Clue In to Suicide Risk Among Elderly Patients

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PHILADELPHIA — Older Americans are more likely to use lethal means in suicide attempts, Patrick Arbore, Ed.D., said at a conference sponsored by the American Society on Aging.

In addition, he said, the elderly are more likely to complete suicides. For every four suicide attempts among the elderly one is completed. In the general population, for every 8.25 attempts, 1 is completed. Suicide attempts to completion are about 4:1 among the elderly, compared with a rate of about 8:1:25:1 in the general population.

In California, reported suicides in 2004 occurred in 23 per 100,000 individuals aged 85 or older, or at a rate that is about 100% higher than for 40-44 age group. In turn, people aged 75-84 had a suicide rate about 38% higher than younger groups in the California data, said Dr. Arbore, founder and director of the Center for Elderly Suicide Prevention at the Institute on Aging in San Francisco.

However, there is no distinctive type of elderly suicide. The range of episodes among this group is the same as it is for younger people. The elderly can have protest suicides, often because of an inability to adjust to physical decline; preemptive suicides, in which a person observes and perceives the death of a loved one to be a terrifying experience and chooses to end his own life; or murder-suicides, in which a person first murders someone else (such as a spouse), then takes his or her own life.

An elderly person contemplating suicide often will see a physician before attempting the act, although suicidal ideation usually is not brought up by the patient, and the patient’s depression is hidden or missed, Dr. Arbore said.

In fact, elderly patients are much less likely to communicate their depression than are younger patients. Covert depression is especially prevalent in elderly men. Even the occurrence of psychosocial risk events—recent losses—are of limited value for predicting suicidal feelings because these events are much more prevalent in older people than in younger groups.

Assessment of an elderly person, then, should include consideration of depression, as well as cognitive function, behavioral, personality, environment, social context, and suicide risk. “The goal is not to predict suicide but to place a person on a risk continuum, to appreciate the basis for suicidality, and to allow for a more informed intervention,” Dr. Arbore said.

An evaluation of clients in Dr. Arbore’s San Francisco program showed that treatment of depression was related to an ability to maintain favorite activities. Patients who received the therapy were almost 50% less likely to have given up a valued activity than those who received usual care, the investigators noted.

β-Carotene Does Not Improve Short-Term Cognition

BY MARY ANN MOON  
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The antioxidant β-carotene does not improve cognitive performance among healthy older men in the short term, according to a subgroup analysis of data from a longitudinal study. These findings add to the growing list of study results concluding that counteracting long-term oxidative stress with antioxidants doesn’t appear to protect against cognitive decline. However, it is still possible that long-term treatment with β-carotene may confer “modest” neuroprotection, reported Francine Grooten, Sc.D., and her associates in the Physicians’ Health Study (PHS) II.

The PHS II is an ancillary study of the Physicians’ Health Study, a randomized clinical trial assessing whether vitamin supplements prevent cancer and cardiovascular disease. Cognitive evaluations were added to the trial to assess any cognitive impact of supplementation. The PHS II study extended the follow-up on a subgroup of 7,641 male physicians (average age 73 years) from 1997 through 2003, and also added 7,000 new recruits aged 55 and older in 1998-2001.

Dr. Grooten and her coinvestigators assessed cognitive outcomes for 2,989 subjects who took placebo and 2,967 subjects who took β-carotene for various durations that ranged from 2 months to 20 years. Verbal memory, immediate and delayed recall, category fluency, and mental state were assessed.

β-Carotene yielded no cognitive benefits in subjects who had taken it for 3 years or less, according to Dr. Grodenstein of Harvard School of Public Health, Boston, and her associates. However, subjects who had taken β-carotene for at least 15 years showed better scores on several cognitive measures than did those who maintained placebo. “In general, the effect of long-term β-carotene treatment was comparable to delaying cognitive aging by 1 to 2 years,” the researchers said (Arch. Intern. Med. 2007;167:2184-90).

Nevertheless, in a subset of 4,074 subjects who had further cognitive assessments 2 years later, these differences were found to be not statistically significant. Regarding this last finding, Dr. Kristine Yaffe of the University of California, San Francisco, said in an editorial accompanying this report, “it is curious that the authors minimize the results for approximately 4,000 men who had reported cognitive testing.”

Dr. Yaffe noted that “several trials have examined relatively long durations of antioxidant exposure (10 years) and failed to find an effect of treatment on cognitive outcomes” (Arch. Intern. Med. 2007;167:2167-8).

“From a clinician, there is no convincing justification to recommend the use of antioxidant dietary supplements to maintain cognitive performance in cognitively normal older men or in those with mild cognitive impairment. Furthermore, there is new concern that high-dose antioxidant supplementation may have adverse health consequences including mortality,” Dr. Yaffe said.