ABSTRACT

Suicide is a global phenomenon and a potential cause of preventable death. After the young (below the age of 40 years), the elderly compose the second most prominent peak in the graph of suicide attempts and suicide victims. The cause and dynamics of suicidal behavior among elderly are quite different from the younger suicides. There have been different multidisciplinary theories proposed for it. Among all mental disorders, depressive disorders are particularly associated with suicidal behavior. Alcohol use, social isolation, financial difficulties are few unique factors that identify a suicidal elder. Physical illnesses, particularly those marked with pain, increase the chances of suicide. Prevention requires a multidisciplinary approach involving community, adequate and appropriate health services near to the place of victim, legal restrictions on the methods used for suicide such as availability of firearm and insecticides, public policies to take care of the elderly are recommended.

INTRODUCTION

It may be that Gods are merciful when they make our lives more unpleasant as we grow old. In the end, death seems less intolerable than the many burdens we have to bear. - Sigmund Freud about his death due to cancer palate (Cunningham, Connell, Chin, & Lawlor, 2004)

Suicide is one of the most discussed causes of death at any stage of life. Suicidal behavior is a common cause of unnatural death and disability across the world. It accounts for 1.4% of all deaths making it 15th leading cause of mortality among all age groups. The annual global age-standardized death rate for 2012 is estimated to be 11.4 per 100,000, this is projected to remain unchanged through 2030. Besides death due to suicide, suicidal thoughts and nonfatal suicide attempts also warrant attention. of epidemiologist as this behavior strongly predict the suicide in future. Suicidal ideations are found prevalent in about 9.2% of general population surveys and attempted suicide in about 2.7% of population (Nock et al., DOI: 10.4018/978-1-5225-3480-8.ch023
Suicide ideation and attempts can result in negative consequences such as injury, hospitalization, and loss of liberty; and exert a financial burden of billions of dollars on society. Taken together, suicide and suicidal behavior comprise the nineteenth leading cause of global disease burden (i.e., years lost to disability, ill-health, and early death), and the sixth and ninth leading cause of global disease burden among men and women 15 to 44 years of age, respectively (World Health Organization, 2014a). Those aged above 60 years make a group vulnerable to suicide. Various studies have found that elderly suicides are preceded by lesser number of attempted suicides in past and elderly used more lethal means than younger population for such purpose. Compromised physical health at late age further adds to the lethal effect of the methods of suicides for which the younger population might be resilient. By any measure, there is urgency to better understand and prevent suicidal behavior in elderly, which is the purpose of this chapter.

It is unnatural and suicide is one of the few preventable causes of death which is rising at alarming rate throughout the world. In relation to elderly, suicidal feelings and hopelessness have been considered part of ageing and understandable in the context of being elderly and having physical disabilities. The Ancient Greeks accepted these attitudes in the extreme and gave elderly people the option of assisted suicide. Such practices were based on the assumption that once an individual had reached a certain age then they no longer had any meaningful purpose in life and would be better off dead. (Cunningham et al., 2004) Although not as extreme, ageist beliefs in modern, especially industrialized, societies are based on similar assumptions. In current time too life is often valued in economic terms and, specifically, loss of productivity. And elderly age is such that is characterized by increased expenditure, increased disability, decrease productivity and hence economically not worth sustain. Thus elderly stage is often considered burden and stigmatized. Thus suicide in general and due to such myths is often incompletely not well understood in case of elder lies. Insurance companies and various other social agencies often debar the family of suicide victim from the usual benefits a deceased family gets from them. Despite all odds, the WHO estimates about 800,000 deaths every year due to suicide. The number of attempted suicide for each completed suicide is even much more. (World Health Organization, 2014b) however in comparison with younger population the ratio of completed vs attempted suicides is much smaller. (Dombrovski1, Szanto, & Reynolds III, 2005; Gramaglia et al., 2016) Compared to younger ones, the older suicidal persons are more likely to complete suicide (Yeates Conwell, Duberstein, & Caine, 2002). Despite such trends what is rarely debated and commonly ignored is the suicide among the elderly population (Cattell, 2010). This may be partially due to the myth that death is imminent as the age advances and what makes the problem critically serious the inability of the caregivers to recognize the prodromal symptoms of suicide among elderly coupled with inability to deal with such situations (Stanley, Hom, Rogers, Hagan, & Joiner, 2016). The notion that suicide among elderly are mostly rational lack scientific support is a myth (Cattell, 2010). Such confusion can arise from the fact that the old age marked with challenges for intergenerational as well as intra-generational socialization. Despite frail health and multiple disabilities the elderly often express a zeal of living, activities, and regular contact with family members. However, the data from various studies seem to contradict this stand. Most of the elderly who attempt or commit suicide consult physician in the past one month. Physical morbidities like cardiovascular diseases, cancer and psychiatric morbidities particularly depression are commonly seen in those patients (Wearn, 2003). Henslin (1996) recorded that elderly suicides showed an upward trend between 1995 to 2010 with rates increasing from 7% to 15% of all completed suicides in US. This report extrapolated that nearly 10% of all suicides in US between 2020 – 50 are likely to be due to elderly (Henslin, 1996) The predicted global pattern is also similar across different countries, cultures and races (Crepet et al., 1991; Kumar, Anish,
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