Older Ca Patients Have Greater Risk of Suicide

BY DIANA MAHONEY

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BOSTON — The risk of suicide in older adults is higher among patients with cancer than among those with other medical illnesses, even after controlling for psychiatric illness and the risk of dying within 1 year, according to updated data reported at the annual meeting of the American Association of Suicidology.

Multiple studies have demonstrated that physical illness is a common antecedent to suicide in elderly people, and it has been proposed that elderly cancer patients are especially vulnerable, possibly because of the potential for depression according to Dr. Matthew Miller of the Harvard School of Public Health, Boston.

To determine whether the risk of suicide was greater among those with other medical illnesses than among cancer patients, Dr. Miller and his colleagues evaluated the suicide risk associated with medical illness among older Americans in a case-control study.

The investigators used health care utilization data linked to prescription and mortality files for a cohort of New Jersey Medicare recipients who received pre-scription medication for any medical illness during the period of study, and determined that 1,489 elderly patients aged 65 years and older were receiving pharmaceutical assistance from 1994 to 2002, 128 died by suicide, predominantly by firearm. For comparative analysis, the remaining 1,280 patients were frequency-matched to case patients for age, gender, and race. Dr. Miller said.

The results indicated a fivefold increased risk of suicide among elderly patients with cancer than among those with other medical illnesses, Dr. Miller said, noting that cancer patients had a more than twofold greater risk of suicide.

Diagnoses of affective disorder and anxiety/personality disorder were similarly associated with suicide in the adjusted model, with respective odds ratios of 2.1 and 2.2, as were treatment with antidepressants and treatment with opioid analogues, with respective odds ratios of 2.0 and 1.6, he said.

The reasons behind the increased risk of suicide among cancer patients require further empirical assessment, Dr. Miller said in an interview. "Others have noted on the basis of other investigators, that hopelessness plays a large role, and that functional limitations and social support contribute as well."

It’s possible that the suicide itself or the chemotherapy used to treat the cancer could result in mental status changes that are risk factors for suicide, "unfortunately, our data are too sparse to address this speculation."

With respect to prevention, because hopelessness and depression are not identical, clinical interventions may need to address both of these dimensions of psychiatric disorder, he said.

"Lethal-means counseling refers to the education of the patient and the caregiver about the means by which suicide can occur and the means to prevent suicide. If suicide is considered a likely terminal event, the health care provider can then follow up by setting up with the patient and caregiver a suicide prevention plan and a plan for suicide prevention."

Dr. Miller said.

"The goal of such counseling is to reduce the odds that a suicide attempt ends in death."

REFERENCES


