The Increase in Suicide as a Cause of Death in Men Aged 40 to 59 years in Japan A Comparison Between 1958 and 1998

The Editor,

Sir,

According to a report by the National Police Agency, the number of suicides in Japan has increased from about 22,000 per year during the 10-year period since 1988 to over 30,000 per year since 1998, and the primary reason for this steep rise was an increase in suicides among middle-aged men (1). We compared data from 1958 with those from 1998 regarding the rank of suicide among men aged 40 to 59 years (40–44, 45–49, 50–54 and 55–59 age groups) in Japan that appeared on a special report on vital statistics by the Ministry of Health, Labour and Welfare, paying attention to the changes in the rank of suicide among all causes of deaths.

In 1958, the most common causes of death among men aged 40–44, 45–49, 50–54, and 55–59 were, respectively, ‘tuberculosis’, ‘malignant neoplasm’ and ‘blood vessel injury of the central nervous system’. The second leading causes in those age groups were ‘malignant neoplasm’, ‘blood vessel injury of the central nervous system’, ‘malignant neoplasm’, and ‘malignant neoplasm’, respectively. The third leading causes were ‘unexpected accident’, ‘tuberculosis’, and ‘heart disease’, respectively.

In 1998, the most common cause of death was ‘malignant neoplasm’ in each of the four age groups. The second leading cause was ‘suicide’ among all age groups except 55–59 years (‘heart disease’). The third leading causes, on the other hand, were ‘heart disease’ in all age groups except 55–59 years (‘suicide’).

From 1958 to 1998, the rank of ‘malignant neoplasm’ and ‘heart disease’ rose among men aged 40 to 59 years. Moreover, the rank of suicide rose, and the most prevalent factor was ‘economic and life problems’ among men in the middle-age groups (2, 3). In Japan, it is necessary to prevent suicide among middle-aged men who are experiencing economic and life problems. It is considered that the government, medical institutions, employers, and citizens should cooperate to implement suicide prevention measures among middle-aged men.

From: K Inoue1, H Tanii2, A Maeda2, T Ishiguri2, K Hosokawa2, K Hagiwara2, T Mori2, Y Ono1

1Department of Public Health, Fujita Health University School of Medicine, Aichi 470-1192, Japan 2Department of Psychiatry, Mie University Graduate School of Medicine, Mie 514-8507, Japan.

Correspondence: Dr K Inoue, Department of Public Health, Fujita Health University School of Medicine, 1–98, Dengakugakubo, Kutsukake-cho, Toyoake, Aichi 470-1192, Japan Fax: +81-562-93-3079, e-mail: ke-inoue@fujita-hu.ac.jp

REFERENCES