



SUICIDE RATE INCREASING FOR WOMEN IN MIDDLE AGE

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“I just can’t do this anymore,” the woman whispers softly. She is lying in her hospital bed, illuminated by the glaring lights of the intensive care unit. Mrs. Jones is a woman in her late 50s. Despite her hospital gown, she is neatly groomed and appears more ready to go out with friends than sit here in this place and have this conversation with me. She looks very much like your neighbor or someone you might see sitting at a coffee shop with a table or friends. Except for the bandage wrapped around her neck. Underneath is a deep, self-inflicted stab wound.

“Just can’t do what?” I ask gently, moving my chair closer to hear her.

“Life,” she offers, giving a weak smile, giving her hand a quick, dismissive wave. She goes on to tell me of a life once filled with friends and family, two children and a handful of grandchildren, and an active circle of friends. But then, five years ago, her husband died unexpectedly and her friends, mostly married couples, slowly drifted away. “I don’t go out much anymore. The kids are busy. . . .” Her voice fades. “I just don’t see a reason to get out of bed in the morning. There is no reason.”

The story of Mrs. Jones — and those who tragically never make it to the hospital — is playing out across America as suicides have increased by an alarming 24 percent between 1999 and 2014, with the greatest increase seen in girls ages 10 to 14 and women ages 45 to 64. While the rate of suicide increased for both men and women, suicide rates among U.S. women climbed steadily over the past decade and peaked among women age 45 to 64, according to new government data. The rate for women in that age group represented a 50 percent increase over the past decade according to the [Centers for Disease Control and Prevention’s National Center for Health Statistics](#). While more men died by suicide than women in 2016, the rate of suicide for women has doubled since 2000 to six per 100,000 deaths. For middle-aged women, suicide remains among the top ten leading causes of death. This marked rise, revealed in the CDC study released by the Centers for Disease Control and Prevention, has left us scrambling to understand what could be driving this wave of suicides.

A look at the trends has led to a variety of ideas:

- **Aging Baby Boomers:** It is unclear why, but individuals identified as baby boomers have been shown to suffer from higher rates of suicide, even as early as adolescence. Some have argued it is partly cultural, with a focus on youth and abhorrence of the aging process. Others suggest it is related to growing up in the post-World War II era with advances in science and technology leading to hopes for eternal youth.
- **Social Isolation:** Having strong social contacts has long been shown to decrease one’s susceptibility to suicide. In a study of women, having strong social supports decreased risk of suicide threefold. As we disconnect from each other and rely on electronic forms of support, could this further influence feelings of social isolation or does it provide a greater sense of connection? Are we more isolated now than 20 years ago?
- **Finances:** Studying suicide trends nationwide between 1928 and 2007, rates are seen to rise with an economic downturn. Similarly a study examining the period 2005 to 2010 found

suicides to be increasingly associated with job, financial, and legal problems. As the economy begins to recover, will we see the rate of suicides begin to recede? Only time will tell.

- Access to Opioids: Some have suggested that access to and use of opiates, particularly their misuse, is associated with suicide. The rate of overdoses using opioids tripled between 2000 and 2014, as a result of both increased deaths from heroin and prescription drugs. Opioid use has been associated with suicide in women. While many of these deaths are accidental, intentional opioid overdoses are increasingly common. The dangers of opioids is compounded by the fact that chronic pain is an independent risk factor for suicide, giving people who may already be at an increased risk the access to lethal means.

This is only the tip of the iceberg, though. While there is a list of standard risk factors, ranging from age and gender to substance use history, to mental and physical health status, each suicide is unique. Also, relatively speaking, we have focused less research on suicide in women — something that it is hoped will change given the rising numbers. It has long been known that while more women attempt suicide, men are more likely to complete suicide, thought to be partly due to the use of more lethal means by men. When the focus shifts to women's suicides, certain factors emerge. A study examining the lives of a group of women aged 14 to 82 (average age of 39) found suicide to be associated with certain themes. About a third were mourning the death of a loved one and 1 in 4 had a history of sexual assault. A third of the women were experiencing issues related to motherhood, like infertility, postnatal depression, or loss of child custody. These may suggest that underlying themes leading to the emotional distress that prompts one to consider suicide may be unique for women.

For Mrs. Jones, she had a number of risk factors — bereavement, baby boomer status, social isolation. But here's the thing: there are lots of people with the exact same risk factors — and more! — who never consider taking their own life. What separates one group, those who decide to end their life, from those who do not? We do not know and desperately need more research to move us forward, to help us identify and understand these individuals at risk before they act. Some research has begun to tease apart underlying genetic factors, trying to mine the genome for clues to who may be at risk, but that work is in its infancy.

For now, the gold standard of care remains an assessment by a psychiatrist or trained mental health professional and even we are not terribly good at predicting who will go on to commit suicide.

Despite this sobering reality, there are things that can be done. If you or someone you know have had thoughts of suicide, please seek professional help. Talking to someone about suicide does not increase the risk of acting upon it; if you are worried about someone in your life, please ask her if she has been thinking about suicide and help her seek treatment. If you or your loved one is feeling unsafe, please call 911 or go to the Emergency Department. For many, thoughts of suicide are part of an untreated — or undertreated — depression. Having thoughts of suicide is actually part of the diagnostic criteria for depression. With treatment, life can once again feel like it is worth living.

Mrs. Jones was lucky. She had the opportunity to recover. With the support of her family, medication, and psychotherapy, she has regained her life.

“Sometimes even to live is an act of courage.” — Seneca

Reference: [“Suicide Rates in the United States Continue to Increase](#),” Holly Hedegaard, M.D., Sally C. Curtin, M.A., and Margaret Warner, Ph.D.

<https://womensvoicesforchange.org/cdc-reports-suicide-is-increasing-for-middle-aged-women.htm/2>