

HOST: Last week NCHS released the latest trend report on suicide rates in the nation. Joining us today is Holly Hedegaard, the lead author of this new report.

Holly, so what do the latest final numbers tell us?

HOLLY HEDEGAARD: Well the report that was just released from the National Center for Health Statistics looked at suicide rates over the last 20 years and what we saw was that from 1999 through 2018 there's been a steady increase in the suicide rate – it increased about 35% over that time period. But what's interesting is that in 2019 the rate is lower than it was in 2018 and that's the first significant drop in suicide rates we've seen in the past 20 years. While that's an encouraging sign, I think it's important to remember that a single year drop doesn't necessarily say that's a meaningful change in the overall trend is just that within a single year we saw a decrease in the suicide rates in 2019 compared to 2018

HOST: Youth suicide in particular is a major concern. What do the trends show among young people?

HOLLY HEDEGAARD: So for young people suicide rates are actually lower than for other age groups - so that's a good thing that the rates are lower - but what's concerning is that these are the age groups where we've seen quite a bit of an increase in the suicide rates in recent years. And so for example for girls who are age 10 to 14, their rates have increased about four-fold in the past 20 years, but their rates are still among the lowest of all the age and sex groups. Rates have also increased for boys and for young men but not to the same extent as for girls. And so again, for both boys and girls and for age 10 to 14 and ages 15 to 24, the rates are low but they are increasing - and I think that's the reason of concern about suicide rates in young people.

HOST: What groups have the highest suicide rates in the country?

HOLLY HEDEGAARD: This report focuses on rates by sex and by age group, so the report looks at those particular characteristics, and the suicide rates are highest for men age 75 and older and that's been true for a long period of time so the highest rates among men aged 75 and older. For females the highest rates are for women ages 45 to 64 so it's more of the middle-aged female when you look for high suicide rates among females.

HOST: There aren't full-year data available yet for 2020, but mental health professionals worry that the stress and isolation from the pandemic will result in a spike in suicide rates. Do you have any insight at all about 2020 at this point?

HOLLY HEDEGAARD: As you mentioned, we don't have any of the final data for 2020 yet so we can't give a definitive answer but NCHS has been generating from provisional estimates to try to get a sense of what has been happening during 2020. And NCHS has posted some provisional estimates for the first quarter of 2020 - which it goes through March of 2020 – and as of the beginning of last year the rate, the suicide rate, was slightly higher than the rate during the comparable time period in 2019. So a slight increase in the first quarter. NCHS has been developing some additional modeling techniques to look at the trends in a variety of different types of deaths including drug overdose, suicide, and transportation related deaths during the early months of 2020, and based on that modeling technique the predicted weekly numbers of suicide deaths early 2020 were similar to historic levels, and then declined a little bit between March and June, and then again was pretty much no different than historic levels from July

through October. So based on these model estimates, that suggested there hasn't really been a spike in suicide mortality, at least in the first half of 2020. But it's important to recognize that these are modeled estimates - these are not final numbers, they aren't the final rates - and we'll continue to be refining and confirming these estimates as NCHS receives more data for the deaths that occurred in 2020. So as of now, we don't have anything that looks like there's been a huge increase in suicide during 2020 but that's again based on modeled estimates.

HOST: Your report looks at the different mechanisms used in suicides in the U.S. What do those numbers tell us?

HOLLY HEDEGAARD: The means of suicide varies by males compared to females, and for males about little over half of the suicides involve use of a firearm and about 28% involve hanging or suffocation... A much smaller proportion involved poisoning or other means. We've seen a slight increase in the rates for firearm-related suicides among men over the past 20 years but where there's been a rather large increase has been in the rate for suicide by hanging or suffocation. That rate among men has doubled over the last 20 years. The picture for women is a little bit different. From about 2001 through 2015, poisoning was the leading means of suicide among women. But interestingly in the last few years, since about 2016, we've actually seen a decline in the rate of suicide by poisoning among women and an increase in the rate of suicides that involve firearms or suffocation. And so in the most recent years, the rates of suicide by firearm and by suffocation are slightly higher than the rate of suicide by poisoning. The rate of suicide by suffocation among females has actually tripled in the past 20 years.

HOST: Now by poisoning are you referring to drug overdoses?

HOLLY HEDEGAARD: No, poisoning is actually a broader terminology that includes drug poisoning, but it also includes other types of poisons like carbon monoxide or chemicals or a variety of other things that sometimes people ingest or take. But they aren't drugs there are used for other purposes.

HOST: So your data then show that drug overdoses are really not a significant method used in suicides?

HOLLY HEDEGAARD: It's different – again, as I mentioned - for men or for women. For men, only about 5% of suicide actually involve a drug overdose. For women, it's about 27% of their suicides involve a drug overdose. So they're not the, drug overdoses are not the leading means of suicide for either men or women. For both men and women, rates of firearm-related suicide or suicide by hanging and suffocation are higher than the rates of suicide by drug overdose.

HOST: This report doesn't look at geographical differences but what areas of the country are having a tougher time with this problem?

HOLLY HEDEGAARD: So the higher suicide rates are found in the Rocky Mountain states such as Wyoming, Montana, New Mexico, Colorado, Utah, as well as Alaska. So these are states that have historically been high and they continue to remain high. In the most current years or recent years, we've seen increase in the rates in some of the other states in the Midwest and in the New England states, up in Maine and Vermont and New Hampshire. They aren't the highest rates but they are increasing, so it's important to sort of recognize that there are states in addition to the Rocky Mountain stage that also are seeing higher suicide rates.

HOST: The National Health Interview Survey issued two new reports, on Tuesday and Wednesday of this week. On Tuesday, NCHS teamed with the VA on a report that examined multiple chronic conditions among veterans and non-veterans. Based on data from the 2015-2018 NHIS, the study authors found that about one-half of male veterans and over one-third of female veterans had two or more chronic conditions, compared with less than one-fourth of male nonveterans and less than one-fifth of female nonveterans. Hypertension and arthritis were the most prevalent chronic conditions among all veterans age 25 and over. Diabetes was also prevalent among male veterans ages 25 to 64 and asthma was also prevalent among female veterans in this age group. Cancer was also prevalent among all veterans age 65 and older.

On Wednesday, NCHS released another study looking at health care utilization among those afflicted with inflammatory bowel disease, or IBD. The study used NHIS data and found that adults with IBD were more likely than those without IBD to have visited any doctor or mental health provider in the past year, and were also more likely to have been prescribed medication or to have received acute care services such as ER visits, overnight hospital stays, or surgeries.

On Thursday, NCHS released a third study - on dietary supplement use among American adults age 20 and over. The report used data from the 2017-2018 National Health and Nutrition Examination Survey, and found that over half of adults used a dietary supplement in the past month – nearly two-thirds 2/3 of women and just over half of men. Eight out of ten women age 60 and over used dietary supplements, and older Americans are more likely to use more than one dietary supplement. The most common dietary supplement used was multivitamin-mineral supplements. Vitamin D and omega-3 fatty acid supplements were also commonly used.

Finally, today NCHS is releasing the latest quarterly provisional data on birth rates in the United States, through the third quarter of 2020, showing that fertility rates in the country continued to drop compared to the same point in 2019. Teen birth rates and pre-term rates also declined in Quarter 3 of 2020 compared with Quarter 3 of 2019, while cesarean delivery rates increased over this period.