

Suicide Among Older Psychiatric Inpatients: An Evidence-Based Study of a High-Risk Group

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Objective: Older adults have elevated suicide rates, especially in the presence of a psychiatric disorder, yet not much is known about predictors for suicide within this high-risk group. The current study examines the characteristics associated with suicide among older adults who are admitted to a psychiatric hospital.

Method: All persons aged 60 and older living in Denmark who were hospitalized with psychiatric disorders during 1990–2000 were included in the study. Using a case–control design and logistic regression analysis, the authors calculated the suicide risk associated with specific patient characteristics.

Results: Affective disorders were found to be associated with an almost twofold higher risk of suicide among psychiatric inpatients than other types of disorders (95% confidence interval [CI]: 1.5–2.6). Patients with dementia had a significantly lower risk ratio of 0.2 (95% CI: 0.1–0.3). In combination with other types of disorder, affective disorders were found to modify an increased risk of suicide. First versus later admission for depression was a better predictor for suicide than age at first hospitalization for depression (before or after age 60 years). More than half of suicides occurred either within the first week of admission or discharge ($\chi^2 [1] = 27.70, p < 0.001$) compared with the distribution of patient days.

Conclusions: Our findings underline the important role of affective disorder in combination with other types of disorders. Assessment of suicide risk among older psychiatric inpatients should take current or previous episodes of affective illness into consideration and pay special heed to the time shortly after admission and discharge.

Key Words: Suicide • psychiatric patients • mental disorders • aged