Introduction

Recently, the number of suicide deaths is more than 30 thousand annually, and suicide is the 6th leading cause of death in Japan. The number of suicide deaths has increased with repeated ups and downs (Figure 1), and age-adjusted suicide death rates show that rates in 2003 and 1950 are almost the same for males, while the former is one-half of the latter for females, and the gender difference has gradually increased (Table 1).

The suicide death rates by sex and age groups show that a major peak for males in their fifties was observed in 2003, and both sexes in their seventies and older have shown a downward trend (Figure 2). We need analytic data to cope with the situation and to prevent suicide effectively. Our analyses included all aspects of suicide deaths, but at this time, our report covers analyses of suicide methods by ICD-10 code, X60–X84 only.

Methods & Materials


We calculated and observed the following two aspects of suicide methods.

1) Annual comparisons of percentage distribution of suicide deaths by sex and method
2) Percentage distribution of suicide deaths by sex, age group (10 year of age) and method, 2003

Figure 3  Annual comparisons of percentage distribution of suicide deaths by sex and method

Results

1) Annual comparisons

For number of suicide deaths by method, poisoning showed the highest between 1953 and 1960 for males, and between 1952 and 1962 for females, but then fell off rapidly. Nearly at the end of this period, the regulations on drugs were strengthened based on the result of Vital Statistics and it is said that the policy caused the rapid fall of poisoning.

In other years, hanging has been the most common, and shows an upward trend both for males and females (Figure 3).

2) Suicide by age group

For percentage distribution of suicide deaths by sex and age group (10 year of age) in 2003, hanging was the highest for all age groups of both sexes. Especially for males 60 years and older and females 70 years and older, the percentage surpass 70%.

For the second most frequent method for males, gas, was around 20% especially for those in their thirties and forties. The second most frequent method for females, falls, were around 25% for teens, twenties, and thirties (Figure 4).

Conclusions

Generally, suicide deaths are affected by complicated factors, for example, socioeconomic or individual factors. At this time, we analyzed suicide methods, we found methodological differences due to periods or age groups.

In Japan, we have a history of good systems recording statistics of deaths and applying ICD which provides analyses such as the foregoing. Our close communication with other policy making departments enables us to provide useful data.