



Service Priorities and Programmes
Electronic Presentations

Convention ID: 1076

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Review on the patients who had completed suicide whilst under the care of the Elderly Suicide Prevention Programme in Hong Kong

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Keywords:

Elderly

Suicide

Completed Suicide

Prevention

Introduction

Elderly suicide is an alarming public health problem in Hong Kong. The population of the aged is around 11 percent but account for 33 percent of all suicides. The suicide rate among Hong Kong elderly is 2 to 3 times higher when compare with the other age group. Completed suicide remains the leading cause of death among the older adults. Although much attention is paid to the elderly with depressive symptoms and suicidal intent, there are still reports of patients completed suicide cases whilst under the care of the evidenced-based Elderly Suicide Prevention Programme (ESPP).

Objectives

- (1) to examine the profile and characteristics of the elderly suicide completers, and
- (2) to recommend measures for the ESPP service improvement

Methodology

There are totally 49 subjects in this study. The subjects are the deceased cases under the active care by the ESPP in which their death are considered as completed suicide from June 2003 to April 2012. The study reviews a standard dataset generated from the ESPP Nursing Committee for reporting of completed suicide cases under the ESPP. All data are self-reported by the nursing representative of each cluster with a standard database.

Result

Results: Most suicide completers under the ESPP are male (57.1 percent, n=28). Age ranged from 65 to 93 years old, with mean age of 75.92 years old (SD 6.916). It is revealed that 35.4 percent (n=17) of the subjects have history of suicidal attempts. A large portion of suicide completers (62.3 percent, n=28) are referred from the Hospital Authority service. It is identified most of them are under the care in non-psychiatric settings. Majority of the subjects (71.2 percent, n=35) are diagnosed as depressive disorder or adjustment disorder. There are 35.4 percent of subjects (n=17) with history

of suicidal attempt and 96.8 percent (n=30) has at least one medical illness. The relationship between date of death and the last contact with ESPP cannot be established in this study. Outcomes: The results point to a possible inadequacy of support for the elderly patients under the care of consultation-liaison team (CLT) or other non-psychiatric specialties. The enhancement of service may be achieved through renovation of the two-tiered model to provide full range coverage for the patients under the care of CLT in every cluster. Moreover, reinforcement of current 2-tiered infrastructures and enhanced collaboration with primary health care sectors may be ways to reduce the service gaps.