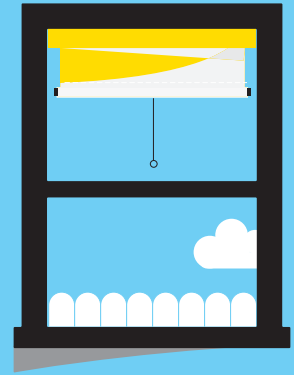


VOICES OF SAVE.

SUICIDE AWARENESS VOICES OF EDUCATION



SPRING
2007

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SUICIDE IN LATER LIFE

By Ronda Lindsay



When we think about which age group is most at risk for suicide, many of us focus on teens or young adults. After all, that's the group we seem to hear about most in relation to the subject.

In reality, research shows that there's a direct correlation between increased age and suicide. According to Dr. Stephen Soreff, president of Education Initiatives in Nottingham, N.H., and a member of the faculty of Metropolitan College of Boston University, the highest incidence of suicide can be found among people over the age of 65—especially white males, whose rate of suicide is more than twice that of any other age group.

A quick look at the website for the National Center for Injury and Disease Control (<http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html>) tells us that in 2004, people age 10-30 committed suicide at a rate of 8.38 per 100,000, whereas people 65-85+ died from suicide at a rate of 14.26 per 100,000.

So what's causing this behavior in older Americans? Isolation is one major factor, according to Marilyn Chambers, a registered nurse with a graduate degree in nursing, whose Cottage Grove, Minn., practice focuses on home health, case management and public health.

The loneliness that follows the loss of a spouse or significant other, children, or friends often can trigger depression in the elderly, says Chambers, who works with RISE for Seniors, a group that provides referrals, information services and education for seniors.

"Also influential are the need to move from one's home, a loss of independence, and the need for more help with such things as driving, shopping and getting to appointments," Chambers continues, noting that ill health and the side effects of certain medications are contributing factors. "Side effects and drug

interactions are a big concern. Because seniors take more medications, the odds are quite high that they will have some drug interactions, which can result in depression."

While depression may be more prevalent in seniors than in any other age group, people over 65 are not automatically more susceptible to it. "However," says Chambers, "the older adult is experiencing many more losses and with that, added to a changing health status, depression is more likely. Also, there are a number of people who were most likely borderline depressed during their adult years and with the changes of aging, their ability to keep functioning just slows down."

"FAMILY MEMBERS SHOULD BE AWARE OF THEIR LOVED ONE'S CHANGES IN BEHAVIOR. . . ASK HOW THEY'RE DOING; AND LISTEN TO THE RESPONSE. . . DON'T AVOID DIFFICULT SUBJECTS, BUT DON'T PUSH IF THERE'S RESISTANCE."

The statistics behind geriatric depression and suicide become especially alarming as more and more baby boomers reach old age, and suicide rates seem likely to increase among the age group as a result. In response to this potential problem, Chambers stresses the importance of the mental health system and its ability to address the needs of seniors.

continued on page 2

SUICIDE IN LATER LIFE (CONTINUED)

“There is a significant issue with mental health concerns now,” she says. “People are surviving longer and we see both those who have lived with depression for much of their lives as well as those who have lived long enough to have experienced enough changes and losses to trigger depression. The mental health system has to be able to respond more proactively in order to treat depression and other mental illnesses.”

However, Chambers acknowledges that because mental health is understood better today than in the past, baby boomers may be more comfortable seeking help than their parents were.

WHAT TO LOOK FOR

Geriatric depression symptoms can be spotted by a close observer. While older men and women are more apt to look to their caregivers for help with depression, family and friends can be on the lookout for symptoms such as:

- >> loss of interest in favorite activities, a persistent “sad” or hopeless mood, fatigue, irritability
- >> loss of concentration and a change in eating habits

Warning signs of suicidal intentions may be

- >> setting affairs in order
- >> a suddenly calm or even happy mood
- >> giving things away
- >> talk of suicide

According to Chambers, “with seniors, additional areas to be aware of include changes in how medications are being taken (more or less) and changes in alcohol use, especially if a person begins using when there was not a previous pattern of doing so.”

“Family members,” she suggests, “should be aware of their loved one’s changes in behavior. They should talk to the loved one; ask how they’re doing; and listen to the response. Identify any losses, whether or not it’s tough for the person to lose some independence or to have the body ‘give out’ somewhat. Don’t avoid difficult subjects, but don’t push if there’s resistance.”

More importantly, Chambers urges family members to avoid passing judgment and include their loved one in their lives as much as possible. Finally, she suggests asking for help from professionals and encouraging the loved one to undergo a thorough physical to rule out any other medical conditions.

Unfortunately for seniors suffering from depression, many assisted living centers and nursing homes lack a mental health care focus, but as Chambers points out, a caring and supportive staff and the ability for seniors to socialize with each other can help maintain mental health. “The key is to have someone who will spend time with them, listen to them . . . just be a presence,” she says. “If they can be encouraged to take part in activities, great.”

Why all the secrecy?

A search through medical journals and a look at websites that are focused on geriatric health make no secret of the suicide risks so many seniors face. So why is this a topic so infrequently discussed among the general population?

“One possibility,” says Chambers, “is that suicide may not be identified as such; instead, deaths may be attributed to things like (accidental) medication overdose, not following a diet plan, or taking other risks.” She admits that “suicide, overall, still does not get a lot of attention unless it’s in “certain professional fields.”

In addition to the lack of attention to geriatric suicide, Chambers also notes the media’s overall attitude toward the elderly. “The media, in general, just doesn’t address needs of seniors as much,” she points out.

Learn more

For more information on geriatric suicide prevention, visit the following:

- >> www.emedicine.com
- >> www.gmhfonline.org
- >> www.geriatrictimes.com
- >> www.save.org
- >> www.cdc.gov/ncipc/wisqars/
- >> www.riseforseniors.com

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FDA EXAMINES ANTIDEPRESSANT MEDICATION USE

By Dan Reidenberg, Psy.D., FAPA

Recently you may have heard news about the Food and Drug Administration (FDA) hearings on the use of antidepressant medications and an increased risk of suicide. A scientific debate has been going on for two years since the FDA required warning labels (called black box labels) on antidepressants for youth and adolescents. However, the research into whether these medications have negative and/or serious side effects (specifically increased suicidal ideation or behaviors) has been going on for more than 15 years.

The current research, in a nutshell, suggests that there may in fact be a very slight but statistically significant increase in suicidal ideation and suicidal behaviors for youth and adolescents; there is little to no positive or negative effect for the same issues in middle-aged adults; and there appears to be a very slight but statistically significant difference in a positive, protective factor for preventing suicide in seniors.

In the studies conducted on youth there were no suicides, only increased thinking about suicide and/or suicidal behaviors. Much more research is ongoing and will be coming out in 2007, some from this country and some from others. The FDA continues to examine this issue, but for now has decided to increase the age for which black box labeling of antidepressants is prescribed from 18 to 25 years.

What does this all mean? It means that when physicians prescribe an antidepressant for anyone 25 years of age or younger, they must inform the patients or their family that there are warnings about the medicines and increased risk factors for suicidal ideation and behavior. They also must engage in increased monitoring of patients for the first 16 weeks of treatment with antidepressants.

SAVE supports increased monitoring of patients by their doctors and all health-care professionals. SAVE also supports increased education and ongoing training of medical and mental health-care professionals on assessment, diagnosis and suicide risk assessment.

Many people ask us what we tell people to do if they feel depressed or suicidal, or if they see someone who is. SAVE's position is that those at risk or in crisis should seek professional medical care immediately. We do not want people to wait when symptoms of depression, bipolar disorder, or other brain illnesses are experienced or observed. We want people to talk to someone, most importantly a medical doctor and/or a psychiatrist if available, right away. Suicide is a preventable death and there are a variety of effective treatments for depression and other mood and anxiety disorders. So, seeking medical help and other help from a therapist, nurse, social worker, clergy, family, friends, co-workers and others in a support network is critical to suicide prevention.

VISIT SAVE ONLINE

WWW.SAVE.ORG

SAVE on the Move!

Effective Aug. 1, 2007, SAVE's new address will be:
8120 Penn Avenue South, Suite 470
Bloomington, MN 55431

CALENDAR OF EVENTS

AAS Conference

New Orleans, LA
April 11-15, 2007
www.suicidology.org

The Melting Pot SAVE Fundraiser

80 S. 9th Street, Minneapolis
April 26, 2007, 5-9 p.m.
www.save.org

17th Annual SAM Event

St. Joan of Arc Church
Minneapolis
April 28, 2007, 8:30 -noon

National Mental Health Month

May 2007

SPAN USA

National Suicide Prevention Day

Washington, DC
July 18-21, 2007
www.spanusa.org

SAVE's Walk for Mental Health

Lake Harriet Bandshell
August 11, 2007, 8:30 a.m.

4-Cast 4-Fun Events:

Concert at The Cabooze

8/18 7-midnight

Fashion Show at Karma Entertainment

8/18 4-8 p.m.

Golf Tournament at Hazeltine National Golf Course

8/20

Wine Tasting at Interlachen Country Club

9/14 5-9 p.m.

World Suicide Prevention Day

Sept. 9, 2007

SUICIDE IN OLDER ADULTS: MANAGEMENT AND PREVENTION

In an article for *Psychiatric Times* (January 2007), Dr. Yeates Conwell described the rigorously studied, methodologically sound psychological autopsies, epidemiology, risk and protective factors and approaches to prevention of suicide among the elderly.

According to Conwell, "Seventy-seven to 95 percent of elderly persons who completed suicide had a major psychiatric diagnosis at the time of their death." Mood disorders of various kinds were predominant, with alcohol-use disorders and anxiety disorders close behind. He found that suicides appeared to be more prevalent among seniors who were more introverted and less likely to develop support networks. Physical illness also may increase the risk of suicide in older people.

Conwell said that "controlled studies have consistently shown that social isolation, family discord, and financial strains are associated with suicide in later life." Impaired ability to conduct daily living activities also is associated with higher risk of suicide.

Up to 75 percent of older adults who took their own life did so within 30 days of seeing a primary care provider; 25-50 percent saw their provider in their last week of life. Conwell recommended the study of models of collaborative care in later life in which primary care settings play an increased role in the screening and detection of those at greatest risk. He also suggested a review of connections to community care managers.

Various "check-in/check-up" types of programs were reviewed. Although none clearly demonstrated generalizable results, over a period of 11 years significantly fewer suicides occurred for those who were in touch with community services vs. those who were not. When universal (broad range) approaches to prevention were considered, it appeared that some awareness and messaging campaigns may affect targeted populations.

According to Conwell, "there is an urgent need for more research, development of policy, and implementation of empirically based prevention practices if we are to reduce, or even contain, the toll that suicide-related morbidity and mortality take on older people and their families."

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17TH ANNUAL SUICIDE AWARENESS MEMORIAL

SATURDAY, APRIL 28, 2007

Registration 8:30 am | Memorial 9-Noon

St. Joan of Arc Catholic Church

4537 Third Avenue South, Minneapolis, Minnesota 55419

Join us for a remembrance and memorial of lives lost to suicide. Program will include three personal stories, a visual tribute and a faith panel representing different belief systems sharing their views on depression and suicide.

After the program, support groups will meet for an hour for those who wish to stay.

\$10 suggested donation/\$20 for a group of 3 or more
Free parking, church is handicap accessible

Directions to St. Joan of Arc:
35W to 46th Street exit, east on 46th Street, left on
Third Avenue, church is a half block north on your right

Church office – 612-823-8205



>> A 2006 SAM participant hangs a leaf with her loved one's name on the "Tree of Life." Each year the event features a visual tribute to those who have died by suicide. As the names of their loved ones are called out, suicide survivors adorn the tree in memory of individuals they have lost.

SSRI TREATMENT MAY LEAD TO APATHY IN DEPRESSED ELDERLY

Reuters Health Information (2007) recently published an article from the Archives of General Psychiatry, 2007; 6:7, that suggests that the use of the most commonly used anti-depressants (SSRIs), may lead to apathy in seniors, despite improvements in other depressive symptoms.

The Canadian study identified 384 elderly depressed patients admitted to the hospital for this project. Using widely accepted rating scales, it found that 128 of 153 patients who received SSRI treatment remained apathetic, while only 157 of the 214 patients who received other types of antidepressants remained so at the end of the study.

The researchers noted that among both groups in this study, all apathy scores were lower at discharge than at admission to the hospital. Therefore, both SSRIs and non-SSRIs appeared to be somewhat effective in treating the apathy of depression, just more so among non-SSRI treatments.

These researchers at the University of Toronto concluded that "patients and caregivers should be informed to be more aware of this potential adverse effect when using SSRIs and that careful monitoring for apathy and consideration of switching antidepressant class" be considered by the patient, family, and physician.



WILL'S CHOICE BY GAIL GRIFFITH – A SUICIDAL TEEN, A DESPERATE MOTHER AND A CHRONICLE OF RECOVERY

By Barb Barth

This book was written from a mother's point of view and tells how she became aware of her son's depression. It was not until he attempted suicide that she realized just how deeply he had sunk into depression. His recovery is chronicled through his struggles to become healthy. This story offers hope that a healthy recovery is possible.

This quote from the book said so much:

"The pain of severe depression is quite unimaginable to those who have not suffered it, and it kills in many instances because its anguish can no longer be borne. The prevention of many suicides will continue to be hindered until there is a general awareness of the nature of this pain. Through the healing process of time—and through medical interventions

or hospitalization in many cases—most people survive depression, which may be its only blessing; but to the tragic legions who are compelled to destroy themselves there should be no more reproof attached than to the victims of terminal cancer."

Will, the son, writes the epilogue. He has the final meaningful words on his attempted suicide, his mental illness, and the struggle with this disease that he must monitor to remain healthy.

There is hope.

This book may be purchased for \$5.99 online at www.target.com or www.amazon.com

MINNESOTA AUTHOR RAISES SUICIDE AWARENESS

By Marit Brock



>> Bill Metz holding a copy of "Saturday Morning Rides" courtesy of Griff J. Wigley, Northfield.org.

On any given Saturday morning in the summer, the most likely place you'll find Bill Metz is with his group of cycling friends on the roads around Northfield, Minn. The loss of one of these friends, Nick, to suicide led him to discover a hidden talent for writing and drawing.

Nick biked with this group of friends in the summer and skied with them in the winter, but nobody in their group saw suicide coming, so, like many survivors, they were shocked into awareness. For the memorial service, Metz wrote a story about biking and Nick.

He continued to write a few more stories and was inspired to combine his stories with pencil drawings and some of the group's favorite rides into a book titled, "Saturday Morning Rides," which he dedicated to Nick's memory.

The book is available for sale at bike and coffee shops in the area, with all of the proceeds going to support SAVE. Five hundred copies have been printed; the first run of 300 sold out in the first year.

Metz says he continues to be involved in this effort "because most people are totally unaware of how many people are

affected by suicide and the lack of knowledge on how to prevent it. People seem resigned to thinking that nothing can be done. If this were a form of cancer, it would be treated very differently."

Dan Reidenberg, SAVE's executive director, says that Metz and his book motivated him to get on a bike for the first time in years. "His stories make you want to get a bike and get out on the trail," he says. "He has a way of taking something and making it meaningful."

Reidenberg describes this Minnesota bike rider as a humble man who has taken his own initiative to raise awareness of suicide and remove its stigma. Metz isn't doing this to take credit, Reidenberg notes, but is willing to do the work and connect other people, "He has really made this his personal mission," he observes.

Metz is a role model for others who want to raise money for SAVE or get the word out about suicide and depression. "There is something everyone can do for SAVE," Reidenberg says, adding that even small efforts make a difference.

When asked how he sustains his energy, Metz recommends starting with something that is a passion. "Once you find that, it is fairly easy," he maintains.

Copies of his book, "Saturday Morning Rides," are available at these Minnesota locations: Good-bye Blue Monday Coffee House, Mike's Bikes and River City Books in Northfield; Milltown Bicycles in Faribault; Erik's in Burnsville; and Grand Performance in St. Paul. It is also available at the SAVE office. Metz can be reached at bethebike@hotmail.com.

RECENT FEDERAL LEGISLATION PASSED

SAVE recognizes the recently passed Federal legislation from the U.S. House of Representatives, (H.R. 327), the Josh Omvig Veterans Suicide Prevention Act. Overwhelming support for this bill in the House should help as it proceeds to the Senate for a vote expected next month. SAVE was a co-signer on the bill and has helped advocate for increased mental health and suicide prevention services for our veterans. SAVE was also listed as a supporter of Senate 558 and House 1367 bills asking congress

to enact the Mental Health Parity Act of 2007; a co-signer to the leaders of congress letter supporting increased funding for centers for intervention to prevent suicide supported by the National Institute of Mental Health, and in Minnesota was added to a new Healthcare Access Network directory for policy makers, referral agencies, volunteer and community service organizations. Watch for more information on other legislation in our next issue!

STAGGERING STATISTICS

Recently Research America! and SPAN USA conducted a nationwide survey of Americans on the topic of suicide. Here, along with some of the Centers for Disease Control's newest data on suicide in America, are some of their findings:

Today

- » An American dies by suicide every 16 minutes.
- » 1.8 million Americans attempt suicide each year.
- » 90 percent of people who die by suicide have a mental illness or substance abuse disorder.
- » Suicide is the third leading cause of death for 15-24 year old American youth, now behind homicides.
- » Suicide is the 11th leading cause of death for all age groups.

Source: CDC (www.cdc.gov), NIMH (www.nimh.nih.gov), SPAN USA (www.spanusa.org), Research America!, #21

The Cost

- » Suicides in one year cost the United States \$13 billion in lost earnings.
- » 1.3 million years of life are lost to suicide annually.
- » Suicide attempts requiring hospitalization cost the United States \$3.8 billion each year.

Source: Knox, K.L., et al. American Journal of Public Health, 2005, 95., National Center for Injury Prevention and Control (www.cdc.gov/ncipc/wisqars), SPRC (www.sprc.org).

Saving Lives and Saving Money

NIH researchers found that older depressed patients have fewer suicidal thoughts and improve faster when their primary care doctors are educated about depression treatment and a depression care manager oversees their treatment. (Bruce, M. et al, Journal of the American Medical Association, 2004, 291.



For each suicide prevented, the United States could save an average of \$1,182,559 in medical expenses and lost productivity. (www.sprc.org).

How important do you think it is for the United States to invest in the prevention of suicide?

- » 50 percent said very important
- » 36 percent said somewhat important
- » 12 percent said not important
- » 2 percent said don't know

Source: Taking Our Pulse: The Parade/Research America Health Poll, Charlton Research Company, 2006

Hope for the Future

By helping those who have recently attempted suicide learn new ways to behave and cope when they have suicidal thoughts, cognitive therapy reduces the rate of repeat attempts by 50 percent. (Brown, G. et al, JAMA, 2005, 294.)

SAVE WELCOMES NEW STAFF

In January SAVE welcomed a new administrative assistant, **Nancy Ewing**, to our team (if you hear a new voice answering the phone say "hi!"). She was an intern at SAVE in the summer of 2001, after studying abroad in Ireland. Nancy has a bachelor's degree in social work from Skidmore College in

Saratoga Springs, N.Y. If her last name sounds familiar to you, it's because her mother is Georgia Ewing, the editor of the "Voices" newsletter you are reading! Nancy has brought a positive energy and voice to SAVE and her contributions are already making a difference for callers.

VOICES OF SAVE.

SUICIDE AWARENESS VOICES OF EDUCATION

Tel 952-946-7998 or 1-888-511-SAVE
Fax 952-829-0841 >> www.SAVE.org

The mission of SAVE is to prevent suicide through public awareness and education, eliminate stigma, and serve as a resource for those touched by suicide.

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SAVE DEPENDS ON SUPPORTERS LIKE YOU.

SAVE depends on contributions from people just like you who understand the need for ongoing education around the important topics of depression and suicide prevention. Won't you help?

Please give SAVE a call at 952-946-7998 or via e-mail @ www.save.org if your address has changed. Thank you.