the Several studies have found that many older adults who commit suicide have visited a primary care physician very close to the time of the suicide – 20 percent on the same day, 40 percent within one week – of the suicide excess disability that it causes and its deleterious interaction with physical health.

[http://www.aagppa.org/prof/facts\\_mh.asp](http://www.aagppa.org/prof/facts_mh.asp)

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The incidence of mental illness and substance abuse among older Americans is a serious problem. Currently, these conditions are not adequately detected or treated. Data from the World Health Organization reveal that major depression is the fourth leading cause of disability in the world, **and it is estimated that by 2020 it will be second only to ischemic heart disease**. In addition, depression is often associated with the onset of other medical conditions including cancer, heart attacks, and strokes. There is a great need to understand how these conditions increase the risk for depression or trigger its onset.

Alcohol and substance abuse in older adults is less common but often is more difficult to identify. It is estimated that up to 10% of the elderly may have a drinking problem and half of these may be alcohol dependent. Substance abuse can contribute to depressive symptoms or occur concomitantly. Most elderly people are retired and many are living alone with few regular social contacts. This isolation can make it difficult to identify the symptoms of substance abuse. In addition, given that elderly patients with an alcohol or substance abuse problem are likely to have higher incidents of falls, confusion, and self-neglect, the patient's isolation increases the risk of morbidity and fatalities.

Chemical or drug dependency is frequently related to the misuse of sedative-hypnotic agents that are frequently prescribed for elderly patients with insomnia or anxiety. The average American senior takes 3.6 psychotropic medications a year. However, insomnia and anxiety are also associated with depression, and the use of psychotropic drugs can mask or worsen underlying depression.

<http://www.aagponline.org/advocacy/letter.asp?id=1>

75% of depression care is provided in the primary care setting.

Traditionally, PCPs have not been paid to manage depression.

20% screen positive (for depression)

..depression is a significant issue in coronary artery disease

Among heart patients, 20-25% suffer from depression (3-4 times the rate in the general population).

Research also shows that depression, which releases stress hormones, can precede a heart attack and is a risk factor for diabetes as well.

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#### *Suicide Rates Among the Elderly:*

- *The elderly have the highest suicide rate of any group*
- *Depression in late life affects six million people, one out of six patients in a general medical practice*
- *However, only one of those six patients is diagnosed and treated appropriately*
- *The majority of these people have seen their primary care physician within the last month of life*
- *There is evidence that the majority of elderly suicide victims die in the midst of their first episode of major depression*
- *Depression is not a normal consequence of aging and can alter the course of other medical conditions*

*A family history of suicide increases our risk by 6 times*

#### *Risk Factors for Suicide:*

- *Social Isolation: people who are rejected because they are “weird”, because of their sexual orientation, or because they are getting older and have lost their social network*
- *The 2nd biggest risk factor is having an alcohol or drug problem. Many older people take a lot of medication and may be unaware of the risks for altered mental state. Many people with alcohol and drug problems are significantly depressed, and are self-medicating for their pain*

#### ***BIGGEST RISK FACTOR:***

##### ***Having a depressive illness***

*Someone who is depressed often feels helpless to solve his or her problems, which leads to hopelessness. Depression leads to intolerable, unending emotional pain*

- *At some point, suicide seems like the only way out of the pain and suffering.*
- *90% of reported US suicides are experiencing depression or another significant mental health problem*

#### ***RATES OF DEPRESSION AMONG ELDERS WITH ILLNESS:***

- *Cognitively intact nursing home patients shown to have symptoms consistent with depressive disorders – 60%*
- *Chronically ill outpatients in a primary care practice - 25%*
- *Hospitalized patients - 20%*
- *In nursing homes, regardless of physical health, major depression increases the likelihood of mortality by 59% in one year*