


Prevention and Intervention in the Risk of Suicide in the Elderly [†]

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Abstract: The risk of suicide in the elderly is higher than in the general population. Therefore, we aim to provide information that supports nursing decision-making in assessing this risk. Methodologically, we conducted a literature review. We analysed nine articles that supported the model developed in the flowchart divided into three phases: anamnesis, risk analysis and nursing interventions according to weighted risk. As a consequence of COVID-19, it is believed that there is an increase in suffering and the risk of suicide, making it pertinent to disseminate information of quick consultation that supports decision-making in nursing.

Keywords: mental health nursing; suicide; workflow

1. Introduction

The elderly, compared to the general population, have an increased risk of suicide. According to the literature, COVID-19 may increase this risk due to guidelines and policies that impose social distancing and, consequently, the experience of loneliness. The pandemic exacerbated physical and psychological problems and denounced weaknesses in this population. The WHO [1] pressured the need to be attentive to this relationship, to design prevention programmes, and to expand our attention to the associated risk factors, since the confluence of risk factors for suicide and suicide attempt is increased and may have a significantly high long-term exponent.

Statistics on suicide among the elderly point to higher rates in this population than in younger people [1]; this data was confirmed by several authors [2] who emphasized ages above 70 years as the most prevalent in almost all continents.

Nurses play an important role in identifying people at risk of suicide, which is why it is important to know the complex risk factors involved in suicide in the elderly as well as the interventions to be used in its prevention, since in this age group there is greater deliberation and planning of the act. Suicide attempts are often associated with depression, psychosis, and substance abuse in younger individuals, but in the elderly, depression and medical comorbidities play important factors [3].

Some systematic reviews [3,4] have sought to identify best practice multilevel prevention strategies using the development of clinical skills in health professionals to recognize and treat depression and suicidal tendencies, institute adequate analgesia, improve the accessibility of care for people at risk and restrict access to means of suicide by betting on the literacy of the population and speaking openly about this problem.

Thus, the objectives of our study are to provide information in a systematized and quick-reference manner and to support decision-making in assessing the risk of suicide in the elderly.



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2. Material and Methods

Supported by a literature review with data collected from the Scopus and Web of Science databases, we used the PICO components (Adults \geq 60 years as the target population; any type of intervention to prevent or reduce suicidal behaviour; including behaviours of suicide, suicidal ideation or attempt), and the descriptors ‘elderly or old aged’ and ‘suicide’ and ‘prevention programs’ and ‘review’ and ‘nursing’, in a total of 9 articles. A flowchart was prepared to support decision-making in nursing within the scope of assessment of suicide risk in the elderly and nursing interventions to be developed. The search limits included English language articles and full text. Two independent reviewers extracted the data.

3. Results

The studies highlight the impact of COVID-19 on the worsening risk of suicide and mental illness [5].

Some mental health appointments and prescriptions were postponed, and others were cancelled when considered ‘non-essential’. Attendance at consultations was hampered by interruptions or the fear of the elderly to travel by public transport with advice to stay at home, and the media’s focus on emergency medical care also being another of the factors that hindered the management of psychiatric illness in the community [4].

The model developed in the flowchart is divided into three phases: the client’s anamnesis (identification of risk, precipitating and protective factors as shown in Figure 1), the risk analysis is carried out and, consequently, the interventions according to the weighted risk.

In this perspective, the flowchart guides the collection of data and the choice of instruments to support decision-making in risk analysis, systematizing the nursing intervention with a view to improving the quality of the process and the results.

In the development of the flowchart, we incorporated the contributions of the programmes analysed in the literature review [6–11], considering the phase and context of the application, which best suits the objectives we intend to achieve.

Anamnesis		
Risk factors	Protective factors	Precipitating factors
Age (\geq 75 years old); Male gender; Divorced or widowed; Conflictual relationships; Withdrawal or social isolation; Lack of social/family support; Severe illness/chronic pain; Mental illness (depression, psychosis); Substance use (alcohol or drugs); Previous suicide attempt; Verbalization of thoughts about death and the desire to die; Existence of method and suicide plan; Great impulsiveness, aggressiveness; Revelation of despair or lack of will to live; Expressions of hopelessness and pessimism; Emotional disturbance; Anxious disorder; Persistent insomnia or Permanent distress; Talking about death frequently and expressing a desire to die; Existence of suicide plan	Have support from family, friends, co-workers and significant others; Have a sense of responsibility for the family; Be able to solve problems and adapt to change; Have self-esteem and plans for the future and satisfaction with life; Have religious, cultural or moral beliefs that discourage suicide; Have access to health services.	Self-hatred due to guilt or low self-esteem; Family conflicts; Psychotic symptoms; Economic problems; Availability of means; Physical illness and/or pain impulsivity; Decreased problem-solving ability; Anxiety disorder.

Figure 1. Cont.

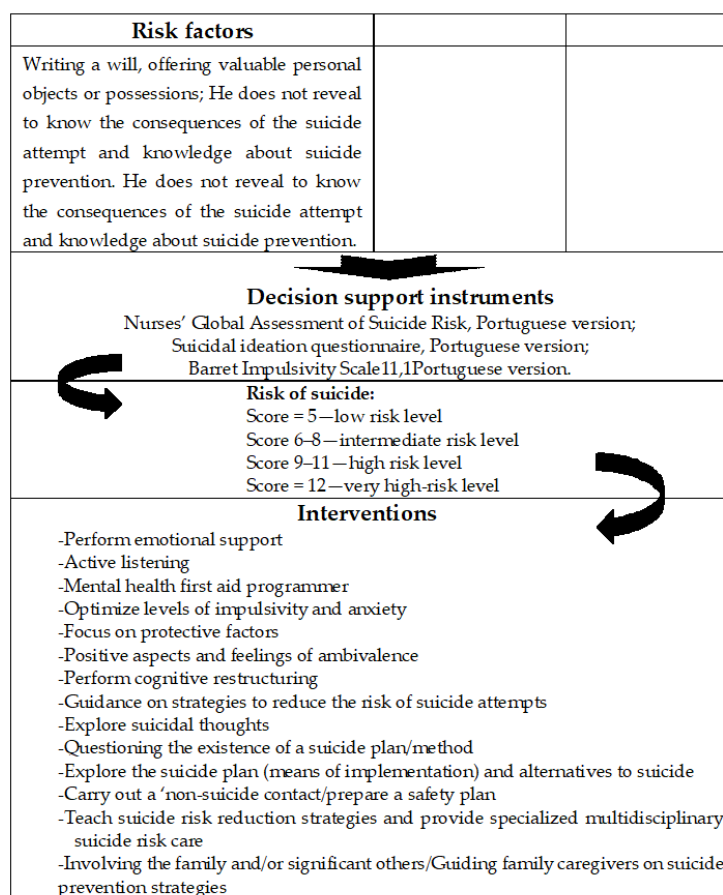


Figure 1. Suicide risk prevention and intervention flowchart.

4. Discussion

Flowcharts allow you to draw a picture of how a process works, making it easier to understand. They show how to document, plan, improve and communicate often complex processes with clear, graphical representations that everyone in the healthcare team can understand. It is beneficial for everyone involved in the clinical journey to see how the steps are connected to each other through a visual representation, making it possible to improve efficiency in care, as it provides information about the entire process, improving communication and documentation.

Most studies [3,4] were centred on the reduction of risk factors (depression screening and treatment and decreasing isolation). In fact, there is a lack of basic knowledge and training about elderly suicide among clinicians.

5. Conclusions

It is expected that the effect of the pandemic on the elderly will be reflected in new cases of mental disorders, greater intensity of symptoms, greater obstacles in accessing timely treatment and a decrease in community service responses. Furthermore, it is believed that an increase in distress, relapse and suicide risk consequently occurs [5].

The literature has been pointing to the importance of guidelines, educational material for professionals and the general public as well as the existence of professionals specialized in supporting situations of isolation. Approximately 90% of suicide cases are associated with mental illness [1], which is why it is appropriate to develop a flowchart to guide nurses in assessing the risk of suicide in the elderly when taking clients' anamnesis.

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