

Statistics

Approximately 280,000 people in the US have a cardiac arrest each year. Of those, 1/3 are saved from death by CPR. In other words, approximately 92,000 people are saved by CPR in the US. (don't have stats worldwide yet)

Approximately 3.2 million physical first aid manuals are in print in the US. Approximately 8.8 million are in print world wide.

American Heart Association www.americanheart.org/presenter.jhtml?identifier=3034352

CPR facts and statistics

- About 75 percent to 80 percent of all out-of-hospital cardiac arrests happen at home, so being trained to perform cardiopulmonary resuscitation (CPR) can mean the difference between life and death for a loved one.
- Effective bystander CPR, provided immediately after cardiac arrest, can double a victim's chance of survival.
- CPR helps maintain vital blood flow to the heart and brain and increases the amount of time that an electric shock from a defibrillator can be effective.
- Approximately 95 percent of sudden cardiac arrest victims die before reaching the hospital.
- Death from sudden cardiac arrest is not inevitable. If more people knew CPR, more lives could be saved.
- Brain death starts to occur four to six minutes after someone experiences cardiac arrest if no CPR and defibrillation occurs during that time.
- If bystander CPR is not provided, a sudden cardiac arrest victim's chances of survival fall 7 percent to 10 percent for every minute of delay until defibrillation. Few attempts at resuscitation are successful if CPR and defibrillation are not provided within minutes of collapse.
- Coronary heart disease accounts for about 550,000 of the 911,000 adults who die as a result of cardiovascular disease.
- Approximately 330,000 of all annual adult coronary heart disease deaths in the U.S. are due to sudden cardiac arrest, suffered outside the hospital setting and in hospital emergency departments. About 900 Americans die every day due to sudden cardiac arrest.
- Sudden cardiac arrest is most often caused by an abnormal heart rhythm called ventricular fibrillation (VF). Cardiac arrest can also occur after the onset of a heart attack or as a result of electrocution or near-drowning.
- When sudden cardiac arrest occurs, the victim collapses, becomes unresponsive to gentle shaking, stops normal breathing and after two rescue breaths, still isn't breathing normally, coughing or moving.

REFERENCE: National Institute of Mental Health (NIMH) www.nimh.nih.gov

America's Children: Parents Report Estimated 2.7 Million Children with Emotional and Behavioral Problems: A special feature in the report America's Children: Key National Indicators of Well-Being 2005 shows that nearly 5 percent — or an estimated 2.7 million children — are reported by their parents to suffer from definite or severe emotional or behavioral difficulties, problems that may interfere with their family life, their ability to learn, and their formation of friendships. These difficulties may persist throughout a child's development and lead to lifelong disability, including more serious illness, more difficult to treat illness, and co-occurring mental illnesses.

Mental disorders are common in the United States and internationally. An estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year. When applied to the 2004 U.S. Census residential population estimate for ages 18 and older, this figure translates to 57.7 million people. Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion — about 6 percent, or 1 in 17 — who suffer from a serious mental illness. In addition, mental disorders are the leading cause of disability in the U.S. and Canada for ages 15-44. Many people suffer from more than one mental disorder at a given time. Nearly half (45 percent) of those with any mental disorder meet criteria for 2 or more disorders, with severity strongly related to comorbidity.

The Impact of Mental Illness on Society: The burden of mental illness on health and productivity in the United States and throughout the world has long been underestimated. Data developed by the massive Global Burden of Disease study conducted by the World Health Organization, the World Bank, and Harvard University, reveal that mental illness, including suicide, accounts for over 15 percent of the burden of disease in established market economies, such as the United States. This is more than the disease burden caused by all cancers.

In Harms Way: Suicide in America <http://www.nimh.nih.gov/publicat/harmsway.cfm>

Suicide is a tragic and potentially preventable public health problem. In 2000, suicide was the 11th leading cause of death in the U.S.¹ Specifically, 10.6 out of every 100,000 persons died by suicide. The total number of suicides was 29,350, or 1.2 percent of all deaths. Suicide deaths outnumber homicide deaths by five to three. It has been estimated that there may be from 8 to 25 attempted suicides per every suicide death.² The alarming numbers of suicide deaths and attempts emphasize the need for carefully designed prevention efforts.

Suicidal behavior is complex. Some risk factors vary with age, gender, and ethnic group and may even change over time. The risk factors for suicide frequently occur in combination. Research has shown that more than 90 percent of people who kill themselves have depression or another diagnosable mental or substance abuse disorder, often in combination with other mental disorders.^{2,3} Also, research indicates that alterations in neurotransmitters such as serotonin are associated with the risk for suicide.⁴ Diminished levels of this brain chemical have been found in patients with depression, impulsive disorders, a history of violent suicide attempts, and also in postmortem brains of suicide victims.

Adverse life events in combination with other risk factors such as depression may lead to suicide. However, suicide and suicidal behavior are not normal responses to stress. Many people have one or more risk factors and are not suicidal. Other risk factors include: prior suicide attempt; family history of mental disorder or substance abuse; family history of suicide; family violence, including physical or sexual abuse; firearms in the home; incarceration; and

exposure to the suicidal behavior of others, including family members, peers, or even in the media.²

Gender Differences

Suicide was the eighth leading cause of death for males and the 19th leading cause of death for females in 2000.¹ More than four times as many men as women die by suicide,¹ although women report attempting suicide during their lifetime about three times as often as men.⁵ Suicide by firearm is the most common method for both men and women, accounting for 57 percent of all suicides in 2000. White men accounted for 73 percent of all suicides and 80 percent of all firearm suicides.

Children, Adolescents, and Young Adults

In 2000, suicide was the third leading cause of death among 15- to 24-year-olds—10.4 of every 100,000 persons in this age group—following unintentional injuries and homicide. Suicide was also the 3rd leading cause of death among children ages 10 to 14, with a rate of 1.5 per 100,000 children in this age group. The suicide rate for adolescents ages 15 to 19 was 8.2 deaths per 100,000 teenagers, including five times as many males as females. Among people 20 to 24 years of age, the suicide rate was 12.8 per 100,000 young adults, with seven times as many deaths among men as among women.^{1,6}

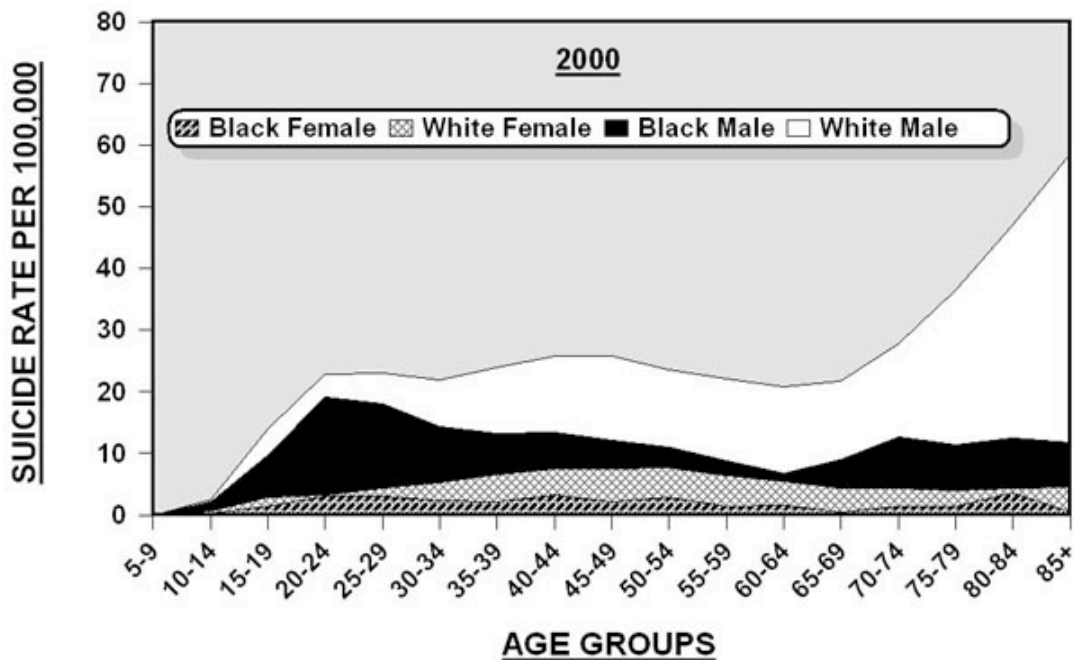
Older Adults

Older adults are disproportionately likely to die by suicide. Comprising only 13 percent of the U.S. population, individuals age 65 and older accounted for 18 percent of all suicide deaths in 2000. Among the highest rates (when categorized by gender and race) were white men age 85 and older: 59 deaths per 100,000 persons, more than five times the national U.S. rate of 10.6 per 100,000.^{1,6}

Attempted Suicides

Overall, there may be between 8 and 25 attempted suicides for every suicide death; the ratio is higher in women and youth and lower in men and the elderly.² Risk factors for attempted suicide in adults include depression, alcohol abuse, cocaine use, and separation or divorce.^{7,8} Risk factors for attempted suicide in youth include depression, alcohol or other drug use disorder, physical or sexual abuse, and disruptive behavior.^{8,9} As with people who die by suicide, many people who make serious suicide attempts have co-occurring mental or substance abuse disorders. The majority of suicide attempts are expressions of extreme distress and not just harmless bids for attention. A suicidal person should not be left alone and needs immediate mental health treatment.

U.S. Suicide Rates by Age, Gender, and Racial Group



Source: National Institute of Mental Health
Data: Centers for Disease Control And Prevention, National Center For Health Statistics

Prevention

Preventive efforts to reduce suicide should be based on research that shows which risk and protective factors can be modified, as well as which groups of people are appropriate for the intervention. In addition, prevention programs must be carefully tested to determine if they are safe, truly effective, and worth the considerable cost and effort needed to implement and sustain them.¹⁰

Many interventions designed to reduce suicidality also include the treatment of mental and substance abuse disorders. Because older adults, as well as women who die by suicide, are likely to have seen a primary care provider in the year prior to their suicide, improving the recognition and treatment of mental disorders and other suicide risk factors in primary care settings may be one avenue to prevent suicides among these groups.¹¹ Improving outreach to men at risk for suicide is a major challenge in need of investigation.

Recently, the manufacturer of the medication clozapine received the first ever Food and Drug Administration indication for effectiveness in preventing suicide attempts among persons with schizophrenia.¹² Additional promising pharmacologic and psychosocial treatments for suicidal individuals are currently being tested.

If someone is suicidal, he or she must not be left alone. Try to get the person to seek help immediately from his or her doctor or the nearest hospital emergency room, or call 911. It is also important to limit the person's access to firearms, medications, or other lethal methods for suicide.

For More Information

Suicide Information and Organizations from NLM's MedlinePlus (en Español)

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NIH Publication No. 03-4594

Printed January 2001; Revised April 2003

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