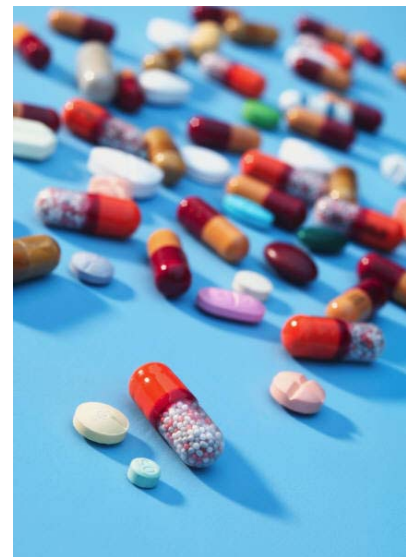


Suicides and Suicide Attempts in Kentucky, 2001-2012



Kentucky Injury Prevention and Research Center

Suicide and Suicide Attempts in Kentucky, 2001-2012

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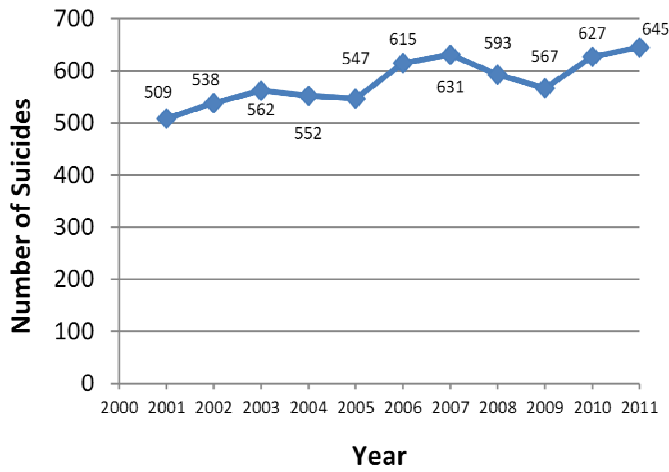
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Executive Summary

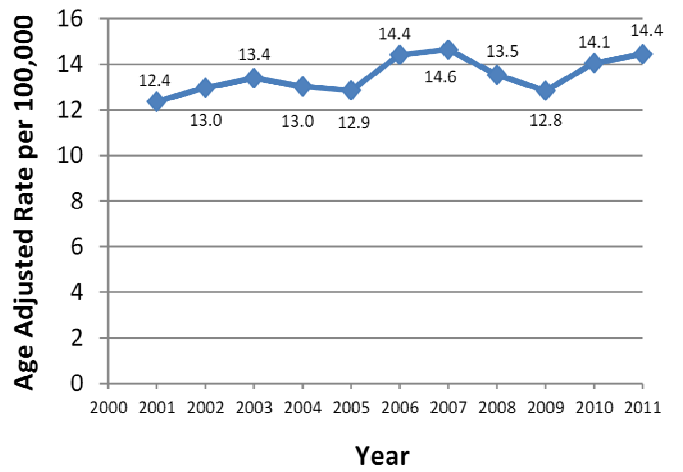
1. There were 645 suicides among Kentucky residents in the year 2011, up 3% from the 627 recorded in the year 2010.
2. The Kentucky resident age-adjusted suicide rate increased from 14.1 per 100,000 population in 2010 to 14.4 per 100,000 population in 2011, a 2% increase.
3. Firearms were the primary means of completed suicide from 2001 to 2011.
4. Kentucky residents aged 45-54 were the age group that completed suicide most frequently in 2011.
5. The age-adjusted rate for Kentucky self-harm-related hospitalizations decreased 4.8% from 2011 to 2012 (56.5 hospitalizations per 100,000 population in 2011 to 53.9 hospitalizations in 2012).
6. Kentucky females were the gender most often hospitalized for self-harm and most were due to poisonings, over the study period from 2001 to 2012.
7. Kentucky self-harm hospitalization charges totaled \$47.7 million in the year 2012.
8. The age adjusted rate for Kentucky self-harm related emergency department visits was 73.4 visits per 100,000 population in 2012.
9. Kentucky females visited the emergency department for self-related harm more often than males from 2008 to 2012.
10. Kentucky residents aged 15-24 were the age group that most frequently visited the Kentucky emergency departments related to self-harm from 2008 to 2012, with a 2012 crude rate of 182.2 ED visits per 100,000 population.
11. Kentucky self-harm related emergency department visit charges totaled \$8.31 million in the year 2012.
12. The highest number of Kentucky emergency department visits for self-harm were due to poisonings from 2008-2012.

Suicide 2001-2011

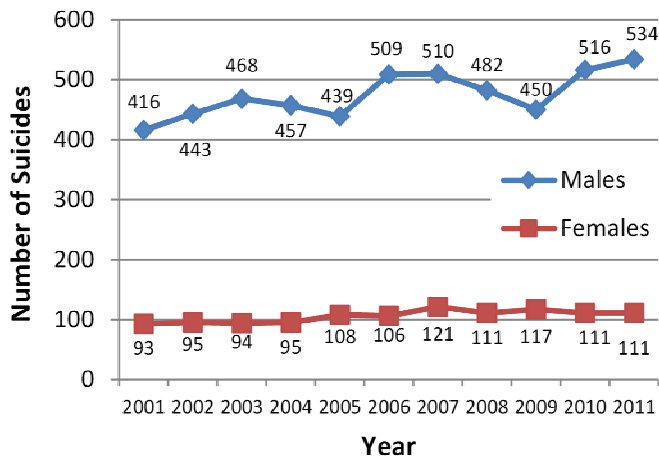
Deaths By Suicide



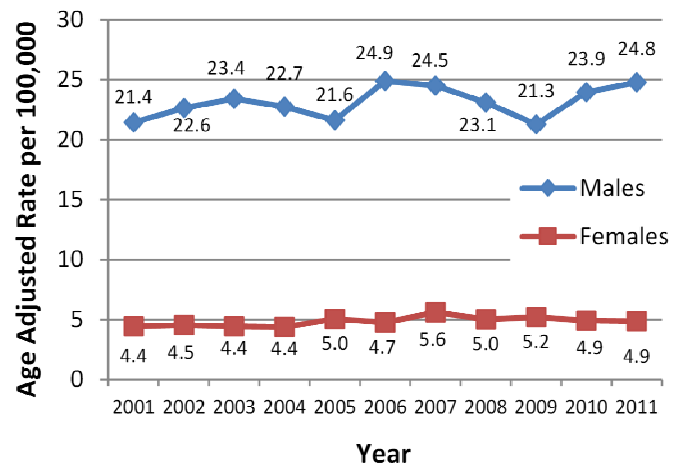
Age-Adjusted Rate for Suicides



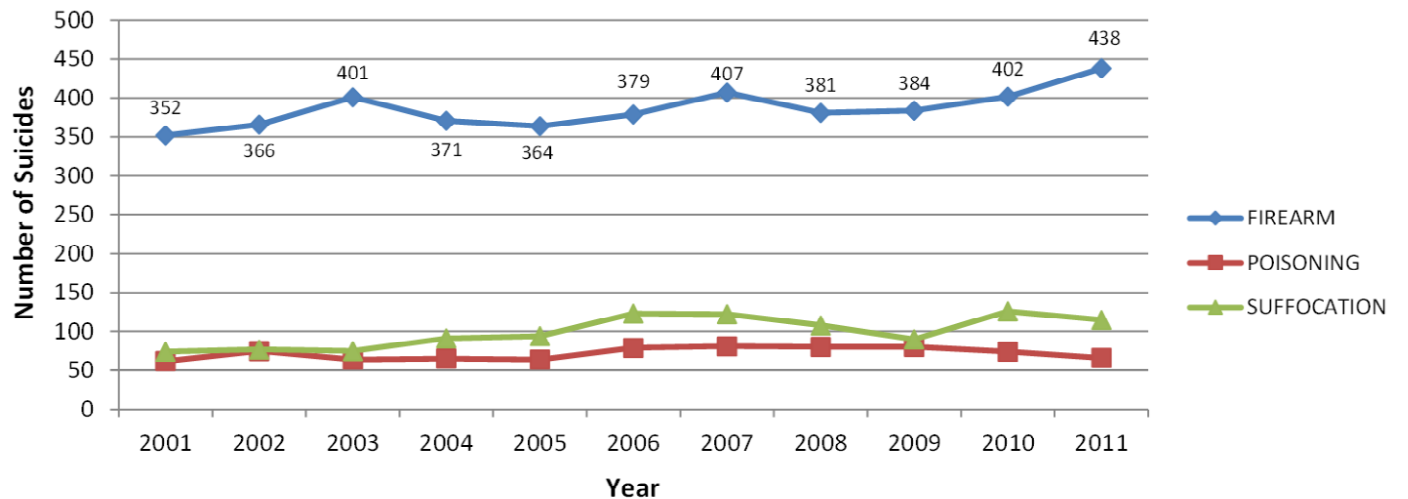
Suicides by Gender



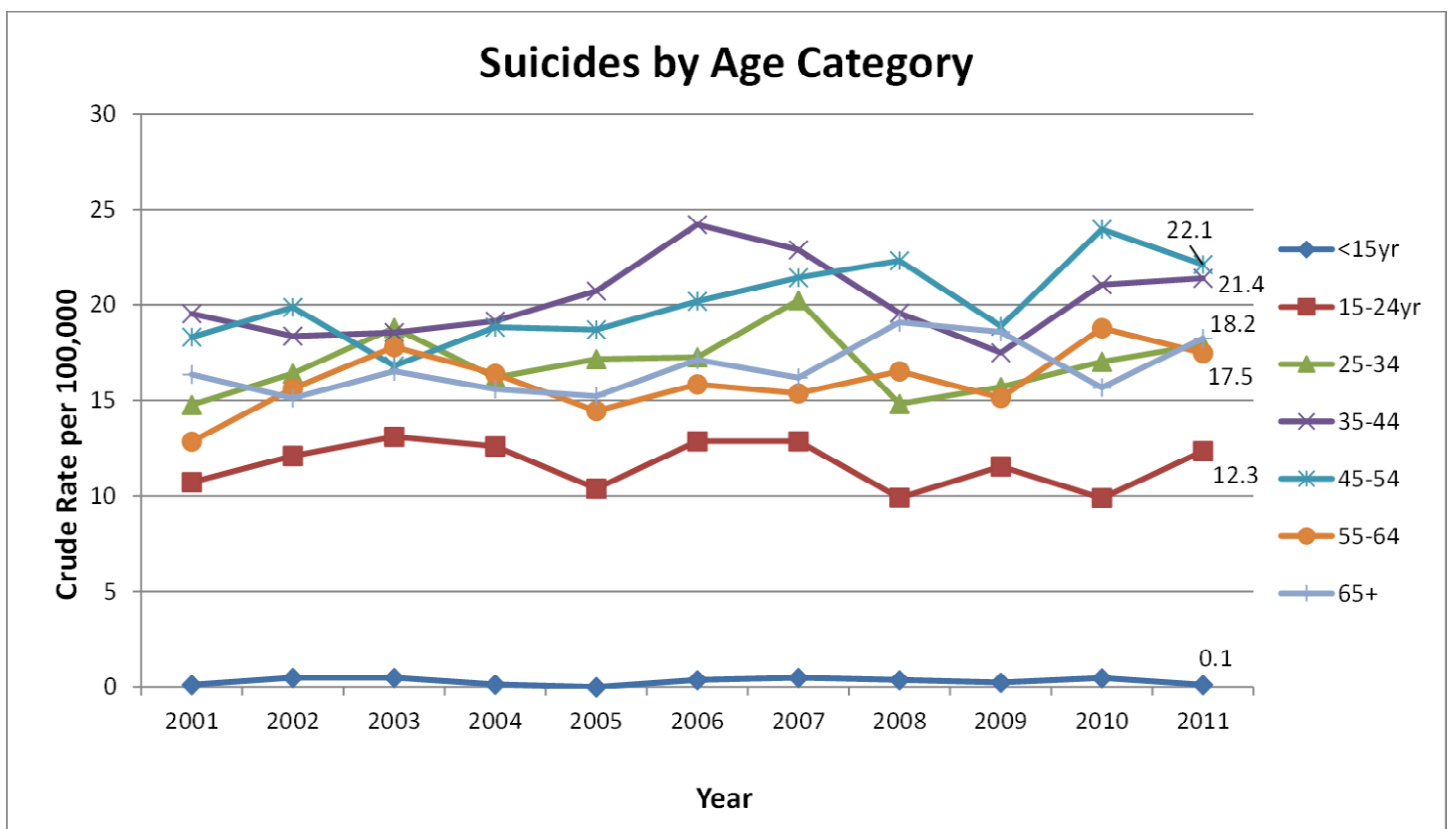
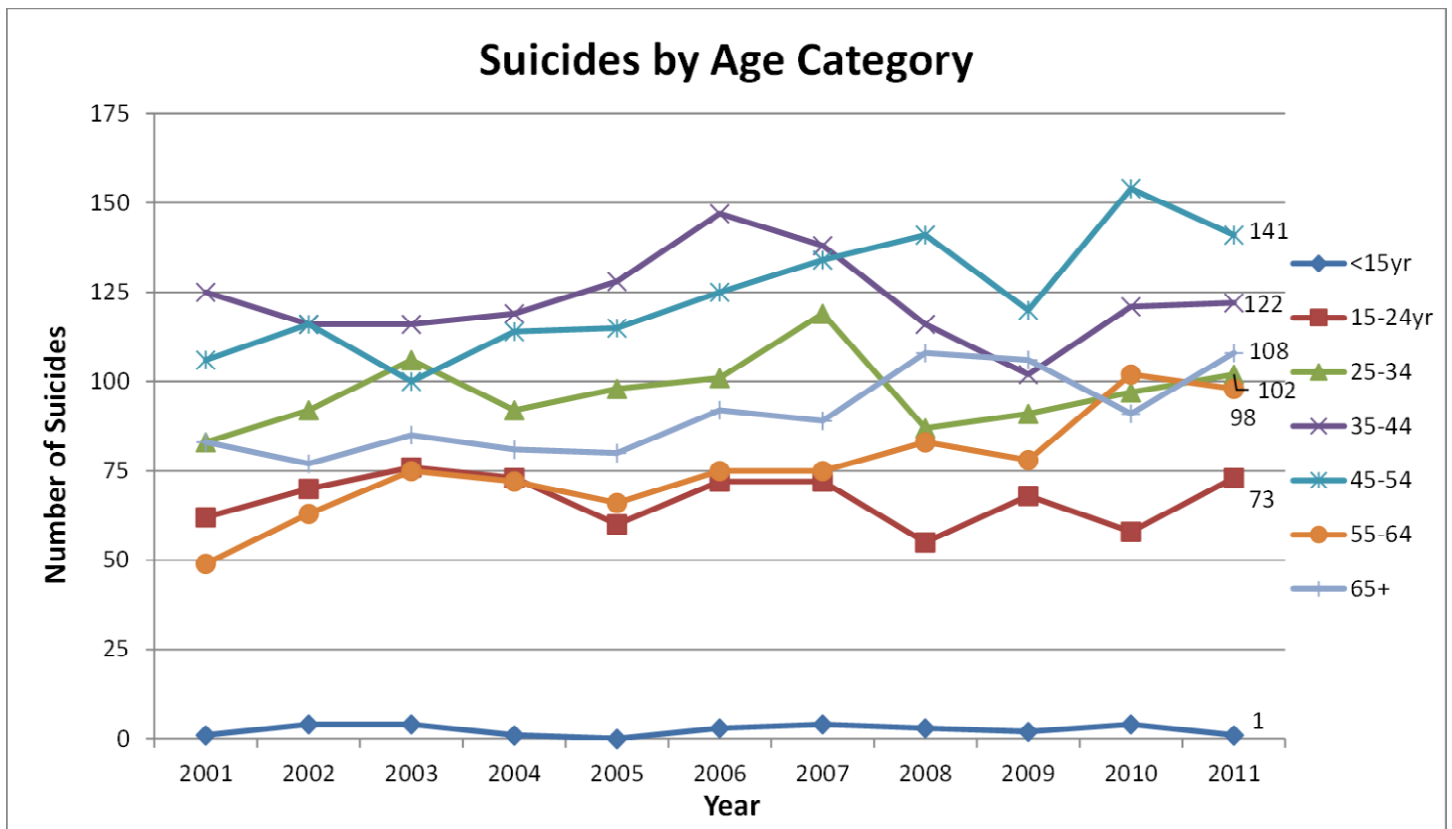
Age-Adjusted Rate by Gender



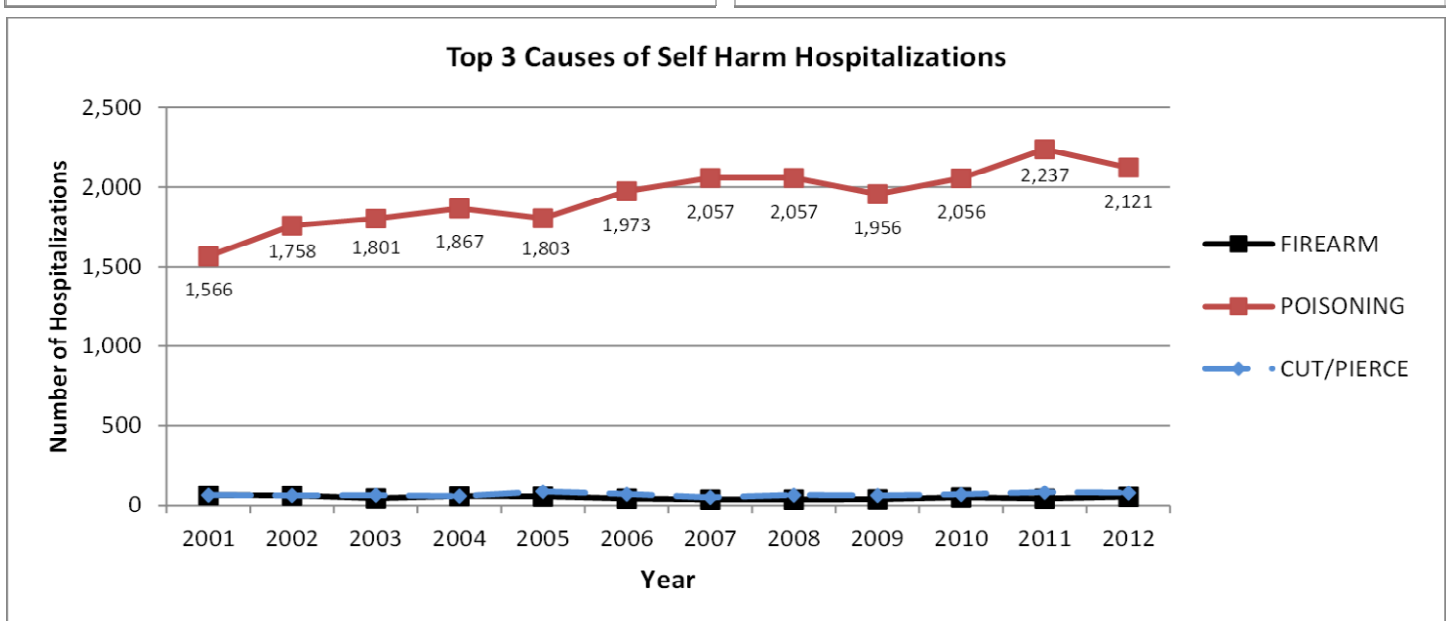
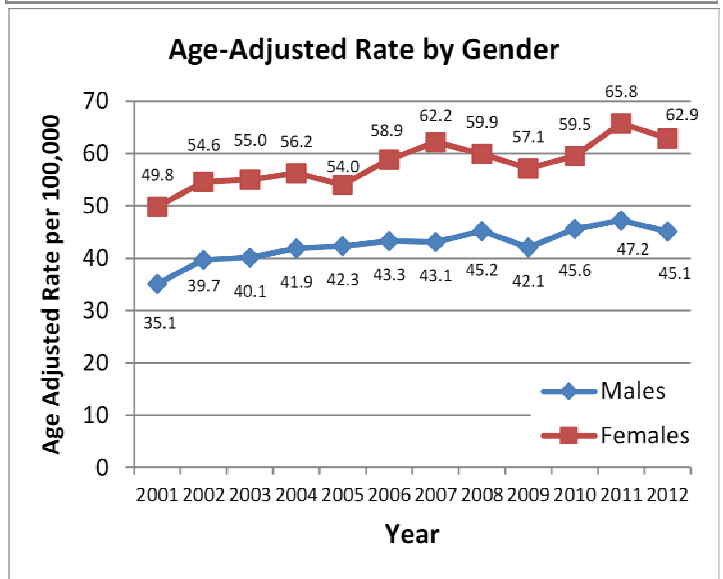
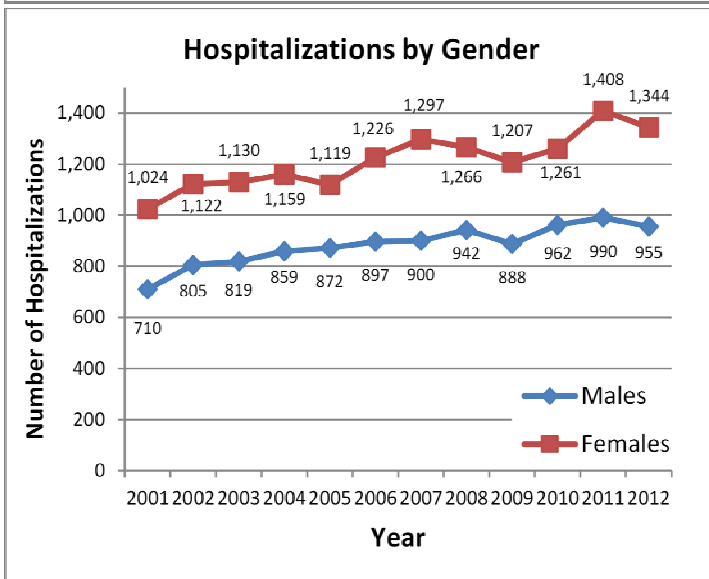
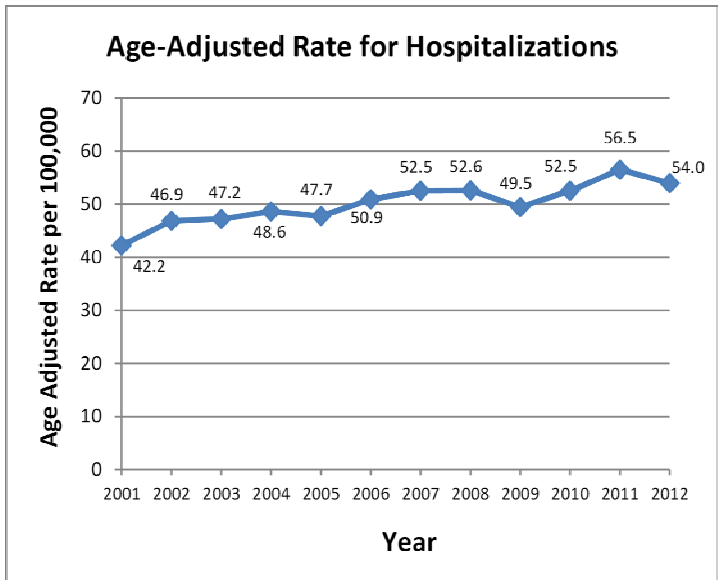
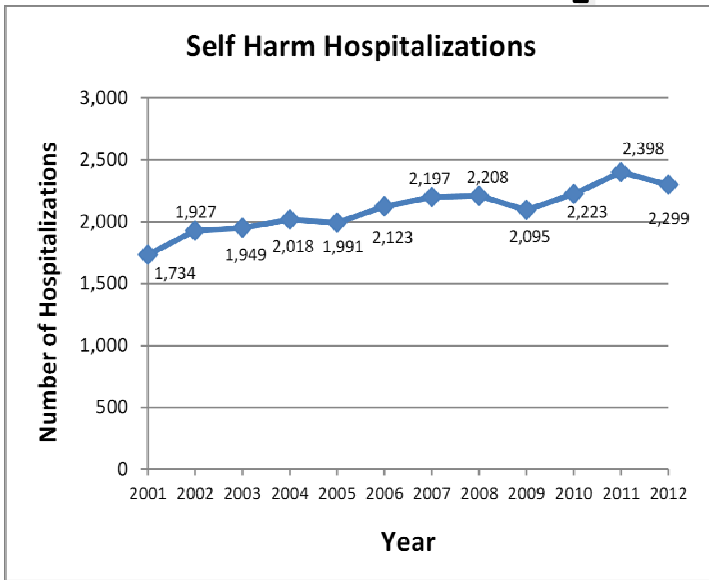
Top 3 Causes of Suicide



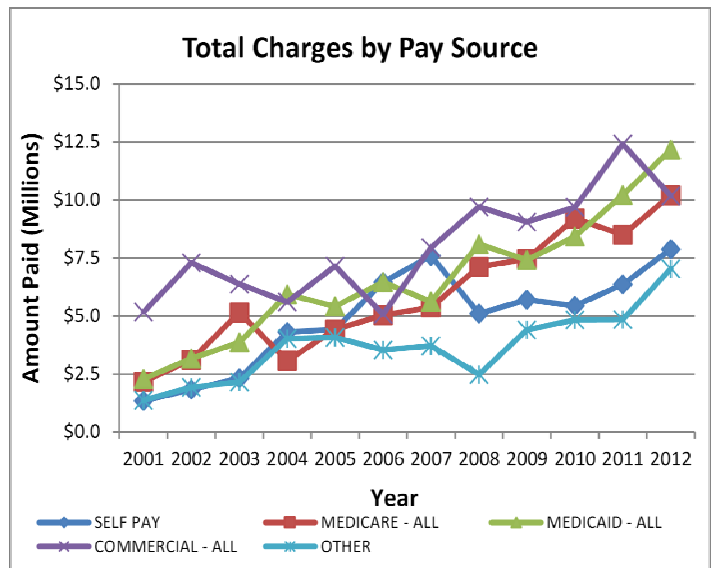
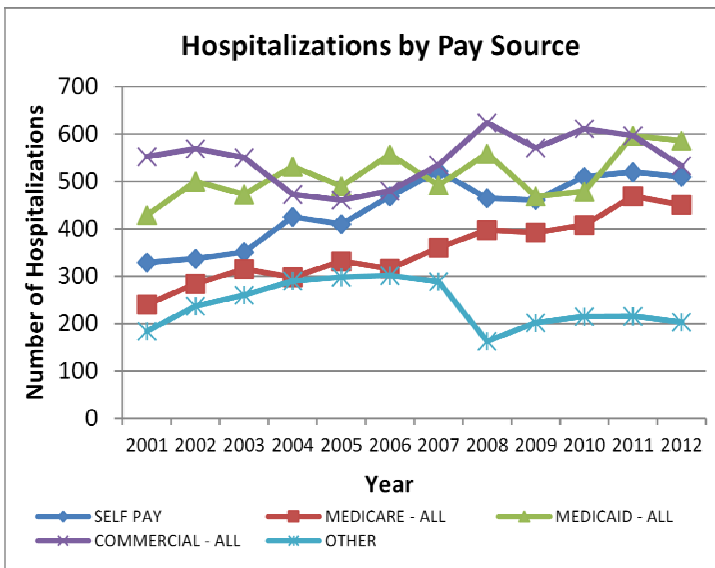
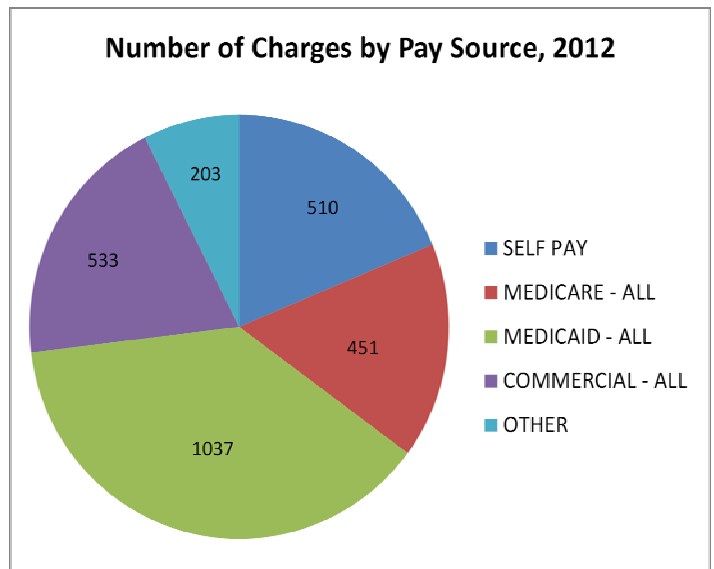
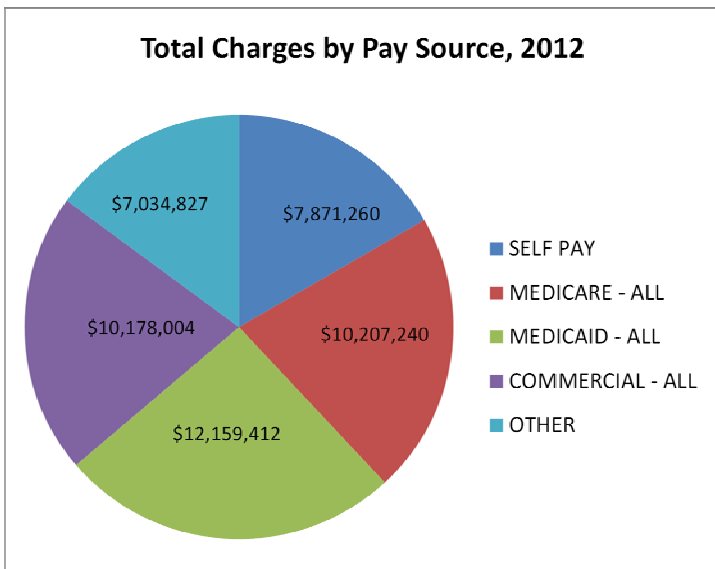
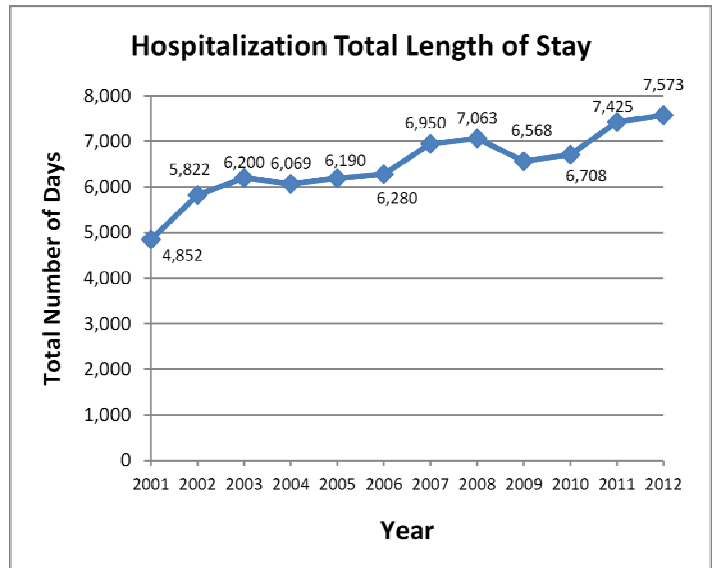
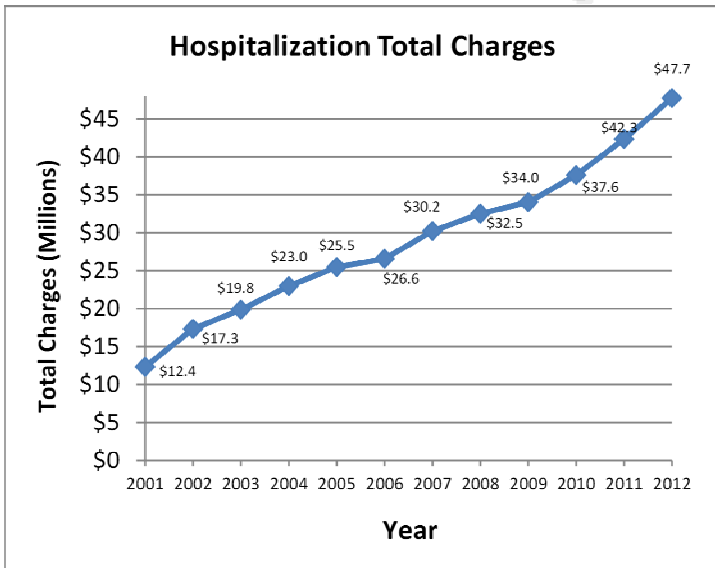
Suicide 2001-2011



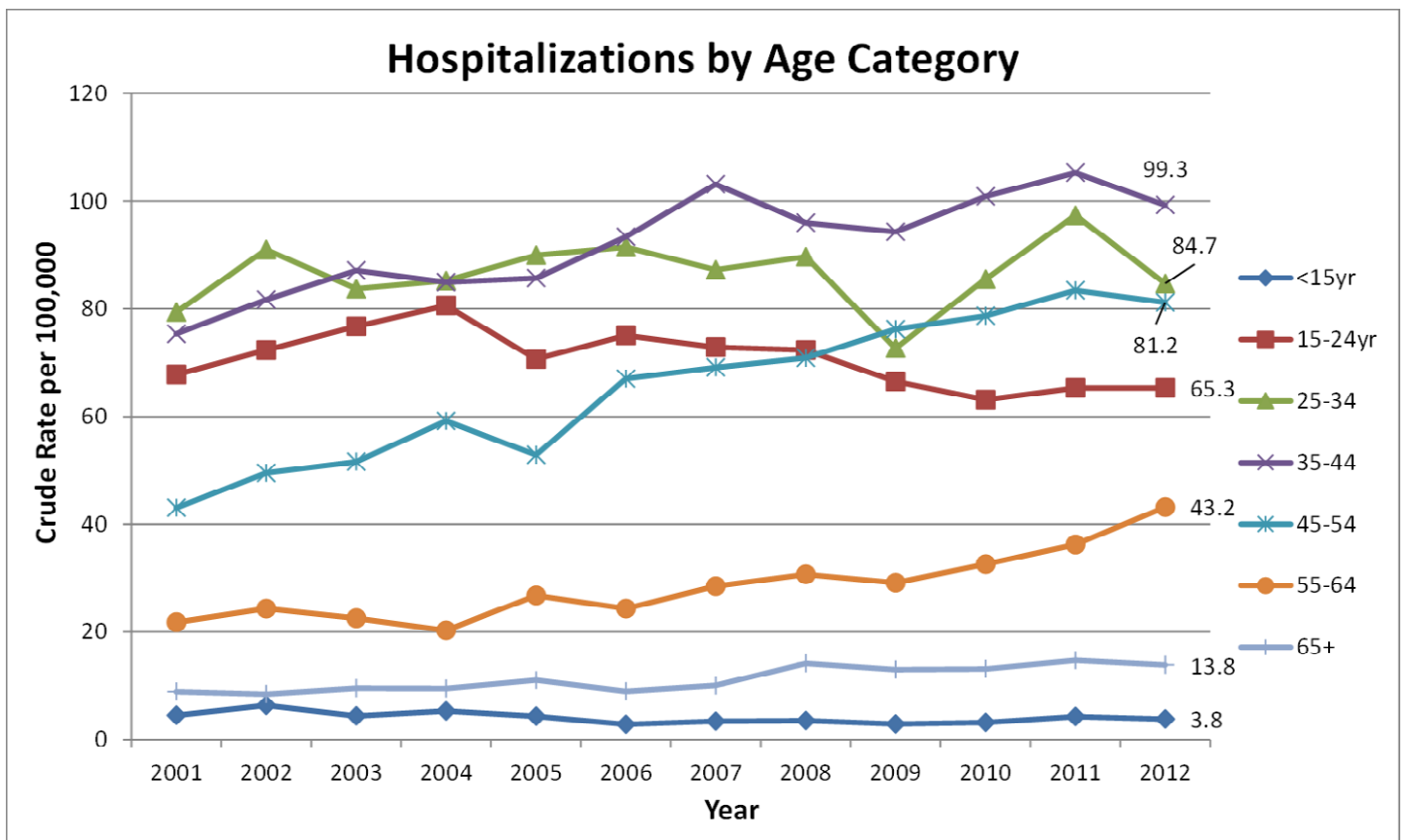
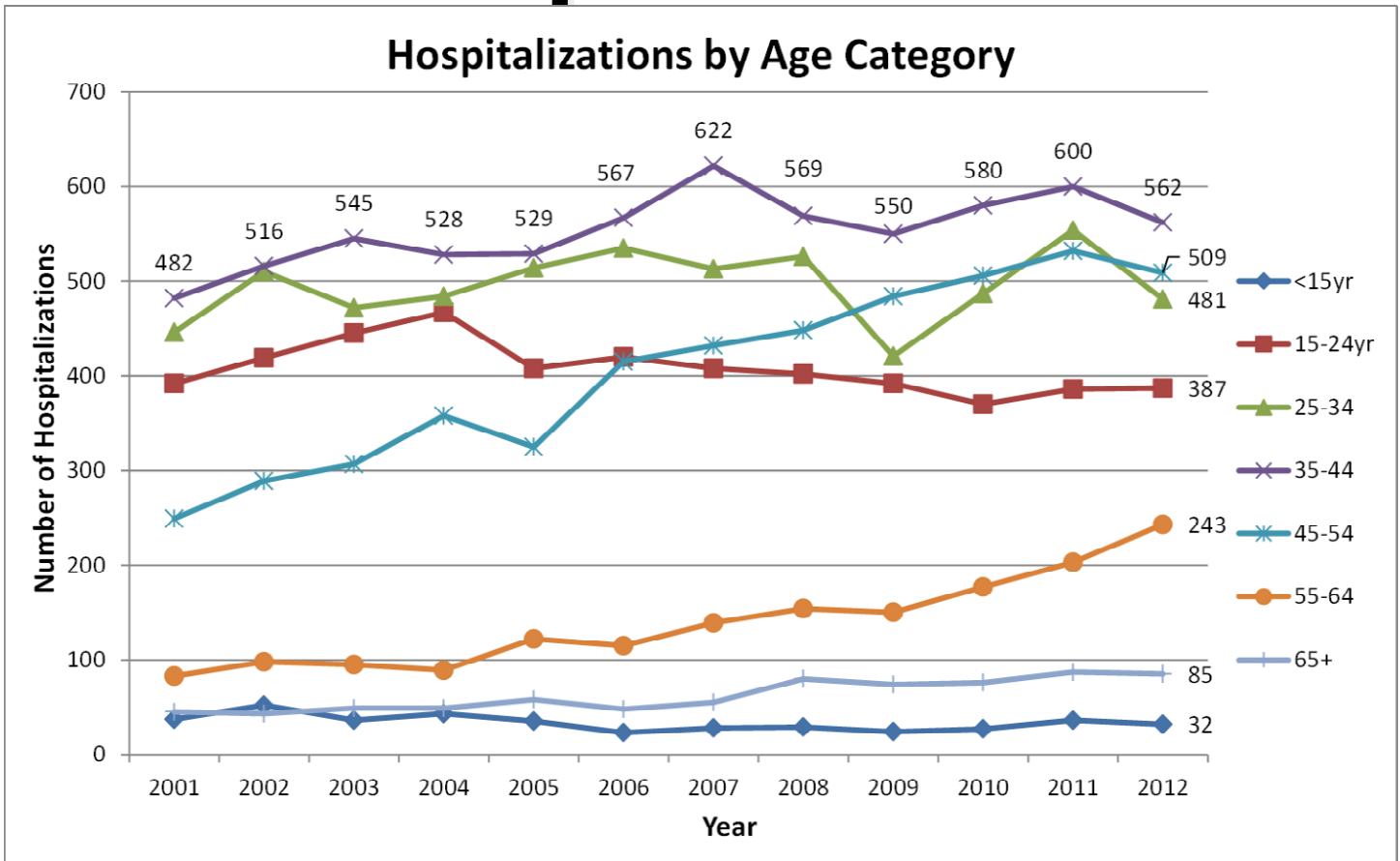
Self-Harm Hospitalizations 2001-2012



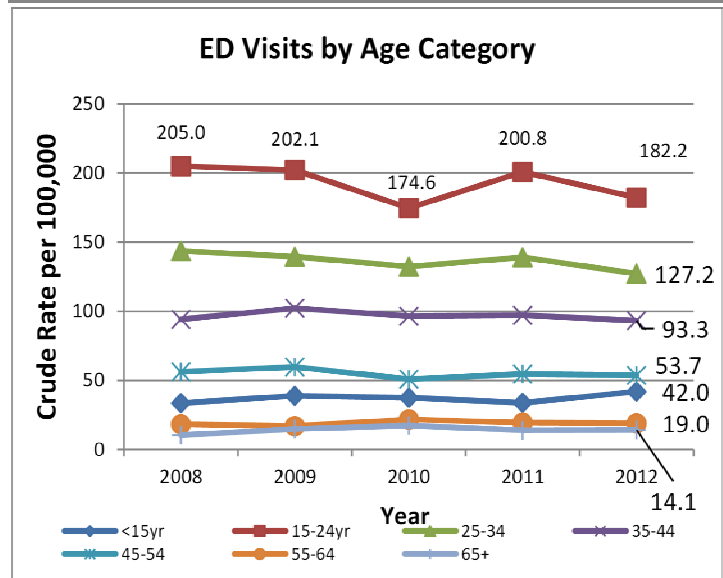
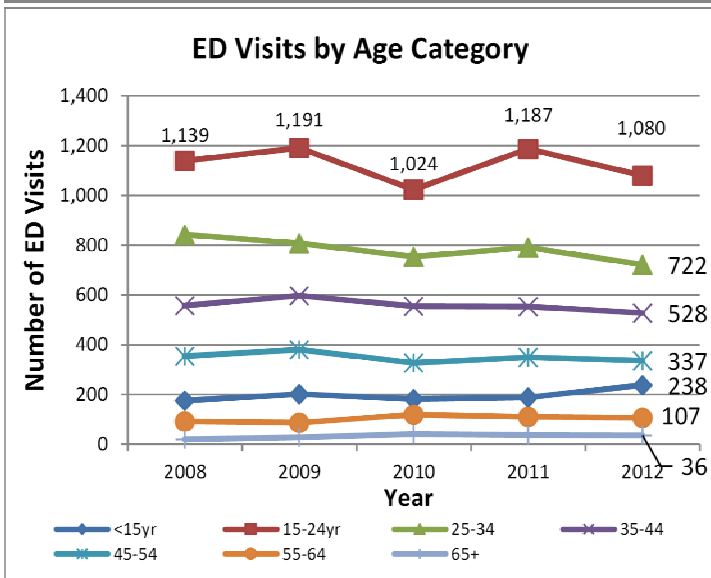
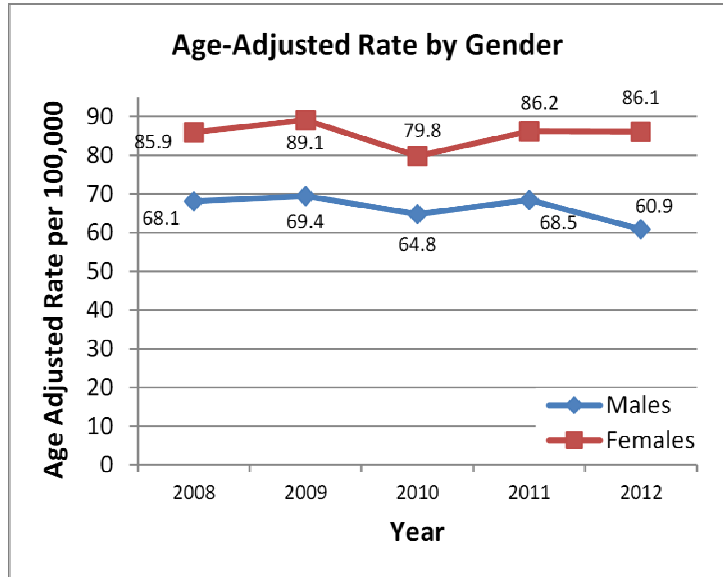
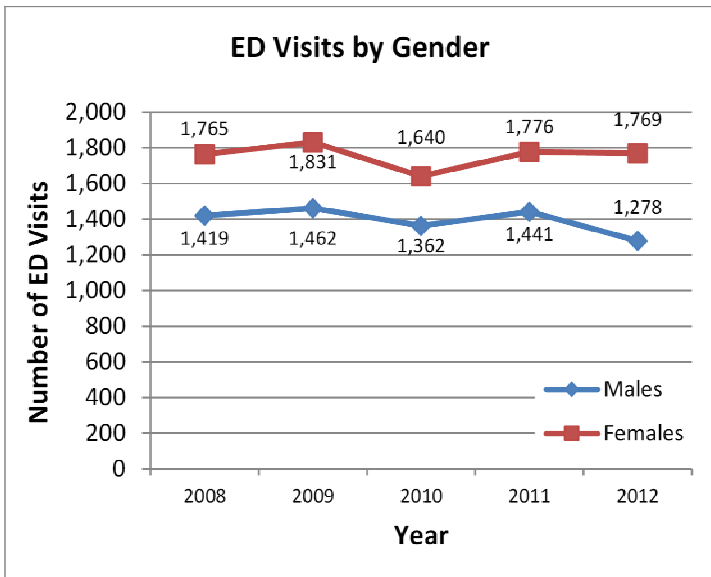
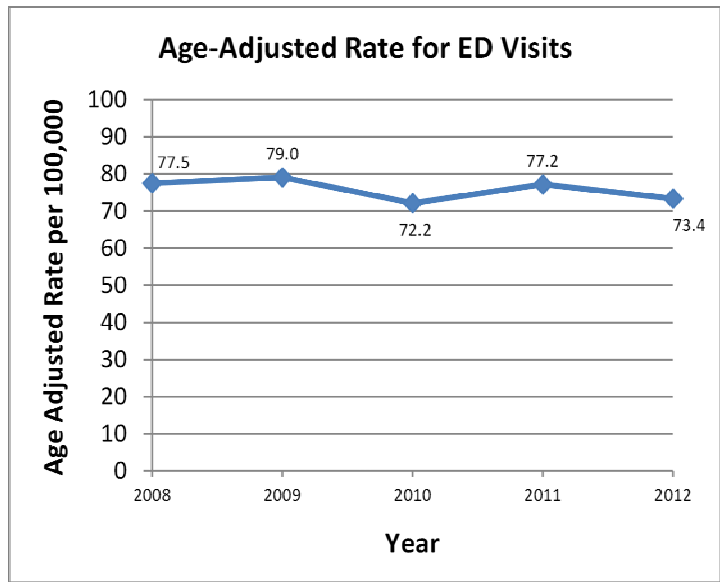
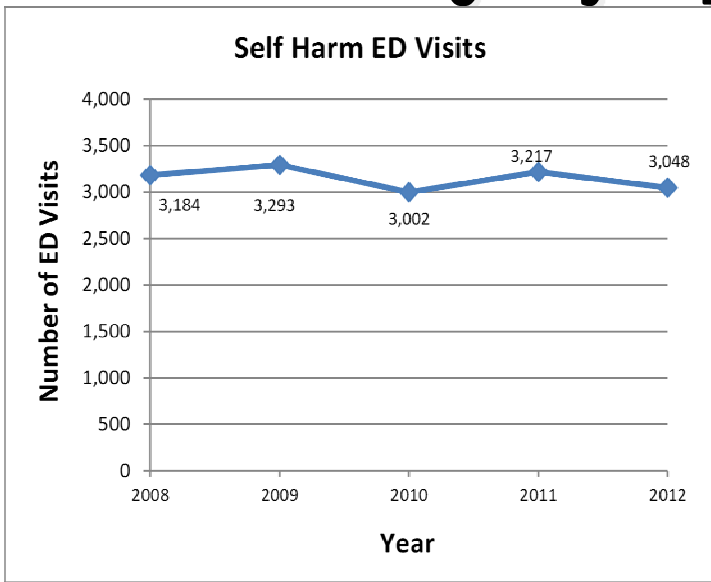
Self-Harm Hospitalizations 2001-2012



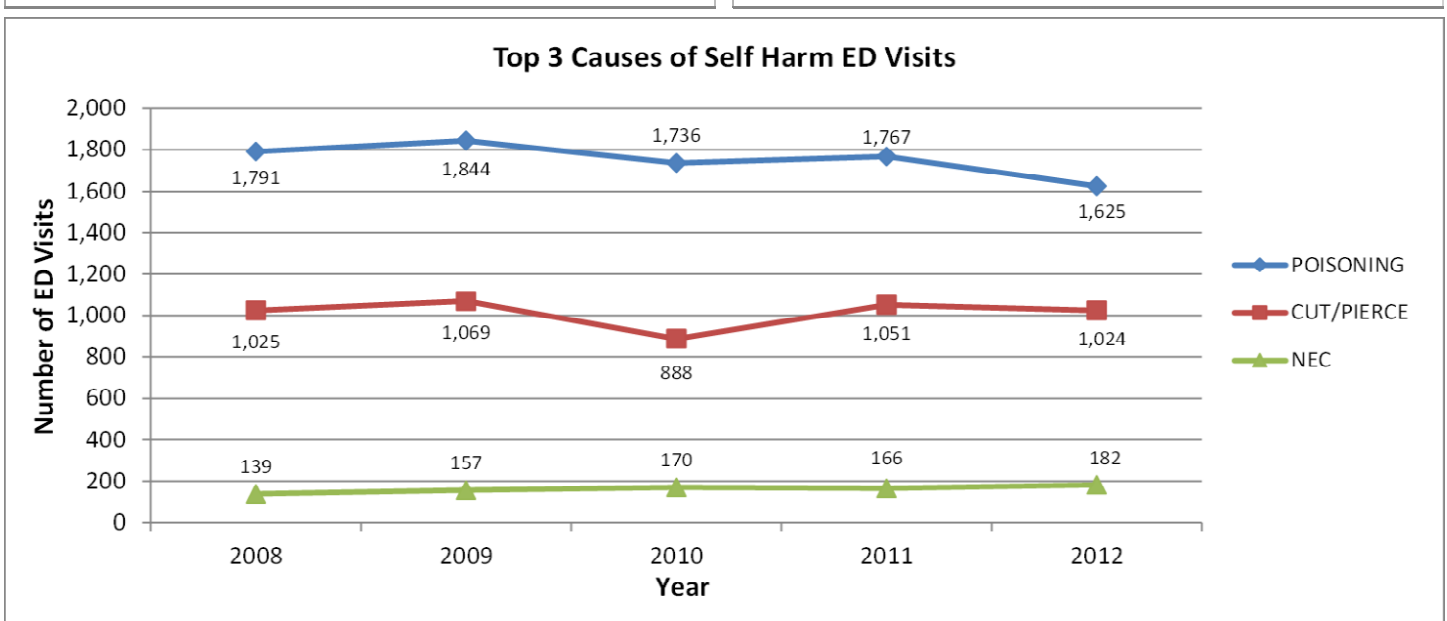
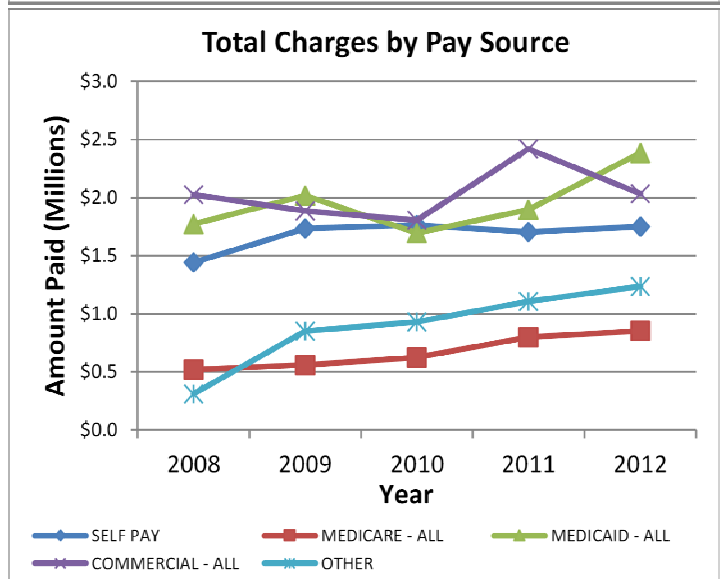
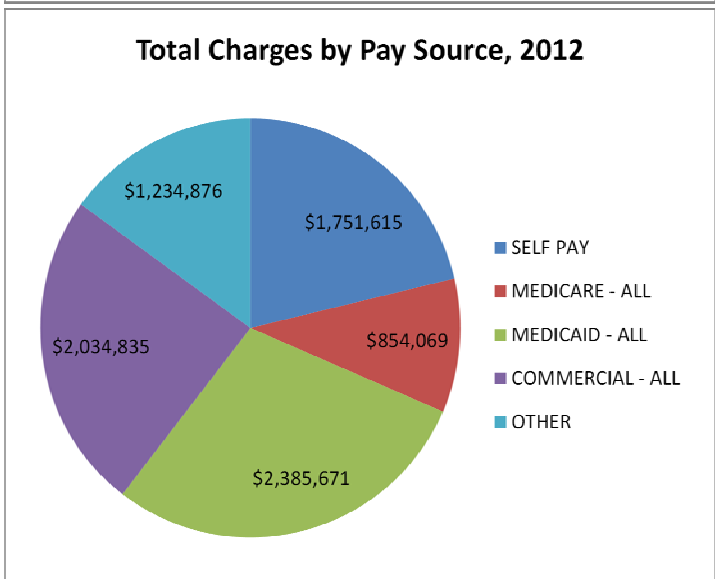
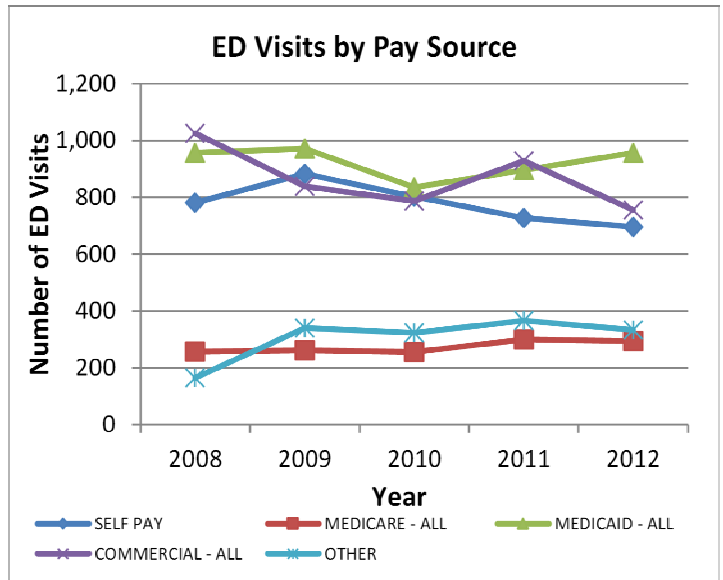
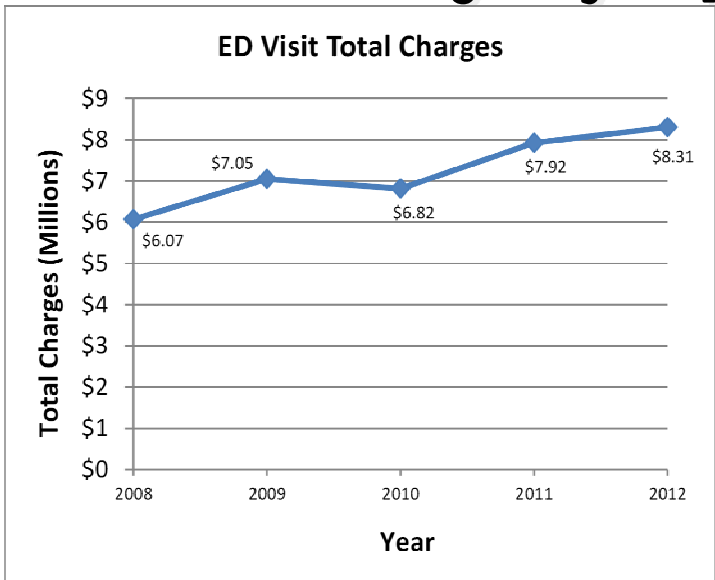
Self-Harm Hospitalizations 2001-2012



Self-Harm Emergency Department Visits 2008-2012



Self-Harm Emergency Department Visits 2008-2012



Data Sources, Methods, and Definitions

The data sources, methods, and definitions used in this report are based on the *State Injury Indicators report: Instructions for Preparing 2011 Data, Atlanta, Georgia, March 2013*, a publication of the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Suicide

The source for mortality data is the Kentucky Vital Statistics death certificates for Kentucky residents, 2001-2011. Data for years 2009-2011 are preliminary and subject to change. Each death certificate contains one underlying cause of death and additional multiple causes of death. The underlying and contributing causes of death are coded according to the International Classification of Diseases, 10th revision. Suicide deaths are identified as deaths with any of the following ICD-10 codes as an underlying cause of death: *X60-X84 Intentional self-harm; Y87.0 Sequelae of intentional self-harm.*

Suicide Attempts

The sources for morbidity data were the Kentucky inpatient hospital discharge (HD) uniform billing electronic records, 2000-2012, and the electronic emergency department (ED) visit records, 2008-2012. Data for years 2010-2012 are preliminary and subject to change. The HD and ED data are coded according to the International Classification of Diseases, 9th revision, Clinical Modification. The principal diagnosis code is the diagnosis established to be the main reason for the hospitalization/ED visit. Other conditions/diagnoses that exist and affect the diagnosis, treatment, or length of stay in the health facility, are also coded and called secondary diagnoses. Injury diagnoses (especially principal injury diagnosis) should be supplemented (when circumstances of the injury are known) with an external-cause-of-injury code that describes the external cause and the intent of injury (e.g., unintentional, assault, self-harm, or undetermined).

For the purpose of this report an injury subset for hospitalizations was created first by selecting discharges having a principal diagnosis code of injury in the following ranges: *800–909.2, 909.4, 909.9, 910–994.9, 995.5–995.59, 995.80–995.85.* An injury subset for emergency department visits was created similarly, but also included visits having a valid external cause of injury code regardless of the principal diagnosis. Suicide attempts were then identified as records in the hospital or ED injury subsets with first valid external-cause-of-injury code in the range E950-E959, Suicide and self-inflicted injuries.

Data for Kentucky residents treated in the neighboring states were not available and not included; therefore, the presented counts and rates may underestimate the extent of the problem in the state.

Age-adjusted mortality and morbidity rates were based on 2000 U.S. standard population.

For detailed information on how the state suicide indicators compare to other injury indicators like motor-vehicle crashes, poisonings, traumatic brain injuries, homicides, and other, please review the Kentucky Injury Indicators reports available on the Kentucky Injury Prevention and Research Center website <http://www.mc.uky.edu/kiprc/>.