NSSI in older adults: A systematic review
Lisa Van Hove1, Imke Baetens1, Chloe A. Hamza2, Eva Dierckx1,3, An Haeken3, Lila Fieremans1 and Steven Vanderstichele1,4,5
1Department of Clinical Psychology, Vrije Universiteit Brussel, Belgium; 2Ontario Institute for Studies in Education, University of Toronto, Canada; 3Alexianen Zorggroep, Tienen, Belgium; 4End-of-Life Care Research Group, Vrije Universiteit Brussel / Ghent University, Belgium; 5Compassionate Communities Centre of Expertise (COCO), Vrije Universiteit Brussel / Ghent University, Belgium

ABSTRACT
Prevalence rates suggest that NSSI occurs among older adults. This study performed a systematic review to gain an overview of the current literature on this phenomenon. Results not only indicate a lack of studies on specific forms of self-harm, such as NSSI and indirect self-harm, but also a paucity of prospective, longitudinal and cross-cultural studies that also take protective factors into account.

Introduction
Although prevalence rates suggest that non-suicidal self-injury (NSSI) occurs among adults aged 60 years and over1,2, literature on risk and protective factors of NSSI in older adults is scarce. This is alarming as it has been suggested that the risk and protective factors relevant for younger populations might not always apply to older adults3.

Objectives
Our aim was to present an overview of studies that focus on the risk and protective factors of NSSI in adults aged 60 years and over.

Methodology and Materials
• Systematic review of electronic databases (i.e., Web of Science, Google Scholar, PubMed and EBSCOHost) via predetermined inclusion criteria.
• A preliminary search learned that literature on NSSI in older adults is sparse. Therefore, we also drew from literature on self-harm.
• Search string: (elder OR “older adults” OR “older people”) AND (“self-directed violence” OR self-injuria OR nssi OR self-harm OR suicide) OR “indirect harm” OR “self-inflicted self-injury” OR selfmutilation OR automutilation) AND (risk OR protective OR epidemiology OR etiology))
• The flow chart below shows the steps that were taken throughout the review.

Results
• 45 studies were included (i.e., 34 quantitative and 11 qualitative studies) of the 4,384 initial identified records.
• Three themes regarding associated factors arose: physical (e.g., declining physical health), psychological (e.g., psychiatric disorder) and social loss/difficulties (e.g., loneliness).
• An overview of less and more commonly included study designs can be found in the table below.

Discussion
A variety of risk factors were identified, some of which were specific to 60+ populations (e.g., loss of societal role, declining health). However, studies were limited because the majority applied a retrospective study design and were conducted in collectivistic cultures. Compared to risk and protective factors of NSSI among adolescents and (young) adults, some of these findings were compatible (e.g., family conflict)3. One theme seemed to be specific for NSSI-related behaviors among older adults, namely experiences of loss4. Moreover, few studies thus far specified whether suicidal intent was present, and NSSI was often confounded with suicidal behavior. A lack of specification may lead to biased findings regarding prevalence rates, risk and protective factors and interventions.

Implications
Results highlight the need for research on NSSI in older adults specifically. In addition to delineating NSSI from suicidal behavior, future research should apply a longitudinal, cross-cultural design that distinguishes between the specific forms of self-harm, such as NSSI. This will not only allow us to intervene at an earlier stage in the suicidal process, but also help to prevent NSSI repetition.

Contact
You can contact Lisa Van Hove via lisa.van.hove@vub.be or +324 70 60 68 77.

References