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Suicide mortality in the elderly population of the federal district, 2010 to 2019

Mortalidad por suicidio en la población mayor del distrito federal, 2010 a 2019

Mortalidade por suicídio na população idosa do distrito federal, 2010 a 2019

ABSTRACT

Objective: To characterize cases of mortality by suicide in the period 2010-2019 in old people in the Federal District. **Method:** This is a descriptive, retrospective, exploratory study with a cross section of secondary data. The sample was obtained through the availability of data from the Mortality Information System. The data were organized in an Excel spreadsheet and the analysis was performed using descriptive statistics. **Results:** It was identified the occurrence of 165 deaths by suicide among elderly people in the period. Deaths were more prevalent in men, aged 60 to 69 years, married, in people with little education and browns. Hanging, strangulation and suffocation was the most adopted method, with the home as the main place. **Conclusion:** It becomes necessary to adopt strategies so that preventive measures for suicide in the elderly are implemented by health professionals in order to mitigate new occurrences.

DESCRIPTORS: Mortality; Suicide; Aged.

RESUMEN

Objetivo: Caracterizar casos de mortalidad por suicidio en el período 2010-2019 en personas mayores en el Distrito Federal. **Método:** Se trata de un estudio exploratorio, descriptivo, retrospectivo, con un corte transversal de datos secundarios. La muestra se obtuvo mediante la disponibilidad de datos del Sistema de Información de Mortalidad. Los datos se organizaron en una hoja de cálculo Excel y el análisis se realizó mediante estadística descriptiva. **Resultados:** Se identificó la ocurrencia de 165 muertes por suicidio entre ancianos en el período. Las muertes fueron más prevalentes en hombres, de 60 a 69 años, casados, en personas con poca educación y morenos. El ahorcamiento, estrangulamiento y asfixia fue el método más adoptado, siendo el hogar el principal lugar. **Conclusión:** se hace necesario adoptar estrategias para que los profesionales de la salud implementen las medidas preventivas del suicidio en el adulto mayor con el fin de mitigar nuevos episodios.

DESCRIPTORES: Mortalidad; Suicidio; Anciano.

RESUMO

Objetivo: Caracterizar casos de mortalidade por suicídio no período de 2010-2019 em pessoas idosas no Distrito Federal. **Método:** Trata-se de um estudo descritivo, retrospectivo, exploratório com um recorte transversal de dados secundários. A amostra foi obtida por meio da disponibilização de dados do Sistema de Informação sobre Mortalidade. Os dados foram organizados em planilha do Excel e a análise se deu mediante o emprego de estatística descritiva. **Resultados:** Identificou-se a ocorrência de 165 óbitos por suicídio entre idosos no período. Os óbitos estiveram mais presentes nos homens, na faixa de idade de 60 a 69 anos, em casados, em pessoas com pouco estudo e em pardos. O enforcamento, estrangulamento e sufocação foi o modo mais adotado, tendo o domicílio como o principal local de ocorrência. **Conclusão:** Torna-se necessário adotar estratégias para que medidas preventivas ao suicídio em idosos sejam implementadas pelos profissionais de saúde de modo a mitigar novas ocorrências.

DESCRIPTORES: Mortalidade; Suicídio; Idoso.

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Lúcia de Medeiros Taveira

Universidade Paulista (UNIP), Campus Brasília, Distrito Federal, Brazil. Nursing course.

ORCID: 0000-0001-9907-2183

Ricardo Saraiva Aguiar

Universidade Paulista (UNIP), Campus Brasília, Distrito Federal, Brazil. Nursing course.

ORCID: 0000-0003-0335-2194

INTRODUCTION

Suicide is defined as an intentional act of killing oneself¹ and is present in different ages, races and social classes. It presents itself as a social phenomenon, being still a taboo due to the great emotional wound that few are able to accept and/or talk about.²

For the World Health Organization (WHO), the numbers related to suicide should not be ignored and, most likely, are higher than those available in the notifications, as there is still an evident underreporting of cases by health services and public safety agencies. Even in countries with good registry data, episodes may be classified as another type of death.³

Treated with social stigma and also with many taboos, suicide occurs all over the world and has been treated as a public health problem. According to the WHO, it is estimated that 75% of suicides occur in low-income countries.⁴

Common means such as ingesting insecticides, hanging and even using firearms are the most frequent causes of suicide. Social conflicts ranging from wars and discrimination of all forms and genders, have substantially increased suicide attempts, as well as evidenced suicide. It is also noted that mental health problems such as depression and alcohol abuse have a strong presence in higher income countries, in addition to crises that affect economic power.⁴ Furthermore, with the aging of the population, there has been an increase in suicide cases in the elderly population.⁵

In the aging process, there is the experience of highly devitalizing situations, with frequent underlying impairment of mental health, which can lead to depressive conditions that, many times, can determine the occurrence of suicidal thoughts and/or the execution of the act. It is believed that two thirds of suicides in the elderly population are related to depression.⁵⁻⁷

Population projections from the United Nations (UN) indicate that by the

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year 2050, the world number of elderly people could reach about 2,1 billion. In Brazil, the percentage of elderly people tends to increase from 12% in 2015 to 29% in 2050. Thus, this sociodemographic transition process requires public policies to ensure active and healthy aging, including addressing the prevention of suicide.⁸⁻⁹

The Ministry of Health, through Ordinance No. 1.876, of August 14th, 2006, instituted national guidelines for suicide prevention with comprehensive care actions through health promotion, prevention, treatment and recovery measures, as well as identification of determinants and conditions of suicide and/or attempts, in addition to training primary health care (PHC) professionals for adequate knowledge and management of the factors involved.¹⁰

Thus, given the evident population growth of the elderly, it is essential to recognize and prepare for the personal and collective demands related to biological, psychological and socio-environmental aspects that come with age. This subject is of great importance, as it brings up the discussion on a topic surrounded by taboos and prejudices, historically uncomfortable for society and for rulers around the world, suicide.

Given the complexity and magnitude of issues involving suicide in the elderly population, this study aims to characterize the cases of suicide mortality in the period 2010-2019 in people aged 60 years or over in the Federal District.

METHODS

This is a descriptive, retrospective, exploratory study with a cross-section of secondary data on mortality from suicide in the elderly population, by administrative region of the Federal District, in the period 2010-2019.

The sample was obtained through the availability of information by the Health Department of the Federal District (SES/DF - Secretaria de Estado da Saúde do Distrito Federal) through the Morta-

lity Information System (SIM - Sistema de Informação sobre Mortalidade). Deaths from voluntarily self-inflicted injuries were considered as suicide, according to the 10th revision of the International Classification of Diseases (ICD10), namely: X60 to X84.

The data survey was carried out by the

authors during the months of December 2020 and January 2021 from secondary data made available by the SES/DF.

Given the pre-established criteria, deaths of males or females aged 60 years or over who had committed suicide in the period from January 1st, 2010 to December 31st, 2019 were included in the

study. Deaths by suicide of people under the age of 60 years or outside the period from January 1st, 2010 to December 31st, 2019 were excluded.

165 cases of death by suicide among elderly people in the Federal District were considered. The data were organized in an Excel spreadsheet and the analysis was carried out using descriptive statistics, organizing the numerical data in tables of absolute frequency distribution and percentages.

This study met the ethical precepts of the Resolution of the National Health Council (CNS) No. 510, of April 7th, 2016. As it only used data without identification of the subjects, submission to the Research Ethics Committee (CEP - Comitê de Ética em Pesquisa) was waived.

RESULTS

In the period from 2010 to 2019, there were 165 deaths by suicide in people aged 60 years or more in the Federal District. Thus, there is a greater number of cases in the year 2018 with 27 deaths (16,4%), followed by 2019 with 25 (15,2%) and 2012 with 19 (11,5%) (Table 1).

As for the prevalence of deaths, a higher prevalence is identified in the year 2018 with 0,35%, followed by 2010 and 2012 with 0,31% (each year) and 2019 with 0,30%, as shown in Table 1 below.

Table 2 shows the distribution of deaths according to sex, age group, marital status, level of education, race/color and place of occurrence. Therefore, suicide episodes were more present in men (124 deaths - 75,2%), in people aged 60 to 69 years (95 cases - 57,6%), in married people (77 cases - 46,7%), who had 4 to 7 years of schooling (46 cases - 27,9%), were of race/color classified as brown (85 cases - 51,5%) and had as the place of occurrence of death, their home (104 cases - 63%).

Regarding the administrative region of the Federal District of residence of the elderly aged 60 years or more who died as a result of suicide, table 3 shows

Tabela 1 - Distribuição dos óbitos por suicídio e totais no período de 2010-2019 em pessoas com idade igual ou superior a 60 anos no Distrito Federal, Brasil, segundo o ano de ocorrência.

VARIÁVEL	ÓBITOS POR SUICÍDIO		ÓBITOS TOTAIS		PREVALÊNCIA	
	N	%	N	%		
Ano	2010	18	10,9	5871	8,4	0,31
	2011	10	6,1	6107	8,7	0,16
	2012	19	11,5	6212	8,9	0,31
	2013	10	6,1	6429	9,2	0,16
	2014	10	6,1	6982	10,0	0,14
	2015	15	9,1	7119	10,2	0,21
	2016	16	9,7	7214	10,3	0,22
	2017	15	9,1	1865	11,3	0,19
	2018	27	16,4	7694	11,0	0,35
	2019	25	15,2	8354	12,0	0,30
TOTAL	165	100	69847	100	0,23	

Fonte: Sistema de Informação sobre Mortalidade (2020).

Tabela 2 - Distribuição dos óbitos por suicídio no período de 2010-2019 em pessoas com idade igual ou superior a 60 anos no Distrito Federal, Brasil, segundo o sexo, faixa etária, estado civil, grau de instrução, raça/cor e local de ocorrência.

VARIÁVEL	N	%	
Sexo	Masculino	124	75,2
	Feminino	41	24,8
	Total	165	100
Faixa etária	60-69 anos	95	57,6
	70-79 anos	52	31,5
	80-89 anos	15	9,1
	90 anos ou mais	3	1,8
	Total	165	100
Estado Civil	Solteiro	33	20,0
	Casado	77	46,7
	Víúvo	18	10,9
	Separado judicialmente	34	20,6
	União consensual	3	1,8
Total	165	100	

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	8-11 anos	32	19,4
	12 ou mais	44	26,7
	Não informado	2	1,2
	Ignorado	2	1,2
	Total	165	100
Raça/Cor	Branca	75	45,5
	Preta	4	2,4
	Amarela	0	0
	Parda	85	51,5
	Indígena	1	0,6
	Total	165	100
Local de Ocorrência	Hospital	33	20,0
	Outro Estabelecimento de Saúde	2	1,2
	Domicílio	104	63,0
	Via pública	11	6,7
	Outros	15	9,1
	Total	165	100

Fonte: Sistema de Informação sobre Mortalidade (2020).

Tabela 3 - Distribuição dos óbitos por suicídio no período de 2010-2019 em pessoas com idade igual ou superior a 60 anos no Distrito Federal, Brasil, segundo a Região Administrativa de residência.

VARIÁVEL	N	%
Paranoá	1	0,6
Núcleo Bandeirante	1	0,6
Itapoã	1	0,6
Cruzeiro	2	1,2
Riacho Fundo II	2	1,2
Park Way	2	1,2
São Sebastião	3	1,8
Riacho Fundo	3	1,8
Recanto das Emas	4	2,4
Lago Norte	4	2,4
Sobradinho II	4	2,4
Brazlândia	5	3,0
Sobradinho	5	3,0
Guará	5	3,0
Santa Maria	5	3,0
Sudoeste/Octogonal	5	3,0
Gama	6	3,6
Lago Sul	6	3,6
Vicente Pires	7	4,2
Planaltina	10	6,1

the Plano Piloto with 12,7% of cases (21 deaths), followed by Águas Claras, Ceilândia and Taguatinga with 10,3% each (17 cases in each administrative region).

Regarding the causes of deaths, intentionally self-inflicted injuries by hanging, strangulation and suffocation were more prevalent with 82 deaths (49,7%), followed by intentionally self-inflicted injuries by precipitation from a high place with 19 deaths (11,5%) and by intentionally self-inflicted injuries by firearms with 12 deaths (7,3%), as shown in Table 4 below.

DISCUSSION

This study addressed mortality in the elderly in the Federal District as a result of suicide. During the period, fluctuations in mortality rates are observed. In 2010, 18 deaths were registered, but in 2018 and 2019 there were 27 and 25 deaths, respectively. This situation corroborates the literature that shows increasing suicide rates among the elderly, requiring further research and carrying out actions aimed at minimizing the occurrence of this phenomenon.¹¹

With regard to the way in which the elderly have been committing suicide, this research is in line with others that have already been carried out that identified the use of methods that are lethal and quick,¹² a fact that explains the high rates of deaths in the Federal District from intentionally self-inflicted injuries by hanging, strangulation and suffocation (82 deaths - 49,7%), intentionally self-inflicted injuries by falling from a high place (19 deaths - 11,5%) and intentionally self-inflicted injuries by firearms (12 deaths - 7,3%). Such forms of suicide are also considered more viable by the elderly, as they do not need as much effort and technique for execution.¹³

Remaining alone for a long time or feeling that they are no longer useful to society, being increasingly within an environment characterized as residential, whether at home or in Long-Term Institutions for the Elderly (ILPI - Institui-

Região Administrativa	Samambaia	12	7,3
	Taguatinga	17	10,3
	Ceilândia	17	10,3
	Águas Claras	17	10,3
	Plano Piloto	21	12,7
	Total	165	100

Fonte: Sistema de Informação sobre Mortalidade (2020).

Tabela 4 - Distribuição dos óbitos por suicídio no período de 2010-2019 em pessoas com idade igual ou superior a 60 anos no Distrito Federal, Brasil, segundo a causa.

VARIÁVEL	N	%	
Causa do Óbito	X61 - Auto-intoxicação por exposição intencional a anticonvulsivantes, sedativos, hipnóticos, antiparkinsonianos e psicóticos	7	4,2
	X62 - Auto-intoxicação por exposição intencional a narcóticos e psicodislépticos	1	0,6
	X64 - Auto-intoxicação por exposição intencional a outras drogas, medicamentos e substâncias biológicas	2	1,2
	X65 - Auto-intoxicação voluntária por álcool	1	0,6
	X68 - Auto-intoxicação por exposição intencional a pesticidas	9	5,5
	X69 - Auto-intoxicação por exposição intencional a outros produtos químicos e substâncias nocivas	5	3,0
	X70 - Lesão autoprovocada intencionalmente por enforcamento, estrangulamento e sufocação	82	49,7
	X71 - Lesão autoprovocada intencionalmente por afogamento submersão	2	1,2
	X72 - Lesão autoprovocada intencionalmente por disparo de arma de fogo	11	6,7
	X73 - Lesão autoprovocada intencionalmente por disparo de espingarda, carabina ou arma de fogo de maior calibre	1	0,6
	X74 - Lesão autoprovocada intencionalmente por disparo de outra arma de fogo e de arma de fogo não especificada	12	7,3
	X76 - Lesão autoprovocada intencionalmente pela fumaça, pelo fogo e por chamas	7	4,2
	X78 - Lesão autoprovocada intencionalmente por objeto cortante ou penetrante	3	1,8
	X79 - Lesão autoprovocada intencionalmente por objeto contundente	1	0,6
	X80 - Lesão autoprovocada intencionalmente por precipitação de um lugar elevado	19	11,5
	X84 - Lesão autoprovocada intencionalmente por meios não especificados	2	1,2
	Total	165	100

Fonte: Sistema de Informação sobre Mortalidade (2020).

ções de Longa Permanência para Idosos), are factors presented in the literature that can empower the elderly to present

suicidal ideation or even commit suicide within their own home environment.¹⁴

Even today, it is common to obser-

ve the lack of studies among the elderly who committed suicide. Part of the elderly analyzed in this research were born in the 60s or before that, a time when it was very common for men and women to work in family homes or farms, not having the time or financial condition to take care of their own health or their personal education, which resulted, over the years, in the accumulation of comorbidities and chronic non-communicable diseases, and later in the cancellation of them from the labor market and for their families, when they had.¹⁴ Such information corroborates the results of this research, which identified little educational instruction among the elderly who committed self-extermination.

Educational instruction was formerly a benefit to few. Due to this, hard and arduous working conditions and working hours were experienced by the general population in search of self-support and that of their families, which caused physical and emotional exhaustion, disability and disposition.¹⁴

The male gender, as shown in this research, was the most affected by suicide (124 deaths - 75,2%). Because it is considered an autonomous, imposing, virile, strong and courageous figure and who does not show pain or resistance to efforts, it can lead these men to self-destructive thoughts when this is discarded or canceled by their employers or their family. Thus, gender is considered a vulnerability factor, corroborating other studies carried out.^{12,15}

Another common and relevant factor in the prevalence of suicide in the elderly is the loss of a partner or marital problems.⁵ In 77 of the cases (46,7%), the presence of marriage was noted. Another study carried out in 2020 corroborated this result when it brought reports that part of the elderly, when they are married, especially when they discover a disease, sometimes try to call their partner's attention, to be seen and listened to in order to share of your problem, which is not always recognized or understood. Such feelings can awaken in them despair

and fear of what might happen and even more of the dependence on someone else to provide care in old age. Thus, marriage also includes one of the vulnerability factors for the increase of self-extermination in elderly people.¹⁵⁻¹⁶

Regarding the place with the highest occurrence of deaths, it is noted that they are present, in greater percentage, in the administrative region of the Plano Piloto (12,7%) in the Federal District. This administrative region has a population with greater purchasing power, which highlights the fact that financial situations may not always be related to happiness.¹⁶

Other studies brought reports of this same issue, where it is notorious that, even in financially successful families and having all the comfort possible for old age, some of the elderly feel alone and affectively needy, printing comments and feelings about lack of love on the part of children and other family members, in addition to physical and verbal abuse, starting to feel like victims in a scenario that was supposed to be nurturing.¹⁴⁻¹⁶

It is noteworthy that, although the administrative region of the Plano Piloto has a portion of vulnerability to suicide in the elderly, it is not a predominant factor, considering that regions such as Águas Claras, which is considered as housing for people classified as medium/high income and Taguatinga and Ceilândia, considered low and middle class housing, have the same percentage of deaths (10,3%), corresponding to 17 deaths per administrative region. In this case, the predominant factor may be in the contact with the family itself and not necessarily in the administrative region of residence of the elderly person or even due to the difficulty in accessing local health services.¹⁶

Speeches and expressions of feelings of sadness by the elderly who committed suicide, most of the time, are not taken seriously, which leads to family discussions, with the verbalization of thoughtless words that culminate in self-destructive thoughts carried out within the home by the elderly person.^{14,16}

Topics such as suicide are already widely debated. However, as there is no notification of attempted self-extermination, the complexity of this matter may not be properly addressed, which makes it impossible to plan and implement strategies that minimize the occurrence of this phenomenon. Statistics have highlighted the elderly profile, which can be explained by the lack of individualized and personalized care for this audience. It is extremely important that, especially the Basic Health Units (UBS) are able and have professionals trained to identify and welcome individuals who express thoughts or have self-destructive intentions.¹⁷

Regarding the place with the highest occurrence of deaths, it is noted that they are present, in greater percentage, in the administrative region of the Plano Piloto (12,7%) in the Federal District.

The entire health team, as well as the family that provides care to the elderly person, must be aware of possible factors that may contribute to the attempt and/or occurrence of suicide. The discovery of an incurable disease or even the terminal stage of some comorbidity can give the

elderly a feeling of fear and incompetence with their own life. In these cases, daily counseling, work activities to occupy the mind and divert unusual thoughts are necessary.¹⁷

Avoiding the ease of suicide for the elderly should be a group-thought issue. It is noteworthy that the team activity is what will guarantee him the recovery of mental health, avoiding complications and injuries through a safe and effective health promotion, that is, guiding not only the user, but also those around him, either in their home, leisure or occupational environment. Preventing controlled medications, firearms and pesticides such as insecticides and pesticides from coming under their control in times of depressive crises and mental disturbances is essential to avoid such an accident.¹⁷⁻¹⁸

Thus, the declines in suicide cases in the years 2011, 2013 and 2014 in the Federal District may be related to measures implemented and adopted by health and the media regarding the topic. However, the increase may be associated with the fact that such practices fall into disuse when suicide rates go down,^{7,10} which explains a considerable increase from 2015 to 2017 and an excessive increase in the years 2018 (27 deaths), the largest of all years, and 2019 (25 deaths).

Thus, it is evident that this failure needs to be revised so that, increasingly, health professionals and public policies have an emphasis on promoting the mental health of the elderly in order to avoid suicide attempts and the outcome, which is death.¹⁷⁻¹⁹ Talking about suicide becomes relevant and current, configuring it as a public health problem that requires greater attention and creation of strategies to reduce its incidence. Ordinances, recommendations and laws are created, but integrated actions are needed in the different socio-psychic spheres that involve the entire society.²⁰

Therefore, it is socially relevant to investigate factors related to suicide in

the elderly in order to prevent its occurrence and promote the well-being of the elderly because in these situations the dignity of the human being is at stake, aimed at the quality of life of those involved. From the point of view of progress and the functions of social and health institutions, it is important to create conditions that promote human beings regardless of their age, social status, gender and profession.²¹⁻²²

CONCLUSION

The results of this study revealed the occurrence of 165 deaths by suicide among elderly people in the Federal District in the period, with a higher prevalence in the year 2018. In addition, it was more present in men, in people aged 60 to 69 years, in married, in people with little education and in browns. Injuries intentionally self-inflicted by hanging, strangulation and suffocation were more prevalent, followed

by intentionally self-inflicted injuries by precipitation from a high place.

Thus, it is necessary to adopt strategies so that preventive measures against suicide in the elderly are implemented by health professionals to mitigate new occurrences. This research contributed towards pointing out the panorama of mortality from suicide in the elderly in the Federal District in order to contribute to decision-making for public policies on this topic due to the negative impact of this issue. ■

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