

"Younger" and "older" old adults who die by suicide: a comparison study and cluster analysis

13. Vulnerable groups

Sabrina Doering¹, *Sophie I. Liljedahl*^{1, 2}, *Sara Lindström*³, *Mark Sinyor*^{4, 5}, *Khedidja Hedna*¹, *Erik Bergqvist*^{3, 6}, *Nina Palmqvist Öberg*³, *Stefan Wiktorsson*^{1, 7}, *Anne Stefenson*⁸, *Jana Hartelius*⁶, *Åsa Westrin*^{3, 9}, *Margda Waern*^{1, 7}

¹ Department of Psychiatry and Neurochemistry, Institute of Neuroscience and Physiology, University of Gothenburg, Gothenburg, Sweden

² National Specialized Medical Care Unit for Severe Self-Harm Behaviour, Department of Psychiatry for Affective Disorders, Sahlgrenska University Hospital, Gothenburg, Sweden

³ Department of Clinical Sciences, Psychiatry, Lund University, Lund, Sweden

⁴ Department of Psychiatry, University of Toronto, ON, Canada

⁵ Department of Psychiatry, Sunnybrook Health Sciences Centre, Toronto, ON, Canada

⁶ Psychiatry Clinic, Varberg, Region Halland, Sweden

⁷ Department of Psychotic Disorders, Sahlgrenska University Hospital, Gothenburg, Sweden

⁸ National Centre for Suicide Research and Prevention, Karolinska Institute, Stockholm, Sweden

⁹ Office of Psychiatry and Habilitation, Region Skåne, Lund, Sweden

Abstract text

Background: Suicide rates among older adults are high, however there is limited research on health care interactions and characteristics in this age group. We therefore sought to examine health care contacts prior to suicide as well as clinical and suicide-specific characteristics in younger old (aged 65–74) and older old (aged 75+) adults who died by suicide, and to identify clinically relevant subgroups within each age group through cluster analysis.

Methods: Data originate from a nationwide medical record review of confirmed suicides in Sweden. Individuals aged 65+ with at least one physician contact in the year preceding suicide were included (n=277). Hierarchical agglomerative cluster analysis using Ward's method was conducted in each age group. Sociodemographic, clinical, and suicide-specific characteristics, and health care utilization in cluster groups were compared via Chi²-tests.

Results: Younger old adults had greater physician-documented psychopathology and suicidal ideation, while pain affected both age groups similarly. Two clusters emerged in each age group. Among younger old adults, one cluster was characterized by male sex and relatively low rates across all sociodemographic, clinical, and suicide-specific variables. A smaller cluster was characterized by high rates of psychopathology, suicidal ideation, and pain. Among older old adults, one cluster was characterized by high rates of pain, whereas a smaller cluster had high rates of psychopathology and suicidal ideation.

Conclusions: Comparing characteristics between younger and older old adults may be clinically less meaningful than identifying possible patterns within each age group. Cluster analysis revealed a large and elusive cluster in each age group, possibly reflecting an important but overlooked group and pointing to a gap in the detection of patient despair.