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Suicidal Risk and Associated Factors Among Elderly Psychiatric Patients

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Introduction: Suicide in older adults is a growing public health concern, especially among those receiving psychiatric care. A comprehensive understanding of the clinical, psychosocial, and personality-related determinants of suicidal risk in this population is crucial for improving early detection and targeted prevention strategies.
Objectives: This study aimed to identify the factors associated with increased suicidal risk among elderly psychiatric patients.
Methods: A cross-sectional study was conducted among patients aged ≥65 years attending psychiatric consultations. Clinical, familial, and psychosocial histories were also collected. Suicidal risk was assessed using the Ducher Suicide Risk Scale, while depression, anxiety, and impulsivity were measured using standardized scales: the Hospital Anxiety and Depression Scale – Depression subscale (HADS-D), the Hospital Anxiety and Depression Scale – Anxiety subscale (HADS-A), and the Barratt Impulsiveness Scale – 11th version (BIS-11).
Results: Seventy-three patients were included (male/female ratio = 1.08). According to the Ducher Suicide Risk Scale, 60% of patients showed varying degrees of suicidal ideation, from transient thoughts to active intent.
Univariate analysis revealed that higher suicidal risk was significantly associated with depressive symptoms (HADS-D, $p < 0.001$), anxiety (HADS-A, $p = 0.003$) and impulsivity (BIS-11, $p < 0.001$). Other significant correlates included lack of religious practice ($p = 0.03$), history of violence ($p = 0.01$) or trauma ($p = 0.001$), legal history ($p < 0.001$), family history of psychiatric disorders ($p = 0.025$), suicide attempts ($p = 0.002$), or substance use ($p = 0.017$). Personality disorders ($p < 0.001$), previous suicide attempts ($p < 0.001$), absence of regret following a prior attempt ($p = 0.001$), and current suicidal ideation ($p < 0.001$) were also strongly associated with elevated suicidal risk.
In multivariate analysis, lack of religious practice ($p = 0.029$) and depressive symptoms (HADS-D, $p = 0.018$) emerged as independent predictors of suicidal risk.
Conclusions: Among elderly psychiatric patients, depressive symptoms and absence of religious practice are the strongest independent predictors of suicidal risk. The findings highlight the multifactorial nature of suicidality in late life, emphasizing the need for integrated screening of affective, psychosocial, and existential dimensions in geriatric psychiatric care.

Disclosure of Interest: None Declared

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Benzodiazepine Addiction and Suicidal Risk in the Elderly

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Introduction: Prolonged benzodiazepine (BZD) use in elderly individuals has been associated with an increased risk of suicide.
Objectives: This study aimed to investigate the relationship between BZD addiction and suicidal risk in older adults.
Methods: A cross-sectional study was conducted among patients aged 65 years and older attending outpatient psychiatric consultations. Data collected included benzodiazepine use and detailed assessment of suicidal history. Suicidal risk was assessed using the Ducher Suicidal Risk Scale, and benzodiazepine dependence was evaluated with the Benzodiazepine Attachment Scale (ECAB).
Results: Seventy-three patients were included (male/female ratio = 1.08). Among the 51 patients who used benzodiazepines, 41 (80%) met the criteria for dependence. Nearly half of the patients (49%) reported a history of suicide attempts, with an average of 1.86 attempts (range: 1–4) and a mean interval of 24.9 years since the last episode (range: 2–43). Most attempts (58%) were described as impulsive rather than premeditated.
The most frequently reported motives were negative emotions (22%), family conflicts (19%), delusional ideas (17%), and hallucinations (11%). The most common method was intentional drug ingestion (28%), followed by strangulation (17%) and defenestration (17%); anxiolytics were involved in 60% of drug ingestions.
In 86% of cases, the act occurred when the patient was alone, most often at home (67%), predominantly during nighttime hours (20:00–04:00; 44%) and more frequently in autumn (39%). The suicidal act was mainly reactive in nature (44%).
According to the Ducher Suicide Risk Scale, 40% of patients expressed no death-related thoughts, whereas the remaining 60% presented a range from transient thoughts to active suicidal ideation.
BZD-dependent patients had significantly more frequent histories of suicide attempts ($p = 0.01$), a shorter duration between the last suicide attempt and the current evaluation ($p = 0.03$), and more frequent suicidal acts motivated by interpersonal conflicts or psychotic symptoms (delusions, hallucinations) ($p = 0.045$). They also presented suicidal ideation at the time of the interview ($p = 0.045$) and had higher scores on the Ducher scale compared to non-dependent patients ($p = 0.005$).
Conclusions: BZD addiction represents an independent risk factor for suicidality in the elderly. Systematic screening for suicidal risk iscommended in patients with chronic BZD use or dependence.

Disclosure of Interest: None Declared

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Social Isolation and Suicidal Risk Among Elderly Psychiatric Outpatients

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Introduction: Social isolation and feelings of loneliness are recognized as major contributors to suicidal behavior among the elderly.