# Assessment and Management of Suicide Risk in the Older Adult

*Last updated March 2024*

**Background**

- Suicidal thoughts in older adults (OAs) require immediate attention because of the high rate of death by suicide in OAs.
- OAs account for 19% of suicide deaths in the US, despite being only 15% of the population. Be especially careful with elderly white men with suicidal thoughts, as their rate of death by suicide is 4x higher than the rest of the population.

**Assessment**

- Older adults are less likely to spontaneously report thoughts of suicide and should be asked specifically about them.
- While some OAs may be put-off by these questions, asking about suicide won't trigger an attempt and may help to save someone's life.
- I try to normalize questions by starting off with, "*Unfortunately, rates of suicide have been climbing since the pandemic. Because of this, I talk to everyone about it*."
- Some questions to ask are:
    - *What are your reasons for living?*
    - *Have you ever wished you were dead or that you could go to sleep and never wake up again?*
    - *Have you had thoughts about ending your life?*
      If YES:
    - *Have you thought about how you might do it?*
    - *How likely are you to try to do something?*
    - *Have you worked out a plan?*
      If YES:
    - *Have you done anything, started to do anything, researched methods, or prepared anything to help you?*
- Common means of suicide in OAs include firearms, hanging, self-poisoning, and falls. So, ask about:
    - Availability of firearms
    - Attempts at hanging, tying a noose, or buying ropes
    - Collecting/hoarding pills
    - Scouting locations by visiting nearby tall buildings, parking garages, or bridges

**Risk Factors for Completed Suicide**

- Assessing risk factors, can help you determine your next course of action, including the need for hospitalization.
- Standard suicide screens focus on physical symptoms such as insomnia, but many OAs will have these symptoms anyway because of comorbid medical illnesses, medication side effects, or age-related changes.
- I recommend focusing on psychological factors. IS PATH WARM is a useful mnemonic for warning signs of suicide, which has an emotional focus. (Rudd MD et al, *Suicide Life Threat Behav* 2006;36(3):255-62)
    - **I**deation: talking about death; planning for ways to hurt oneself
    - **S**ubstance abuse: Increased alcohol or drug use
    - **P**urposelessness: no reason for living; no sense of purpose

- **A**nxiety: agitated, anxiety, unable to sleep
- **T**rapped: feeling trapped, like there's no way out
- **H**opelessness: loss of hope that the situation will improve
- **W**ithdrawal: withdrawal from friends, family, or society; neglecting self-care
- **A**nger: Anger, rage, revenge-seeking
- **R**ecklessness: acting reckless, engaging in risky behavior
- **M**ood changes: psychiatric Illness is present in the majority of OAs who die by suicide (Conwell Y et al, *Biol Psychiatry* 2002;52(3):193-204).

**Risk Management**

**Immediate:**

1. **Collaborative Safety Planning**: If there is an immediate risk, ensure the safety of the individual, which might involve hospitalization, either voluntary or involuntary.
   - Don't leave the person alone until they're in a safe environment.
   - If the person is sent home, rely on licensed professionals instead of family/caregivers to maintain safety.
   - Secure firearms or access to other lethal means. In some jurisdictions, police may have the authority to confiscate weapons. Otherwise, I'll ask they be kept in a gun safe, to which the patient doesn't have access, or taken for safe-keeping by family or a friend.
2. **Family and Caregiver Involvement:** Engage family members and caregivers in the assessment and decision-making process.
3. **Multidisciplinary Collaboration:** Collaborate with other healthcare professionals to ensure everyone is in the loop and that comprehensive care addressing the patient's physical, psychological, and social needs is being provided.

**Ongoing:**

1. **Address Modifiable Risk Factors:**
   - Identify and address underlying stressors such as chronic pain, untreated medical illness, poor sleep quality, visual impairment, functional impairment, bereavement, or social isolation that may be contributing to suicidal thoughts.
   - Promote meaningful activities, social interactions, and hobbies that foster a sense of purpose, connectedness, and enjoyment. These can serve as protective factors against suicidal thoughts.
2. **Psychotherapy:** Offer evidence-based psychotherapeutic interventions such as cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), or interpersonal therapy (IPT). These modalities can address underlying psychological distress, maladaptive thought patterns, and interpersonal conflicts contributing to thoughts of self-harm.
3. **Medication Management:**
   - Consider pharmacotherapy, particularly SSRIs or SNRIs. Antidepressants have demonstrated efficacy in reducing suicidal ideation and improving mood in OAs with depression.
   - Other life-saving interventions to consider are lithium in patients with either bipolar disorder or MDD; clozapine in patients with schizophrenia, ECT, or esketamine for rapid relief of suicidal thoughts.
4. **Regular Follow-Up:**
   - Implement a structured follow-up schedule to monitor the patient's response to treatment, assess suicidal risk, and adjust interventions as needed.

- Close monitoring is crucial during the initial phases of treatment initiation and dosage adjustments.

5. **Education and Support for Caregivers:**
   - Provide education and support for family members and caregivers to help them understand the patient's condition, recognize warning signs of suicidal behavior, and implement strategies to promote safety and supportive environments.
6. **Emergency Response Protocol:**
   - Establish clear protocols for managing acute suicidal crises, including procedures for hospitalization, crisis intervention, and coordination with emergency services when necessary, including utilizing **9-8-8**, the national suicide and crisis lifeline.