

## **Does long-term economic adversity affect elderly suicide rates? A cross-national comparison**

Elderly suicide rates have been shown to be low in countries with low socioeconomic status, including those with greater income inequality and those with reduced life expectancy (Shah *et al.*, 2007). It is therefore possible in such countries that people at risk of suicide in old age do not reach the age of increased risk. Moreover, selective survival of those at reduced risk for suicide due to genetic or constitutional factors may further compound this trend. Furthermore, those who do survive may be at reduced risk of suicide in old age because they may be better able to tolerate extra hardship in old age due to exposure to life-long adversity (Seiden, 1981; Lindesay, 1991). For example, elderly African Americans and native Americans (Indians) have low suicide rates (McIntosh, 1984) and this has been attributed to a life-long history of socioeconomic deprivation (McIntosh, 1984). Therefore, we examined the relationship between elderly suicide rates and long-term measures of economic adversity, including the average annual growth rate and average annual change in the consumer price index over a long period.

Data on elderly suicide rates for men and women in the age-bands 65–74 years and 75+ years were obtained from the World Health Organization website ([www.3.who.int/whosis/mort/table1.cfm](http://www.3.who.int/whosis/mort/table1.cfm)). Data on suicide rates were collected for the latest available year and the median (range) of this latest year across the different countries was 2000 (1985–2003). Detailed methodology for ascertaining suicide rates is reported elsewhere (Shah *et al.*, 2007).

Data on the average annual growth rate for the period 1975 to 2004 ( $n = 66$ ) and the period 1990–2004 ( $n = 81$ ) and the average annual change in the consumer price index for the period 1990–2004 ( $n = 80$ ) and the period 2003–2004 ( $n = 75$ ) were ascertained from the United Nations website ([www.hdr.undp.org/hdr2006/statistics/indicators/1.html](http://www.hdr.undp.org/hdr2006/statistics/indicators/1.html)). Longitudinal data on the annual growth rate and the annual change in consumer price index were used as measures of economic adversity. Spearman's correlation coefficient ( $\rho$ ) was used to examine the relationship between elderly suicide rates and these measures of economic adversity.

There was no significant correlation between suicide rates in both sexes in both the age-band and measures of economic adversity with one exception. Suicide rates in men in the age-band 65–74 years were significantly correlated with the average annual change in the consumer price index in the period 1990–2004 ( $\rho = +0.24$ ,  $P = 0.032$ ).

The findings of this study do not support the view that long-term economic adversity reduces elderly suicide rates. There may be several explanations for

this. First, the well-known methodological difficulties in cross-national studies of elderly suicides (Shah *et al.*, 2007) may be important. Second, life-long adversity has components other than economic adversity and includes education, housing, employment, status in society and access to healthcare and social welfare. These variables were not measured in this study. Third, measures of economic adversity were only available for a relatively recent period and it is possible that exposure to economic adversity early in life may be more important. Finally, the findings may be genuine.

## References

- Lindesay, J.** (1991). Suicide in the elderly. *International Journal of Geriatric Psychiatry*, 6, 355–361.
- McIntosh, J. L.** (1984). Components of the decline in elderly suicides: suicide in young old and old old by race and sex. *Death Education*, 8, 113–124.
- Seiden, R. H.** (1981). Mellowing with age: factors affecting the non-white suicide rate. *International Journal of Aging and Human Development*, 13, 265–284.
- Shah, A. K., Bhat, R., MacKenzie, S. and Koen, C.** (2007). A cross-national study of the relationship between elderly suicide rates and life expectancy and markers of socio-economic status and healthcare. *International Psychogeriatrics*. E-published ahead of print publication.

AJIT SHAH

Institute of Philosophy, Diversity and Mental Health, Centre for Ethnicity and Health, University of Central Lancashire, Preston, U.K.

Professor of Ageing, Ethnicity and Mental Health, University of Central Lancashire, Preston, United Kingdom and Consultant Psychiatrist, West London Mental Health NHS Trust, London, United Kingdom

Email: [ajit.shah@wlmht.nhs.uk](mailto:ajit.shah@wlmht.nhs.uk)

doi:10.1017/S1041610207005686

## Depot risperidone in elderly patients: the experience of an Australian aged psychiatry service

Antipsychotic medications form the mainstay of both the acute and maintenance treatment of schizophrenia. In recent years, atypical antipsychotics like risperidone, olanzapine and clozapine have come to be preferred because of their lower incidence of extra-pyramidal, anti-cholinergic and cardiac side-effects and a possible greater efficacy in reducing negative and neuro-cognitive symptoms (Ritchie *et al.*, 2006).

Age-related pharmacokinetic changes, and higher rates of physical comorbidity and polypharmacy, make older people especially vulnerable to the adverse effects of medications. Atypical antipsychotics, with their “cleaner” side-effect