

Depression and Suicide Facts among Adults

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ValueOptions





For More Information...

Please call ValueOptions
any time of day or night
toll-free: 1-866-702-9026
to talk about what help is
available for you.

Talk to your doctor.....



Other symptoms that may signal depression, but may also be signs of other serious illnesses, should be checked by a doctor, whatever the cause.

They include:

- being very tired and sluggish
- frequent headaches
- frequent stomachaches
- chronic pain

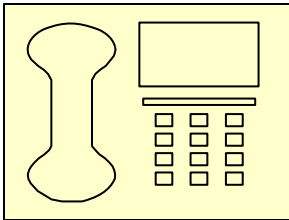
How common is suicide among adults?

In 2004, it was the eleventh leading cause of death in the U.S., accounting for 32,439 deaths. The overall rate was 10.9 suicide deaths per 100,000 people. An estimated 8 to 25 attempted suicides occur per every suicide death.

Some risk factors vary with age, gender, or ethnic group and may occur in combination or change over time.

If you are in CRISIS and need help right away:

- Go to the nearest emergency room
- Call this toll-free number, available 24 hours a day, every day: 1-800-273-TALK (8255). You will reach the National Suicide Prevention Lifeline, a service available to anyone. You may call for yourself or for someone you care about. All calls are confidential.
- Contact ValueOptions for assistance in accessing needed treatment:
toll-free: 1-866-702-9026
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What does depression feel like?

Ask yourself...

...if you feel:

- nervous
- empty
- worthless
- that you don't enjoy things you used to
- restless
- irritable
- unloved
- that life isn't worth living

...or if you are:

- sleeping more or less than usual
- eating more or less than usual

These may be symptoms of depression, a treatable illness.

What research is being done?

Research helps determine which factors can be modified to help prevent suicide and which interventions are appropriate for specific groups of people. Before being put into practice, prevention programs should be tested through research to determine their safety and effectiveness.⁸ For example, because research has shown that mental and substance-abuse disorders are major risk factors for suicide, many programs also focus on treating these disorders.

Studies showed that a type of psychotherapy called cognitive therapy reduced the rate of repeated suicide attempts by 50 percent during a year of follow-up. A previous suicide attempt is among the strongest predictors of subsequent suicide, and cognitive therapy helps suicide attempters consider alternative actions when thoughts of self-harm arise.

Since research shows that older adults and women who die by suicide are likely to have seen a primary care provider in the year before death, improving primary-care providers' ability to recognize and treat risk factors may help prevent suicide among these groups.¹² Improving outreach to men at risk is a major challenge in need of investigation.

What are the risk factors For suicide?

Research shows that risk factors for suicide include:

- depression and other mental disorders, or a substance-abuse disorder (often in combination with other mental disorders). More than 90 percent of people who die by suicide have these risk factors.
- stressful life events, in combination with other risk factors, such as depression. However, suicide and suicidal behavior are not normal responses to stress; many people have these risk factors, but are not suicidal.
- prior suicide attempt
- family history of mental disorder or substance abuse
- family history of suicide
- family violence, including physical or sexual abuse
- firearms in the home,³ the method used in more than half of suicides
- incarceration
- exposure to the suicidal behavior of others, such as family members, peers, or media figures.

Research also shows that the risk for suicide is associated with changes in brain chemicals called neurotransmitters, including serotonin. Decreased levels of serotonin have been found in people with depression, impulsive disorders, and a history of suicide attempts, and in the brains of suicide victims.

What are the treatments for depression in adults?



Antidepressant medications or psychotherapy, or a combination of the two, can be effective treatments for depression.

Are some ethnic/racial groups at higher risk of suicide?

Of every 100,000 people in each of the following ethnic/racial groups below, the following number died by suicide in 2004.

Highest rates:

- Non-Hispanic Whites – 12.9 per 100,000
- American Indian and Alaska Natives – 12.4 per 100,000

Lowest rates:

- Non-Hispanic Blacks – 5.3 per 100,000
- Asian and Pacific Islanders – 5.8 per 100,000
- Hispanics – 5.9 per 100,000



Psychotherapy

In therapy, people interact with a specially trained health professional to deal with depression, thoughts of suicide, and other problems. Research shows that certain types of psychotherapy are effective treatments for depression.

For many adults, combining psychotherapy with antidepressant medication appears to provide the most benefit. A study showed that about 80 percent of adults with depression recovered with this kind of combined treatment and had lower recurrence rates than with psychotherapy or medication alone.

Are women or men at higher risk?

Suicide was the eighth leading cause of death for males and the sixteenth leading cause of death for females in 2004.

Almost four times as many males as females die by suicide.

Firearms, suffocation, and poison are by far the most common methods of suicide, overall. However, men and women differ in the method used, as shown below.

Suicide by:	Males (%)	Females (%)
Firearms	57	32
Suffocation	23	20
Poisoning	13	38

Medications

Antidepressant medications affect brain chemicals called neurotransmitters. For example, medications called SSRIs (selective serotonin reuptake inhibitors) affect the neurotransmitter serotonin. Different medications may affect different neurotransmitters.



Some adults may find that newer antidepressant medications, including SSRIs, have fewer side effects than older medications, which include tricyclic antidepressants and monoamine oxidase inhibitors (MAOIs). However, others may find that these older medications work well for them.

Medications Cont.

It's important to be aware that there are several medications for depression, that different medications work for different people, and that it takes four to eight weeks for the medications to work. If one medication doesn't help, research shows that a different antidepressant might.

Also, adults experiencing depression for the first time should talk to their doctors about continuing medication even if their symptoms have disappeared with treatment.