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# Researchers puzzled by rise in midlife suicide rate in U.S.

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Shannon Neal can instantly tell you the best night of her life: Tuesday, Dec. 23, 2003, the Hinsdale Academy debutante ball. Her father, Steven Neal, a 54-year-old political columnist for The Chicago Sun-Times, was in his tux, white gloves and tie. "My dad walked me down and took a little bow," she said, and then the two of them goofed it up on the dance floor as they laughed and laughed.

A few weeks later, her father parked his car in his garage, turned on the motor and waited until carbon monoxide filled the enclosed space and took his breath, and his life, away.

Later, his wife, Susan, would recall that he had just finished a new book, his seventh, and that "it took a lot out of him." His medication was also taking a toll, putting him in the hospital overnight with worries about his heart.

Still, those who knew him were blindsided. "If I had just 30 seconds with him now," Shannon Neal said of her father, "I would want all these answers."

Steven Neal is part of an unusually large increase in suicides among middle-aged Americans in recent years. Just why thousands of men and women have crossed the line between enduring life's burdens and surrendering to them is a painful question for their loved ones. But for officials, it is a surprising and baffling public health mystery.

## A Peril of the Middle Years

From 1999 to 2004, the suicide rate rose the most among middle-age people while decreasing for the elderly, a group that had been at a higher risk in the past.

### Suicide rate, per 100,000 people

AGE GROUP	RATE IN 1999	RATE IN 2004	PERCENTAGE CHANGE FROM 1999 TO 2004
5 to 14	0.6	0.7	+16.7%
15 to 24	10.1	10.3	+ 2
25 to 34	12.7	12.7	0
35 to 44	14.3	15.0	+ 4.9
<b>45 to 54</b>	<b>13.9</b>	<b>16.6</b>	<b>+19.4%</b>
<b>55 to 64</b>	<b>12.2</b>	<b>13.8</b>	<b>+13.1%</b>
65 to 74	13.4	12.3	- 8.2
75 to 84	18.1	16.3	- 9.9
85 and over	19.3	16.4	- 15

Source: Centers for Disease Control and Prevention

THE NEW YORK TIMES

A new five-year analysis of the nation's death rates recently released by the federal Centers for Disease Control and Prevention found that the suicide rate among 45-to-54-year-olds increased nearly 20 percent from 1999 to 2004, the latest year studied, far outpacing changes in nearly every other age group. (All figures are adjusted for population.)

For women 45 to 54, the rate leapt 31 percent. "That is certainly a break from trends of the past," said Ann Haas, the research director of the American Foundation for Suicide Prevention.

By contrast, the suicide rate for 15-to-19-year-olds increased less than 2 percent during that five-year period — and decreased among people 65 and older.

The question is why. What happened in 1999 that caused the suicide rate to suddenly rise primarily for those in midlife? For health experts, it is like discovering the wreckage of a plane crash without finding the black box that recorded flight data just before the aircraft went down.

Experts say that the poignancy of a young death and higher suicide rates among the very old in the past have drawn the vast majority of news attention and prevention resources. For example, \$82 million was devoted to youth suicide prevention programs in 2004, after the 21-year-old son of Senator Gordon Smith, Republican of Oregon, killed himself. Suicide in middle age, by comparison, is often seen as coming at the end of a long downhill slide, a problem of alcoholics and addicts, society's losers.

"There's a social-bias issue here," said Dr. Eric Caine, co-director at the Center for the Study of Prevention of Suicide at the University of Rochester Medical Center, explaining why suicide in the middle years of life had not been extensively studied before.

There is a "national support system for those under 19, and those 65 and older," Caine added, but not for people in between, even though "the bulk of the burden from suicide is in the middle years of life."

Of the more than 32,000 people who committed suicide in 2004, 14,607 were 40 to 64 years old (6,906 of those were 45 to 54); 5,198 were over 65; 2,434 were under 21 years old.

Complicating any analysis is the nature of suicide itself. It cannot be diagnosed through a simple X-ray or blood test. Official statistics include the method of suicide — a gun, for instance, or a drug overdose — but they do not say whether the victim was an addict or a first-time drug user. And although an unusual event might cause the suicide rate to spike, like in Thailand after Asia's economic collapse in 1997, suicide much more frequently punctuates a long series of troubles — mental illness, substance abuse, unemployment, failed romances.

Without a "psychological autopsy" into someone's mental health, Caine said, "we're kind of in the dark."

The lack of concrete research has given rise to all kinds of theories, including a sudden drop in the use of hormone-replacement therapy by menopausal women after health warnings in 2002, higher rates of depression among baby boomers or a simple statistical fluke.

At the moment, the prime suspect is the skyrocketing use — and abuse — of prescription drugs. During the same five-year period included in the study, there was a staggering increase in the total number of drug overdoses, both intentional and accidental, like the one that recently killed the 28-year-old actor Heath Ledger. Illicit drugs also increase risky behaviors, CDC officials point out, noting that users' rates of suicide can be 15 to 25 times as great as the general population.

Jeffrey Smith, a vigorous fisherman and hunter, began ordering prescription drugs like Ambien and Viagra over the Internet when he was in his late 40s and the prospect of growing older began to gnaw at him, said his daughter, Michelle Ray Smith, who appears on the television soap "Guiding Light." Five days before his 50th birthday, he sat in his SUV in Bloomfield Hills, Michigan, letting carbon monoxide fill his car.

Linda Cronin was 43 and working in a gym when she gulped down a lethal dose of prescription drugs in her Denver apartment in 2006, after battling eating disorders and depression for years.

Looking at the puzzling 28.8 percent rise in the suicide rate among women aged 50 to 54, Andrew Leon, a professor of biostatistics in psychiatry at Cornell, suggested that a drop in the use of hormone replacement therapy after 2002 might be implicated. It may be that without the therapy, more women fell into depression, Leon said, but he cautioned this was just speculation.

Despite the sharp rise in suicide among middle-aged women, the total number who died is still relatively small: 834 in the 50-to-54-year-old category in 2004. Over all, four of five people who commit suicide are men. (For men between 45 and 54, the five-year rate increase was 15.6 percent.)

Veterans are another vulnerable group. Some surveys show they account for one in five suicides, said Dr. Ira Katz, who oversees mental health programs at the Department of Veterans Affairs. That is why the agency joined the national toll-free suicide hot line last August.

In the last five years, Katz said, the agency has noticed that the highest suicide rates have been among middle-aged men and women. Those most affected are not returning from Iraq or Afghanistan, he said, but those who served in Vietnam or right after, when the draft ended and the all-volunteer force began. "The current generation of older people seems to be at lesser risk for depression throughout their lifetimes" than the middle-aged, he said.

That observation seems to match what Myrna Weissman, the chief of the department in Clinical-Genetic Epidemiology at New York State Psychiatric Institute, concluded was a susceptibility to depression among the affluent and healthy baby boom generation two decades ago, in a 1989 study published in *The Journal of the American Medical Association*. One possible reason she offered was the growing pressures of modern life, like the changing shape of families and more frequent moves away from friends and relatives that have frayed social support networks.

More recently, reports of a study that spanned 80 countries found that around the world, middle-aged people were unhappier than those in any other age group,

but that conclusion has been challenged by other research, which found that among Americans, middle age is the happiest time of life.

Indeed, statistics can sometimes be as confusing as they are enlightening. Shifts in how deaths are tallied make it difficult to compare rates before and after 1999, CDC officials said. Epidemiologists also emphasize that at least another five years of data on suicide are needed before any firm conclusions can be reached about a trend.

The confusion over the evidence reflects the confusion and mystery at the heart of suicide itself.

Cronin explained in a note that she had struggled with an inexplicable gloom that would leave her cowering tearfully in a closet as early as age 9. After attempting suicide before, she had checked into a residential treatment program not long before she died, but after a month, her insurance ran out. Her parents had offered to continue the payments, but her sister, Kelly Gifford, said Cronin did not want to burden them.

Gifford added, "I think she just got sick of trying to get better."

# Health Guide

## Suicide and Suicidal Behavior

Suicide is the act of deliberately taking one's own life. Suicidal behavior is any deliberate action with potentially life-threatening consequences, such as taking a drug overdose or deliberately crashing a car.

### Causes

Suicidal behaviors can accompany many emotional disturbances, including depression, bipolar disorder, and schizophrenia. More than 90% of all suicides are related to a mood disorder or other psychiatric illness.

Suicidal behaviors often occur in response to a situation that the person views as overwhelming, such as social isolation, death of a loved one, emotional trauma, serious physical illness, aging, unemployment or financial problems, guilty feelings, or dependence on alcohol or other drug.

In the U.S., suicide accounts for about 1% of all deaths each year. The elderly have the highest rate of suicide, but there has been a steady increase among adolescents. Suicide is now the third leading cause of death for 15- to 19-year-olds, after accidents and homicide.

Suicide attempts that do not result in death far outnumber completed suicides. Many unsuccessful suicide attempts are carried out in a manner that makes rescue possible. These attempts often represent a desperate cry for help

The method of suicide can be relatively nonviolent (such as poisoning or overdose) or violent (such as shooting oneself). Males are more likely to choose violent methods, which probably accounts for the fact that suicide attempts by males are more likely to be completed. Many suicides involve a firearm. This is especially true in elderly men, in which 80% of suicides are performed with a gun.

Relatives of people who seriously attempt or complete suicide often blame themselves or become extremely angry, seeing the attempt or act as selfish. However, when people are suicidal, they often mistakenly believe that they are doing their friends and relatives a favor by taking themselves out of the world. These irrational beliefs often drive their behavior.

### Symptoms

Early signs:

- [Depression](#)

- Statements or expressions of guilt feelings
- Tension or [anxiety](#)
- Nervousness
- Impulsiveness

Critical signs:

- Sudden change in behavior, especially calmness after a period of anxiety
- Giving away belongings, attempts to "get one's affairs in order"
- Direct or indirect threats to commit suicide
- Direct attempts to commit suicide

## **Treatment**

Emergency measures may be necessary after a person has attempted suicide. First aid, CPR, or mouth-to-mouth resuscitation may be required.

Hospitalization is often needed to treat the recent actions and to prevent future attempts. Psychiatric intervention is one of the most important aspects of treatment.

## **Expectations (prognosis)**

Suicide attempts and threats should always be taken seriously. About one-third of people who attempt suicide will repeat the attempt within 1 year, and about 10% of those who threaten or attempt suicide eventually do kill themselves.

Mental health care should be sought immediately. Dismissing the person's behavior as attention-seeking can have devastating consequences.

## **Complications**

Complications vary depending on the type of suicide attempt.

## **Calling Your Health Care Provider**

A person who threatens or attempts suicide **MUST** be evaluated immediately by a mental health professional. **NEVER IGNORE A SUICIDE THREAT OR ATTEMPT!**

## **Prevention**

Many people who attempt suicide talk about it before making the attempt. Sometimes, simply talking to a sympathetic, nonjudgmental listener is enough to prevent the person from attempting suicide. For this reason suicide prevention

centers have telephone "hotline" services. Again, do not ignore a suicide threat or attempted suicide.

As with any other type of emergency, it is best to immediately call the local emergency number (such as 911). Do not leave the person alone even after phone contact with an appropriate professional has been made.