

Self-harm in people with dementia - Using big data to improve outcomes and inform strategies to prevent self-harm and suicide

- Researchers at UNSW Sydney have conducted a research study to better understand the relationship between dementia and self-harm.
- The project used data collected by hospitals and emergency departments in New South Wales from 2001-2015.

Recommendations for health and disability professionals

- Connect people living with dementia with psychological support, counselling, and/or support groups as soon as possible after a dementia diagnosis.
- General practitioners and other medical professionals should conduct screening for mild cognitive impairment where a person aged over 65 years begins to self-harm.
- Support people living with dementia who have self-harmed to have continuing access to mental health services.

Background

- People living with dementia have twice the rate of hospitalisations for self-harm compared to the general population,[1] but the predictors of self-harm for people living with dementia are poorly understood.
- Similarly, self-harm in older adults might be an early indicator of dementia,[2, 3] but the predictors of dementia in older people who self-harm are poorly understood.

Methods

- Using administrative data from New South Wales collected between 2001 and 2015, we identified 154,811 people aged over 40 years living with dementia, and 28,972 people aged over 40 years who self-harmed.
- We examined predictors of self-harm for people living with dementia, and predictors of dementia for people who self-harmed.
- For people living with dementia who self-harmed, we examined their hospital service use and if they had a high risk of dying.

Results

- Most self-harm episodes in people living with dementia occurred within two years of their dementia diagnosis. Similarly, most dementia diagnoses for people who self-harmed occurred within two years of their first self-harm episode.
- People around the age of 70 were most at risk of both self-harm (if they had dementia) and dementia (if they had self-harmed). Men with dementia, and those with complex psychiatric profiles, were most at risk of self-harm.
- Outpatient mental health service use increased following self-harm, and was associated with a lower rate of mortality for people living with dementia from self-harm.

Resources

- **The National Dementia Helpline:** Free call 1800 100 500 or email helpline@dementia.org.au
- **Dementia Behaviour Management Advisory Service:** 1800 699 799
- **Lifeline:** 13 11 14



The National Dementia Helpline provides support and information to all Australians impacted by all forms of dementia, in any location across Australia. The helpline provides support at every stage from pre-diagnosis onwards and is available 24 hours a day, 7 days a week, 365 days a year. Call the helpline on 1800 100 500.

For more information about this project, please contact Dr Adrian Walker (adrian.walker@unsw.edu.au) or A/Prof Simone Reppermund (s.reppermund@unsw.edu.au).

If you would like to read more about the research, visit <https://doi.org/10.1002/alz.13080>.

References

1. Mitchell R, Draper B, Harvey L, Brodaty H, Close J. The survival and characteristics of older people with and without dementia who are hospitalised following intentional self-harm. *Int J Geriatr Psychiatry*. 2017;32:892-900.
2. Draper B. Self-Harm in Late Life and Subsequent Risk of Dementia. *Am J Geriatr Psychiatry*. 2016;24:1219-20.
3. Gujral S, Butters MA, Dombrovski AY, Szanto K. Late-onset suicide: a dementia prodrome? *The American Journal of Geriatric Psychiatry*. 2021;29:709-13.