



Service Priorities and Programmes
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Attempted Suicide in Hong Kong Chinese Elderly – What are Their Unique Patterns & Characteristics?

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Introduction

Elderly suicide is so imminent for its escalating scale because of the rising elderly population. Improving assessment and treatment of those at risk is important in clinical medicine and psychiatry. However, attempted suicide in later life draws less attention and is always under-researched.

Objectives

1. To identify socio-demographic data, medical burden and psychiatric history, circumstances surrounding the suicide attempt, and the clinical assessment and management of the Hong Kong Chinese elderly suicide attempters. 2. To examine any significant differences in the study variables between Hong Kong Chinese elderly and non-elderly suicide attempters.

Methodology

A retrospective observational study design was adopted. The last one-year psychiatric consultation notes of those eligible local Chinese elderly with suicide attempt in the study hospital were retrieved to collect the essential data.

Result

There were around three times more non-elderly (189) than elderly (60) suicide attempters in the current study. For elderly subjects' demographic data, the mean age was 77.28, 55% were female, 47.5% and 45.7% were married and widowed respectively, and 66.7% were living with relatives. Concerning medical burden and psychiatric history, 90.0% of elderly group had chronic medical illness and 65.0% had current distressful physical problem. Meanwhile, 35.0% had psychiatric history and 20.7% had past suicidal attempt. Regarding circumstances around the attempt of old aged subjects, 36.7% and 53.3% claimed one and two precipitating causes (physical problem: 38.7% and chronic illness: 26.4%). The majority (65.6%) acted out impulsively, 28.9% had suicidal plan and 5.2% had suicidal note or message. The vast proportion (91.7%) used only one suicidal mean and the top three commonly used methods were drug overdose (33.3%), jumping from height (16.7%) and chemical poisoning/ cutting wrist (12.1%). 68.8 % perceived lethality of suicidal means and 71.6% carried out suicide attempt at home. 65.5% attempted suicide in weekdays with

the highest figures in summer (35.0%) and the lowest in winter (18.4%), 36.4% acted out in the festival or important day. Meanwhile, 26.7% voiced out suicidal idea or hinted to others, 19.1% took precaution to prevent discovery and 25.5% sought help from others after attempt. For clinical assessment and management, 36.5% of the elderly were suggested to take psychiatric medication and 21.9% were referred for a psychiatric follow-up. 10.9% showed no remorse towards their attempts and 21.8% remained unsure, 13.3% still expressed an intention to repeat suicide and 8.3% were unclear. At the end of consultation, 83.3% had a psychiatric diagnosis (stress-related disorders: 44.0% and depression: 30.0%). 36.7% were admitted to a mental hospital and 31.7% discharged with psychiatric follow-up. The mean length of hospital stay was 7.08 days. There were statistically significant differences between local Chinese elderly and non-elderly suicide attempters on marital status, living status and employment status. For medical burden and psychiatric history, statistically significant differences were found on chronic medical illness, newly diagnosed serious medical illness, current distressful physical problem, recent admission to general hospital, current use of illicit drug and alcohol. Whereas, statistically significant differences were also reported on circumstances surrounding the suicide attempt including number of precipitating cause of suicide, onset time of mood problem, availability of suicide note, alcohol use before suicide attempt and time presenting to hospital. At last, regarding clinical assessment and management, there were statistically significant differences on number of interventions suggested, impression of psychiatric diagnosis, discharge management and the average length of hospital stay.