

Risk of suicidal thinking in caregivers of people with dementia should be assessed and monitored by health professionals

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Citation: Joling KJ, O'dwyer ST, Hertogh CM, van Hout HP. The occurrence and persistence of thoughts of suicide, self-harm and death in family caregivers of people with dementia: a longitudinal data analysis over 2 years. *International journal of geriatric psychiatry*. 2018 Feb;33(2):263-70.

Commentary***Implications for practice and research***

- This research provides further evidence of the importance of asking carers about their mental health and whether they experience suicidal thoughts.
- Researchers should add to this work by exploring the relationship between suicidal thinking, planning, intent, and attempts at suicide for caregivers for people living with dementia.

Context

The number of people with dementia and being cared for by family caregivers in the community is growing¹. Behavioural and psychological issues associated with dementia make the caregiver role potentially burdensome and mean some caregivers experience mental health difficulties and/or suicidal ideation². Previous research suggests 16% of caregivers supporting someone living with dementia might experience suicidal ideation, which highlights the scale of the problem and importance of this research topic³. Joling and colleagues⁴ research takes a longitudinal perspective on the subject and examines the occurrence and persistence of suicidal thoughts among caregivers for people living with dementia.

Methods

This longitudinal analysis used data from a study completed in the Netherlands during 2007-2009⁵. The original study recruited participants who provided care for someone living with dementia, but excluded any carers with anxiety and depression. The study collected baseline data and completed the Mini International Neuropsychiatric Interview (MINI)⁶ every three months for two years. Suicidal thinking was measured using the MINI⁶, but this only occurred if someone indicated possible depression and involved asking a single question about suicide.

The analysis divided the sample into three groups: those with depressive symptoms and suicidal thoughts; those with depressive symptoms, but no suicidal thought, and those without depressive symptoms and were not assessed for suicidal thoughts. Statistical analysis was undertaken to determine the baseline characteristic of the caregivers within each of these groups.

Findings

The sample of 192 participants consisted of mostly older (mean 69.5 years) female caregivers (70.3% female), who were caring for a spouse with a recent diagnosis of dementia (mean 1.1 years), and milder cognitive impairment

During the study 76(39.6%) caregivers reported depressive symptoms and were assessed for suicidal thoughts. 9(4.7%) caregivers reported suicidal thinking and 3(1.6%) experienced suicidal thinking on more than one occasion. In 7(3.6%) cases the suicidal thoughts occurred in the second year of the study. Suicidal thinking appeared related to severity of anxiety/depression symptoms, perceived levels of competence, health difficulties, less family support, and loneliness.

Commentary

This study illuminates the issue of suicidal thinking amongst caregivers for people with dementia by providing a useful longitudinal perspective of the subject. The most important findings relate to the occurrence and persistence of suicidal thinking and the rate of occurrence/recurrence for some people. The study indicates 4.7% of the total sample experienced suicidal thoughts, which is slightly lower than the 16% reported in a similar cross-sectional survey³. However, this study did not include people with pre-existing anxiety or depression and the assessment of suicidal thinking relied on one question, which was only asked of 39.6% of participants. These factors mean the current study might have underestimated the true extent of suicidal thinking within this population⁴. It is also worth remembering not everyone who experiences suicidal thinking will plan or intend to harm themselves, which means it is necessary to explore the issue more thoroughly before making firm assertions about the nature and extent of suicidality within this population^{2&4}.

Health professionals should take cognisance of the fact caregivers can experience depressive symptoms and/or suicidal thoughts when caring for someone with dementia and ensure they regularly ask about depressive symptoms and suicidal thinking as part of the routine assessment and monitoring. Further research should thoroughly explore the relationship between suicidal thinking, planning, intent, and attempts at suicide.

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Competing interests

None