Identifying subgroups of older men and women at high risk of suicide: a latent class analysis by gender

13. Vulnerable groups

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Abstract text
Introduction

Older adults have high suicide rates. Due to the unique characteristics of suicides in this population, early detection of suicide risk is imperative for prevention. However, research to date is limited by the focus on individual risk factors, assumptions of older adults as a homogenously vulnerable group, and the lack of gender focus.

We aim to provide evidence of heterogeneity within older adults by identifying subgroups for older men and women at elevated risk of suicide.

Methods

A Latent Class Analysis (LCA) was performed on cross-sectional data from the Belgian Ageing Studies, gathered through a self-report survey. LCA forms subgroups of the population, based on similar answering patterns to indicator variables. We used subsamples of men (N=386) and women (N=517) aged 60+ at elevated risk of suicide. Indicator variables included depression, elder abuse, subjective cognitive complaints, loneliness, wish to die, suicidal thoughts and attempts. Indicator variables were selected based on theory. Their validity was confirmed through a logistic regression prior to the LCA.

Results

We found five significantly different subgroups of men at risk, and six for women at risk. While there were broad similarities between genders, we found notable differences, confirming the need for a gendered approach. Specifically the spread of the classes and the proportion of the sample within them differed between genders. Subjective cognitive complaints in particular seemed to separate high/low risk groups, as well as late/early onset suicidality for both genders. The subgroups differed significantly on other risk factors, including age, marital status, experiences of ageism and frailty characteristics.

Discussion

Findings indicate that older adults at risk of suicide are not a homogeneous group, and taking a gendered approach could provide important nuances to the fundamental understanding of late-life suicidality. Furthermore, these insights are of clinical relevance in the early identification of those at risk.