



Pathology/Biology Section - 2015

H127 Epidemiology of Suicide in Denver

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The goal of this presentation is to provide data of epidemiologic significance regarding suicides in Denver, CO.

This presentation will impact the forensic science community by providing valuable information concerning an up-to-date and detailed analysis of suicide deaths in a large United States jurisdiction over a 14-year period.

This presentation consists of a retrospective analysis of all deaths categorized with a manner of suicide which occurred in the city and county of Denver, CO, from January 1, 2000, through April 8, 2014. Suicide is defined as death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Suicide is the second-leading cause of death among children, teenagers, and young adults in Colorado, second only to motor vehicle traffic-related accidents. It is the leading cause of death by injury for Coloradoans ages 35-74 years old (Colorado Violent Death Reporting System, 2007). Colorado has one of the highest suicide rates in the country. Of note, the suicide rate in Denver is approximately equal to the overall state rate.

It is believed this is the first epidemiologic presentation of data for suicide deaths in Denver. With investigator assistance, an in-house database query was performed for all deaths categorized as suicidal in manner, resulting in a total of 1,293 cases collected. The data from cases was compiled into a spreadsheet. Suicide deaths were analyzed given categories available within the database, allowing for comparison of age, race, gender, marital status, method used, possible contribution of ethanol and/or other substances, settings, and time of day of the incident. In this presentation, an in-depth discussion about age distribution is included within each method of suicide, providing a comparison of method of suicide and how the method may have varied over the time period examined. How method varies with race is also discussed. Suicide deaths revealed an upward trend, noting that 2012 had a total of 109 deaths categorized as suicide, the highest number of suicides from 2003-2012. In this presentation, how a person may have one or more risk factors that would put him or her at increased risk for completing a suicide is explored. In 2009, the Denver Office of the Medical Examiner/Coroner became more aggressive in tracking these risk factors. The deaths were recorded in a way that could be better analyzed for identifiable trends to include risk over time. Potential points for further research will be discussed.

This presentation will supply valuable information to the forensic community as it provides an up-to-date and detailed analysis of suicide deaths in a large United States urban population over a significant period of time. This presentation will provide data for further comparison within any notable trends in the upcoming years, and hopefully generate discussion among forensic professionals as to how the city and county of Denver compares to other large urban populations and nationwide statistics.

Suicide, Epidemiology, Urban