

Suicidal symptoms among elderly patients attending out-patient department of Tribhuvan University Teaching Hospital

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Background: Despite the fact that suicide and its prevention continues to be a priority area for health care, suicide in the elderly remains a neglected subject receiving little interest and research attention. Suicide rates increase with age and are very high among those 65 years and older and is the major public health problem. The aim of the study is to estimate the prevalence of suicidal symptoms among geriatric patients attending outpatient departments of Tribhuvan University Teaching Hospital in Nepal.

Methods: A study group of 100 elderly patients aged 65 years and above were randomly selected from the psychiatry, medicine and general practice outpatient departments of Tribhuvan University Teaching Hospital. The symptoms of the patients were recorded carefully according to the suicidal symptoms of Hamilton Depression Rating Scale (HDRS).

Results: Sixteen percent of the samples were found to experience suicidal symptoms, out of which three percents were found to attempted suicide.

Conclusions: The results show very high rates of suicidal symptoms among the elderly population attending the outpatient departments. The early detection of suicidal feelings could lower the rates of suicide attempts among the elderly in the Nepalese population. It also calls for the need to strengthen the consultation psychiatry service for early intervention in the patients with suicide.

Key words: Suicidal symptoms, HDRS, Depression.

Introduction

Aging of the population is one of the most important reasons for the increased prevalence of suicide observed in recent years. Suicide in later life represents a significant public health challenge that will rapidly grow during the early decades of the 21st century. One of the most common demographic correlates of suicide worldwide is older age and suicide attempts in the elderly are often characterized by a greater degree of lethal intents. Despite the dramatic associations between increased age and elevated suicide rates, and the proposition that nearly all of these deaths are premature and preventable, research in elderly persons still limited internationally. Depression is one of the most common conditions associated with suicide in older adults¹, is a widely underrecognized and undertreated illness leading to the higher prevalence of suicide. In fact, several studies have found that many older adults who die by suicide—up to 75 percent—have visited a primary care physician within a month of their suicide². Despite this,

suicide in elderly people receives relatively little attention, with public health measures, medical research, and media attention focusing on younger age groups³.

The burden of suicide is often calculated in economic terms and, specifically, loss of productivity. Despite lower rates of completed suicide in younger age groups, the absolute number of younger people dying as a result of suicide is higher than that for older people because of the current demographic structure of many societies. Younger people are also more likely to be in employment. Therefore the economic cost of suicide in younger people is more readily apparent than that in older people. Although the prevalence for completed suicide in elderly people does not at first suggest a major public health problem, completed suicides are likely to represent only the tip of the iceberg for psychological, physical, and social health problems in older people.

An elderly suicidal patient suffers from a combination of psychological, physical and social needs. The rapidly

increasing growth of elderly people in Nepal not only possess a serious challenge to the overall available health services, but also inevitably leads to an increase in age-related psychiatric disorders, such as suicide. According to the WHO, the major difficulties in developing care programs for the elderly include the lack of reliable data for the program planning, virtual absence of national policies and strategies for the health care of the elderly and inadequate infrastructure to cope with the rapidly increasing health needs of the elderly.

There are studies in world literature that addresses the issue of the suicide among the elderly people, but many of them are from western countries and in country like Nepal, the systematic studies of this issue are lacking. This study is therefore carried out to fulfill these lacunae. The aim of the study is to estimate the prevalence of suicidal symptoms among geriatric patients attending outpatient departments of Tribhuvan University Teaching Hospital (TUTH). Although our data came from a single hospital in a single developing country, our intent is to begin documenting the overall scope of this problem.

Material and Methods

100 cases were selected by simple random method aged 65 year and above attending the Psychiatry, Medicine and General Practice Out-Patient Departments of Tribhuvan University Teaching Hospital (TUTH). TUTH is situated in Kathmandu, in the Central Development Region of Nepal and provides a teaching base for the Institute of Medicine (IOM) for all types of academic programs. As a teaching hospital, it provides practical field for the academic training programs (basic, graduate and postgraduate) of the Institute and, as a national hospital, renders medical care and services to those who need them.

This study has been designed as a cross-sectional study.

The verbal consent was taken from the patients or patient's relatives. The consent was taken from the relatives of the patients if there is suspicion of cognitive decline or if the patient is unable to give the consent. The patients with acute medical/surgical emergency conditions and those who did not give the informed consent were excluded from the study.

The detailed history is taken from the patient and an informant. The information was collected carefully about the suicidal feelings and attempts from the patient and also from the relatives. Subjective symptoms are noted and objective assessment was done. Detailed physical examination and mental state examination was also undertaken. The patients were rated according to the suicidal symptoms of Hamilton Depression Rating Scale (HDRS)⁴.

Results

Out of 100 cases, 58 cases (58%) have attended the psychiatry OPD whereas 42 cases (42%) attended in the medicine and general practice OPD. 56 cases were male and 44 cases were female. Majority of the cases were of age group 65-74 (78%) followed by 75-84 age groups (21%). Only one case in was seen in the age group above 85 years (1%).

The table 1 shows the distribution of respondents on the basis of presence of suicidal symptoms according to HDRS. The presence of suicidal symptoms was found in the 16 cases (16%).

The table 2 shows the distribution of respondents on the basis of modes of suicidal attempts. The data shows that there is a history of suicide attempts in 3 cases (3%), out of which 2 cases had committed hanging and one case committed drug overdose. In 97 patients (97%), no history of suicide attempts was elicited.

Table 1: Shows the distribution of respondents on the basis of presence of suicidal symptoms of Hamilton depression Rating Scale (HDRS). (n=100)

Suicidal Symptoms	Male N (%)	Female N (%)	Total n	%
Yes	8(14.2)	8(18.1)	16	16
1. Feels life is not worth living	2(3.5)	2(4.5)	4	4
2. Wishes he were dead or any thoughts of possible death to self	2(3.5)	3(6.8)	5	5
3. Suicidal ideas or gesture	3(5.4)	1(2.3)	4	4
4. Attempts at suicide	1(1.8)	2(4.5)	3	3
No	48(85.7)	36(81.8)	84	84
Total	56 (100)	44 (100)	100	100

Suicidal symptoms among elderly patients

Table 2: shows the distribution of respondents on the basis of modes of suicide attempts. (n=100)

Suicidal Attempt	Male n (%)	Female n (%)	Total n	%
Yes	1 (1.7)	2 (4.5)	3	3
Drug overdose	0	1 (2.2)	1	1
Hanging	1 (1.7)	1 (2.2)	2	2
No	55 (98.2)	42 (95.4)	97	97
Total	56 (100)	44 (100)	100	100

Discussion

For quite some time, studies have been appearing in the medical literature pointing towards the increased prevalence of suicide among the elderly patients attending the out-patient department of tertiary care hospital. Adequate estimation of suicide is important in order to plan for preventive intervention for older adults at a larger scale. It is also very important to carry out such studies in the other non-psychiatry OPD's of the tertiary care hospital to understand how a medical problem makes a person more vulnerable for developing a psychiatric illness and how psychiatric illness in turn influences the prognosis and outcome of the medical disorder. This type of study is also important to convince the medical personnel working outside the psychiatry setting of the importance of diagnosis and treatment of suicide and to keep high degree of index of suspicion while dealing with the elderly population because depression in the elderly population manifest mainly with the somatic symptoms and the patients visit the non-psychiatry OPD's in order to relieve their symptoms, particularly in Nepal. However, not many studies have been reported from this part of the world. The present study is a modest attempt to find out the prevalence of suicidal symptoms among elderly population attending the outpatient department of psychiatry, medical and general practice department of Tribhuvan University Teaching Hospital (TUTH), Kathmandu, Nepal.

The present study shows that suicidal feelings were found in 16% of cases (Table 1), out of which history of suicide attempt was found in 3% of the sample (Table 2). Suicidal feeling is the first step in a suicidal process⁵.

Ritchie et al⁶ reported 10% cases of suicidal ideation and 3.7% had suicidal attempt in France. However, in the present study, the suicidal ideation rate is much higher than estimated 0.7-1.2% reported from the USA by Callahan et al⁷. Kirby et al⁸ also found the prevalence of suicidal ideation from 0.7-1.2 up to 17% in different studies, depending upon

the strictness of criteria used. The high finding in the present study can be explained on the various grounds. The socio-cultural values of the most Nepalese communities does not strictly abhor suicides, an attempt to carry out does not seen as a taboo and family members is not usually ostracized, unlike in other countries⁹. Cultural attitudes that encompass stigma about suicide may serve to restrain suicide rates as seen in other studies¹⁰⁻¹¹. This may also be explained by the lack of family harmony, lack of social support and high rates of medical illnesses, disability and depression in the health seeking elderly Nepalese populations, resulting in the higher prevalence in the current study. These are only the possible explanations; which deserves more work and investigations to determine the nature and influences of socio-cultural factors on the suicidal symptomatology in the Nepalese contexts.

The Conwell¹², Alexopoulos¹³ and Conwell et al¹⁴ found that suicide among the elderly is most likely to be a result of depression. Draper¹⁵ review of the 12 studies between 1985 and 1994 also points toward the association of suicide with the depression.

Chiu et al¹⁶ found that 77% of the study subjects had consulted a doctor within 1 month of their suicide, a significantly higher rate than the control group (39%). This finding shows that elderly suicidal subjects have a higher rate of recent medical consultation and that this contact with health care professionals can be an important mean for late life suicide prevention. The Gotland study had shown benefit of training general practitioner in the detection and treatment of depression in reducing the suicide rate¹⁷.

The study has a number of shortcomings which might have led to underestimate the true prevalence: the hospitalized elderly people were not included and there was under sampling of the oldest age groups, in which suicide rate is higher. Although cross-sectional studies are now considered to add little to current knowledge, longitudinal observations of older people should be undertaken to permit

monitoring of changes in prevalence, to develop dynamic models of suicide onset and to establish causality.

Conclusion

Suicide is not part of a normal ageing. The underdiagnosis and undertreatment of suicide among the elderly population represent a serious public health problem. The present finding suggests that substantial proportion of elderly subjects attending the psychiatry, medicine and general practice outpatient department of the tertiary care hospital of Nepal have suicidal symptoms (16%). Therefore, OPD is the excellent setting for the prevention and treatment of suicide among the older adults. Accurate and early diagnosis and adequate treatment favor a good prognosis. This also called to strengthen the consultation liaison psychiatric service for early intervention in the patients with suicide.

Acknowledgements

Authors are extremely grateful to faculty members, especially Dr. VD Sharma and residents of the Department of Psychiatry and Mental Health of Institute of Medicine for their critical comments and encouragement.

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