5 Hoarding Behaviors Worsen With Age

6 How Do I Select the Right Home Care Provider?

Independent YOU
www.independentyou.net
703-999-3006

INDEPENDENT living

The Newsletter of **INDEPENDENT YOU** Senior Care

SPRING 2019 Vol. 4 Issue 2

Elderly Suicide: The Risks, Detection, and How to Help

Suicide rates have increased by more than 30 percent since 1999 in the United States, according to the Centers for Disease Control and Prevention (CDC). States that have seen the largest increases include Utah, Wyoming, Kansas, South Carolina, Vermont, and New Hampshire, among several others. Nevada was the only state reporting a decrease, and that was by only by 1 percent.

Statistics provided by the CDC also tell us that an overwhelming majority of suicide victims are male versus female. In fact, 84 percent of those with no known mental health condition are typically male, with the remaining 16 percent female. Even those with mental health issues are predominately male, accounting for 69 percent of suicides for this particular demographic.

Suicide by firearm is the method used most often (55 percent), but suffocations (27 percent), poisonings (10 percent, and other life-ending options (8 percent) are sometimes pursued as well. But what do we know about suicide as it relates to the elderly, specifically?

Suicide and the Elderly

While older adults only account for 12 percent of the U.S. population, they account for 18 percent of suicide deaths, according to the American Association for Marriage and Family Therapy (AAMFT). Additionally, this risk increases with age; 75 to 85 year-olds having higher rates of suicide than

those who are between 65 and 75, and individuals 85 or older have the highest risk yet.

The AAMFT also reports that the rates of elderly suicide are estimated to be under reported by 40 percent or more due to "silent suicides"—overdoses, self-starvation, self-dehydration, and "accidents." However, the organization says that this portion of the population has a high suicide completion rate. This is mainly because of the methods they choose, which are typically easier to deduce as actual suicides and thus reported more correctly. The methods include using firearms, hangings, and drownings.

Elderly individuals also tend to have higher double-suicide rates, which involves both partners taking their own lives at the same time, according to the AAMFT.

Factors That Raise the Risk of Elderly Suicide

Although many people believe that mental health issues are behind a majority of the suicides that occur today, the CDC indicates that this is not the case as more than half of those who die by self-inflicted harm (54 percent) have no known mental condition.

Additionally, there is no single factor that leads to suicide, according to the CDC, but more of a conglomeration of issues that lead to the decision. Here are a few to consider, in order from most common to least.

• **Relationship Issues:** Relationship issues are the top cause of suicide. One multi-study review published in the Journal of Family Issues reported that out of 19 different pieces of research, 12 showed a higher risk of suicide for men post-breakup and two showed a greater risk for women.

This issue is of particular importance to those over 50 as Pew Research Center has discovered that this age group had a 109 percent increase in divorces between 1990 and 2015.

Psychology Today shares that breaking up is particularly hard on people because romantic relationships involve "a significant investment of time, emotional bonding, shared friendship, and property." Therefore, when all of this ends, a person's sense of identity changes while they're also experiencing loss.

• **Experiencing a Life Crisis:** The second most commonly reported cause of suicide is experiencing a life crisis within the previous two weeks or even facing a future event that is expected to occur in the same time frame. One such life crisis, in the case of the elderly especially, would be the loss of a spouse.

For instance, the CDC reports that, while the average life expectancy in the U.S. is 78.6 years, this age changes based on gender. Specifically, the average lifespan for males is 76.1 years, whereas females typically live to be 81.1—a five-year difference. So, in heterosexual relationships, women can expect to outlive men. In fact, 53.5 percent of Americans over the age of 50 are women, according to the AARP.

Losing a loved one is never easy, regardless of who passes first, and Psychology Today indicates that the loneliness is especially problematic for seniors, often elevating their levels of depression. This puts them at a higher risk of suicide, as well as increasing their participation in risky behaviors also associated with elevated suicide risk, such as drinking and doing drugs.

• **Substance Abuse:** Research published in the journal Clinics in Geriatric Medicine reveals that though the elderly are generally not thought of as substance abusers, evidence suggests that substance use disorder for people over 50 is expected to increase by 2.9 million people by the year 2020. The CDC's numbers seem to substantiate this and reveal that the third most common risk factor of elderly suicide is problematic substance abuse, an issue reported in approximately one of three suicide cases.

Another study, this one published in Alcohol and Alcoholism, found simi-

lar results. After looking at 85 suicides with victims 65 years old and older, researchers learned that more than 35 percent of the men who died by suicide had a history of alcohol dependence or misuse. The same was true for nearly 18 percent of women.

• **Physical Health Issues:** In September 2017, the American Journal of Preventive Medicine published research involving 2,674 individuals who committed suicide, comparing them against 267,400 control subjects in an attempt to discover whether physical health had any influence on the victim's decision.

After analyzing all of the data, researchers discovered that while almost all of the 17 health conditions considered increased suicide risk, three in particular increased the risk two-fold: traumatic brain injury, sleep disorders, and HIV (human immunodeficiency virus) or AIDS (acquired immune deficiency syndrome). Additionally, the presence of more than one health condition "increased suicide risk substantially."

Parkinson's disease is another physical health issue that can increase suicide risk, with one study in the journal Movement Disorders finding that one out of three individuals with this disease have active suicidal or death ideations.

• **Employment and/or Financial Factors:** Getting older is often associated with retiring from a long work career, but the Bureau of Labor Statistics (BLS) reports that this isn't exactly the case as 40 percent of individuals 55 years old or older are either working or actively looking for work. Additionally, this number is expected to increase for those 65 and older between now and 2024.

The BLS goes on to say that the reason the baby-boomer generation is working later in life is partially because they're healthier and able. But some older adults work due to financial reasons such as Social Security benefit changes or because they need to save more cash before retirement is even an option.

The National Council on Aging (NCOA) reaffirms that many of today's elderly are strapped financially, with more than 25 million Americans 60 years old and older living at or below the federal poverty level. This leaves them struggling to pay their housing costs and medical bills, while also impacting their ability to cover simpler expenses, such as groceries and transportation.

These types of stresses can add up, causing an elderly person to consider suicide in an attempt to release the pressure.

• **Legal Issues:** According to the CDC, in approximately one out of ten cases, the person who dies by suicide has some type of legal issues that likely contributed to his or her death. Other researchers suggest that this number is probably much higher.

For instance, research published in the Archives of General Psychiatry looked at 27,219 suicides over a 25-year period and found that more than one-third of the victims had some type of criminal history. Additionally, though risk of suicide with regard to criminal history was higher for women than it was for men, both genders had elevated risks the more extensive their history was and the more violent their crimes.

Compounding this issue further are research studies that have found that older individuals with criminal records report being discriminated against by healthcare workers. This can be particularly impactful as a person ages, because older adults generally have higher rates of chronic disease (80 percent), falls (one every 11 seconds), and mental health disorders (one in four), according to NCOA, all of which require care.

• **Housing-related Stress:** Some individuals commit suicide due to housing-related stress, according to the CDC.

In the book "The Social and Built Environment in an Older Society," author Raymond J. Struyk says that the housing issues the elderly typically face

include "deficiencies in the dwelling, the high price of housing relative to income, and overcrowded conditions."

Yet, sometimes housing problems exist because of neighborhood issues or based on whether shopping centers and quality medical services are within close proximity and easy to access.

Detecting Early Suicide Warning Signs in Older Adults

How do you know whether the elderly person in your life may be contemplating suicide? Mental Health America says there are many warning signs that could indicate that suicide is being considered:

- The person expresses depression or hopelessness
- There has been a loss of independence
- Having been diagnosed with a serious medical condition that could either dramatically change quality of life or end it prematurely
- The senior is isolated socially
- A loved one has recently died or there are family issues
- Lack of desire or inability to deal with change
- Risky behaviors are exhibited
- Substance use or abuse has increased
- Suicide has been attempted previously, or he or she makes statements indicating that life would be better if they weren't around
- Valuable possessions are no longer important and may be given away

Suicide Prevention Options for Seniors

If these signs are present or you're otherwise concerned someone may be deciding to take his or her own life, there are many things you can do to help reduce this risk.

- **Talk with Them:** The Substance Abuse and Mental Health Services Administration (SAMHSA) says that taking the time to have caring, nonjudgmental conversations with an elderly person who may be considering suicide can sometimes help. When speaking with them, the SAMHSA recommends encouraging them to take advantage of wellness classes offered at area senior centers.

  If necessary, you can even find the senior centers first to identify the options that exist before talking to your loved one about the benefits each would provide. For instance, some senior centers offer classes related to hobbies and special interests, potentially reigniting a spark for activities that they enjoy. Even fitness classes can potentially help as Harvard Health shares that physical activity is a natural depression treatment.

  When talking with your senior, the Mayo Clinic says that you never want to promise that you'll keep their suicidal thoughts to yourself. If you believe their life is in danger, it's important that you get help, even if it means sharing what they've said to you with others.
- **Connect Them with Elderly Support Groups:** Another option is to help them find support groups so they can connect with other seniors who are struggling with the same type of life issues. For instance, if they are depressed because they lost a spouse or someone close to them, you may encourage them to find a grief support group. If you're not familiar with one in your area, Grief.com offers an online search option.

  Or maybe it is the elderly person's physical health that has him or her contemplating suicide. There are support groups for all types of conditions, such as cancer, heart disease, Parkinson's, and Alzheimer's. Some are available at local medical care facilities, whereas others may be interspersed throughout the community and held at schools, in libraries, or at organizations that deal specifically with that disease.
- **Limit Access to Substances:** Because problematic substance use is present in 28 percent of suicides,

limiting your loved one's access to drugs and alcohol can potentially keep them from taking their own life while under the influence. Some will hide their drug of choice, according to a thread on DrugAbuse.com, so you may need to look in unconventional places for their stash, such as behind books, under seat cushions, under sinks, in closets, and even in toilet tanks.

That being said, if the elderly person is addicted to a substance, additional actions may need to be taken to ensure that they withdraw from it safely once it is removed from the home. For instance, acute alcohol withdrawal can actually be deadly. So, in this case, you'd want to arrange for a safe withdrawal experience either at a rehab center or local medical facility.

- **Remove Lethal Means:** Perhaps most importantly, if you suspect that the elderly person in your life is contemplating suicide, remove any lethal means that would make it easier for them to go through with the act.

If they have firearms, for instance, get them out of their home and give them to someone who can keep them safe until the elderly person's situation improves. And if they have medications that can easily be overdosed, you may want to remove those as well (as long as it doesn't impact their quality of care).

Admittedly, there isn't much you can do in regard to some of the other lethal means that individuals can use to take their lives, like suffocations or poisonings with household cleaners. But the harder you make it for them to have access to the methods that can end their lives prematurely, the greater your ability to thwart their plans long enough to get them help so they no longer want to take this action.

Hoarding Behaviors Worsen With Age

Research has indicated that hoarding, a relatively common disorder among the elder community, gets progressively worse as a person gets older. Scientists at the University of California, San Francisco conducted a study that discovered that a whopping fifteen percent of depression-stricken older adults engaged in extreme hoarding. This number can be compared to the two to five percent of older adults without depression that engage in these extreme hoarding behaviors.

The Hoarding / Depression Connection

As they age, many elders face a dramatic decline in the quality and frequency of their social interactions. This often leaves an elder feeling lonely and separated from the outside world. As a consequence, they may begin to engage in behaviors that help them handle feelings of isolation and depression. These behaviors often revolve around the collection of everything from screws to living, breathing animals.

Hoarding and depression are similar

in that they are what the researchers at UCSF refer to as "frontally mediated." This essentially means that both disorders impact the brain in the frontal lobe area. The frontal lobes are responsible for such things as organizing and arranging.

The Dos and Don'ts of Treating Hoarding Behavior

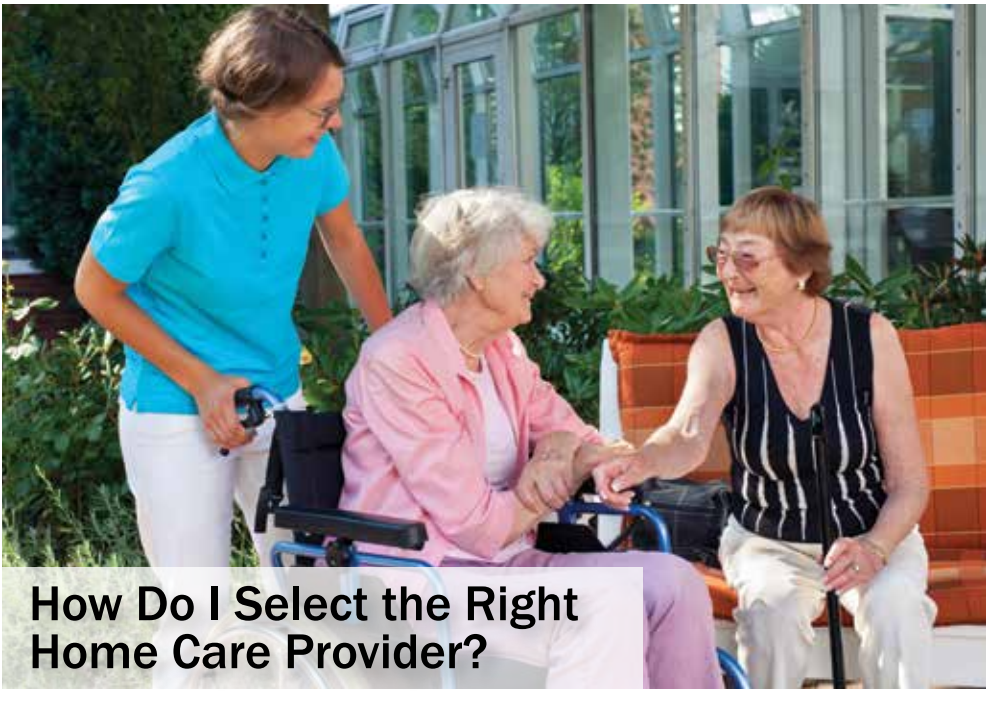
With regards to the treatment of hoarding behavior, the Boston University School of Social Work has conducted some illuminating research on how to combat the aforementioned cognitive make-up of hoarders.

The subjects of this research were 26 people, between 60 and 90 years of age, who were engaging in classic hoarding behavior. For treatment, the hoarders were assigned to social workers who endeavored to gain their trust and work with them on establishing proper sorting skills. Trust proved to be the linchpin in effective treatment of hoarding behavior. Once an elder trusted their social worker, they were more receptive to any behavioral changes proposed by the social worker.

The trust component is one major reason why a plan to enter the house or apartment of an elder who hoards and rid them of all of the extra stuff is ineffective. Even as a family member or a close friend of the elder you will find that most hoarders respond to this act with hostility and deep mistrust. The social workers in the Boston University study understood this correlation and tried to ensure that the elder felt in control of the cleaning and organization processes.

By the end of the study, the elderly hoarders were able to handle alterations to their home environments without experiencing extreme amounts of distress.

By Anne Marie Botek – agingcare.com



How Do I Select the Right Home Care Provider?

Once you acquire the names of several providers, you will want to learn more about their services and reputations. Following is a checklist of questions to ask providers and other individuals who may know about the provider's track record. Their insight will help you determine

which provider is best for you or your loved one.

- How long has this provider been serving the community?
- Does this provider supply literature explaining its services, eligibility requirements, fees, and funding sources? Many providers furnish patients with a detailed "Patient Bill of Rights" that outlines the rights and responsibilities of the providers, patients, and caregivers alike. An annual report and other educational materials also can provide helpful information about the provider.
- How does this provider select and train its employees? Does it protect its workers with written personnel policies, benefits packages, and malpractice insurance?
- Are nurses or therapists required to evaluate the patient's home care needs? If so, what does this entail? Do they consult the patient's physicians and family members?
- Does this provider include the patient and his or her family members in developing the plan of care? Are they involved in making care plan changes?
- Is the patient's course of treatment documented, detailing the specific tasks to be carried out by each professional caregiver? Does the patient and his or her family receive a copy of this plan, and do the caregivers update it as changes occur? Does this provider take time to educate family members on the care being administered to the patient?
- Does this provider assign supervisors to oversee the quality of care patients are receiving in their homes? If so, how often do these individuals make visits? Who can the patient and his or her family members call with questions or complaints? How does the agency follow up on and resolve problems?
- What are the financial procedures of this provider? Does the provider furnish written statements explaining all of the costs and payment plan options associated with home care?
- What procedures does this provider have in place to handle emergencies? Are its caregivers available 24 hours a day, seven days a week?
- How does this provider ensure patient confidentiality?

Does this provider include the patient and his or her family members in developing the plan of care? Are they involved in making care plan changes?

In addition, ask the home care provider to supply you with a list of references, such as doctors, discharge planners, patients or their family members, and community leaders who are familiar with the provider's quality of service.

Contact each reference and ask:

- Do you frequently refer clients to this provider?
- Do you have a contractual relationship with this provider? If so, do you require the provider to meet special standards for quality care?
- What sort of feedback have you gotten from patients receiving care from this provider, either on an informal basis or through a formal satisfaction survey?
- Do you know of any clients this provider has treated whose cases are similar to mine or my loved one's? If so, can you put me in touch with these individuals?

From: National Association of Home Care & Hospice