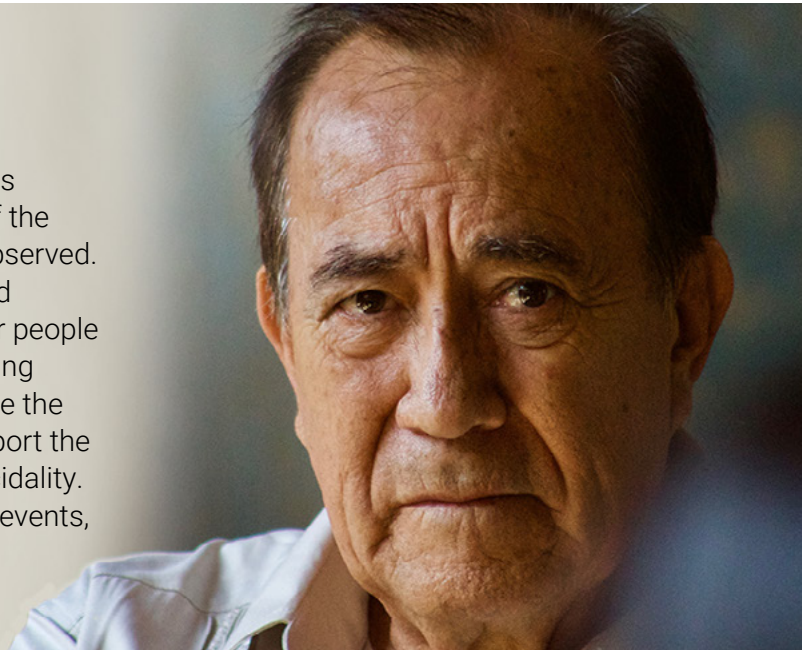


In This Issue

In this month's *Hot Topics Newsletter*, we feature the latest research in the area of suicidality in older adults. Older adults are at increased risk for suicide and the unique pressures of the COVID-19 pandemic on mental health have yet to be fully observed. Despite older adults being at higher risk, clinicians often hold attitudes that suicidal thoughts are more "normal" with older people than younger people. They often overlook suicidality screening in older adults and may fail to fully address this issue despite the availability of effective treatments. The following studies report the latest research examining multiple facets of older adult suicidality. Check out the [E4 Center website](#) for the latest information, events, and training opportunities.



Risk of suicide attempt in patients with recent diagnosis of mild cognitive impairment or dementia

In a nationwide cohort study of older veterans, including data from five national databases, Günak and colleagues examine the relationship between diagnoses of mild cognitive impairment (MCI) and dementia with suicide attempts. Risk of a suicide attempt was 73% higher in people recently diagnosed with MCI and 44% higher in those recently diagnosed with dementia, compared with those without MCI or dementia diagnoses. Their results highlight that the recency of the diagnosis is associated with higher risk, indicating that people may be particularly vulnerable after receiving the initial diagnosis.

Association between hearing loss and suicidal ideation among middle-aged and older adults

Park and colleagues examined data from over 34,000 adults aged 50 years and older to determine the relationship between hearing loss and suicidal ideation. They found that hearing loss was associated with suicidal ideation over the last year in both middle-aged (ages 50-64) and older adults (65+). Their analyses controlled for depression, substance use, health status, and sociodemographic factors. This study demonstrates the need for suicidal ideation screening in older people with hearing impairment.

Late-onset suicide: A dementia prodrome?

Gujral and colleagues compared cognitive function in late-onset suicide attempters (attempt made at age 55 or older) versus early onset suicide attempters (attempt made before age 55). They also included non-suicidal depressed and nonpsychiatric control groups of older adults. The researchers found that both early- and late-onset suicide attempters had poorer executive function compared to control groups. The late-onset suicide attempters also performed worse on a broader range of cognitive domains compared to early-onset suicide attempters. Authors conclude that late-onset suicide attempts may represent a dementia prodrome.

Improvements in functional disability after psychotherapy for depression are associated with reduced suicide ideation among older adults

Lutz and colleagues report data from 65 older adults who participated in problem solving therapy (PST) for depression. They found that reduction of functional disability (including domains of mobility, daily activity, cognition, emotion, and social functioning) during the course of psychotherapy was associated with a reduction in suicidal ideation, particularly feelings of loss of worth. These findings add to the evidence suggesting that therapies such as PST can be effective in improving functional ability and reducing risk for suicide in older adults.

A comparison of physician-assisted/Death-With-Dignity-Act death and suicide patterns in older adult women and men

Oregon's Death-With-Dignity-Act (DWDA) legalized medical-assistance-in-dying (MAID) in 1997 and remains controversial. One concern is that MAID may disproportionately affect vulnerable groups. The authors examined DWDA death and suicide data from 1998-2018. Older women represented 46% of DWDA deaths and 16% of suicides in their age group. DWDA and suicide increased in older women, whereas DWDA deaths increased and suicide declined in older men. DWDA death was the most common form of self-initiated death in older women, compared to firearm suicide in older men. The authors provide detailed discussion and implications of these findings.

Greater white matter hyperintensities and the association with executive function in suicide attempters with late-life depression

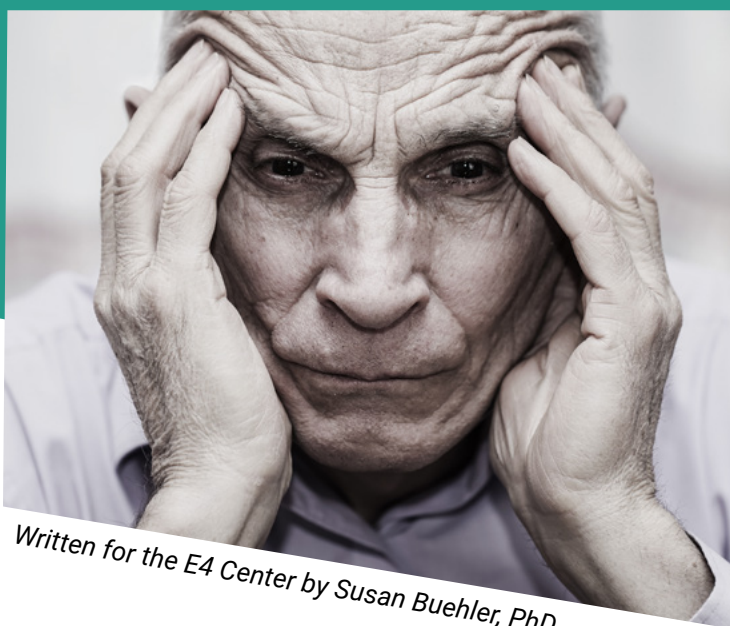
Lin and colleagues examine the spatial distribution of white matter hyperintensities (WMH) in suicide attempters with late life depression and its association with cognitive function. Suicide attempters with late life depression had higher global WMH and periventricular WMH compared to other groups. They also found that older adults who have attempted suicide and have high WMH had significantly poorer executive function. WMH may serve as a biomarker for suicide attempts in late life depression and may be a mechanism of cognitive decline in this population.

Development and initial validation of the Hopelessness Inventory for Later Life (HILL)

Hopelessness is a key risk factor for suicidality in late life. Gregg and colleagues developed and validated a new measure of hopelessness designed for older adults. Their work resulted in two assessment instruments: the 29-item Hopelessness Inventory for Later Life (HILL) and the 13-item short form (HILL-S). Both tools have strong psychometric properties. The HILL-S may be preferred in many situations as it is briefer and less redundant. Those who need more detail for treatment planning should consider the full version.

Risk of suicide among patients with Parkinson's disease

Chen and colleagues linked data from Taiwan's National Health Insurance data set and the Taiwan Death Registry between 2002-2016. In this large, nationally representative cohort study, Parkinson's disease was independently associated with increased risk of suicide. They report on various clinical characteristics of risk for suicide in people with Parkinson's disease. Results highlight the importance of suicidality screening in this population, as well as the utility of integrating mental health care into primary care and Parkinson's disease specialty settings.



Written for the E4 Center by Susan Buehler, PhD

Additional Articles and Commentaries

Be sure to check out the following review articles and commentaries on this topic that have also been published within the last year:

Is suicide the end point of ageism and human rights violations? *by Wand et al*

Suicide in late life: A viewpoint *by De Leo & Giannotti*

The interpersonal and psychological impacts of COVID-19 on risk for late-life suicide *by Sheffler, Joiner, & Sachs-Ericsson*

Mental disorders, cognitive impairment and the risk of suicide in older adults *by Kulak-Bejda, Bejda, & Waszkiewicz*

Understanding vulnerability to late-life suicide *by Ding & Kennedy*

Strategies to promote social connections among older adults during "social distancing" restrictions *by Van Orden et al*

Upcoming Events

You can register for these events or learn more by going to our website at [e4center.org/calendar](https://www.e4center.org/calendar)

DEC

Families Aging with Mental Health and Substance Use

December 1

@ 12:00 pm - 2:00 pm CST