Urgent Importance of Various Suicide Prevention Measures Among The Elderly in South Korea

The Editor,

Sir,

In South Korea, there were approximately 3700 suicides in 1985 and approximately 8600 suicides in 2002 according to a special report on vital statistics from the Ministry of Health, Labour and Welfare. We have previously reported that the suicide rate was clearly related to the unemployment rate for 13 years since 1990 (1). We compared the suicide rates by age in Japan and South Korea and found that the suicide rate among the elderly in South Korea is high (2). Suicide prevention among the elderly has been implemented as one of the suicide prevention 5-year plans in South Korea (3). In this report, we compare the suicide rates among the elderly (aged 65 years or over) by gender in South Korea in 1990 and 2000 according to a special report on the vital statistics and discuss suicide prevention measures among the elderly.

In all age groups annual suicide rates among men were 10.2 in 1990 and 18.8 in 2000 (per 100 000 population) and those among women were 4.5 in 1990 and 8.3 in 2000.

In annual suicide rates among the elderly, men had rates of 23.1 in 1990 and 55.8 in 2000 (per 100 000 population) and women had rates of 9.2 and 23.6, respectively. Thus, the rates among the elderly in 2000 were more than twice those in 1990 among both genders.

In a report (3), depression among the elderly has been shown to be related to ‘physical illness’, ‘quarrels in the family’, ‘death of spouse’, and ‘low socio-economic conditions, in South Korea. Research has shown (4) that one of the causes of suicide is the ‘health and disease status’, which is strongly determined by social factors.

It is necessary to carry out various suicide prevention measures to achieve an immediate decrease in the suicide rate among the elderly in South Korea.

From: K Inoue1, T Fukunaga2, Y Fujita3, T Iida4, Y Okazaki4, Y Ono1

1Department of Public Health, Fujita Health University School of Medicine, Aichi 470-1192, Japan, 2Tokyo Medical Examiner’s Office, Tokyo Metropolitan Government, Tokyo112-0012, Japan 3Department of Internal Medicine, Division of Respiratory and Infectious Diseases, St Marianna University School of Medicine, Kanagawa 216-8511, Japan and 4Tokyo Metropolitan Matsuzawa Hospital, Tokyo 156-0057, Japan

Correspondence: Dr K Inoue, Department of Public Health, Fujita Health University School of Medicine, 1-98, Dengakugakubo, Kutsukake-cho, Toyoake, Aichi 470-1192, Japan, Fax: +81-562-93-3079, e-mail: ke-inoue@fujita-hu.ac.jp

REFERENCES
5. Correspondence: Dr K Inoue, Department of Public Health, Fujita Health University School of Medicine, 1–98, Dengakugakubo, Kutsukake-cho, Toyoake, Aichi 470-1192, Japan, Fax: +81-562-93-3079, e-mail: ke-inoue@fujita-hu.ac.jp