Elder Mistreatment and Dementia

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Abuse is getting old.
Let’s do something about it!

Disclosure Statement

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I will not discuss any pharmaceuticals, medical procedures, or devices that are investigational or unapproved for use by the FDA.

Goals of the Presentation

- Present a model of elder mistreatment
- Describe the types of elder mistreatment
- Examine the relationship between elder mistreatment and dementia
- Discuss reasons that may predispose demented persons to elder mistreatment

Model of Elder Mistreatment

Individual \[\rightarrow\] Opportunities

Successful Aging \[\downarrow\] Person Held in trust \[\uparrow\] Opportunities

Spectrum of Outcomes

Elder Mistreatment

Abilities \[\rightarrow\] Motivations

Elder Mistreatment Outcomes

- Physical abuse
- Financial exploitation
- Emotional or verbal abuse
- Neglect
- Self neglect

Definitions of Elder Abuse

- No standard definition
- Differences in state laws
- Elder abuse/elder mistreatment
According to WHO

Elder abuse is a violation of human rights and a significant cause of illness, injury, loss of productivity, isolation and despair.

Elder Mistreatment

An act of commission (abuse) or omission (neglect, intentional or not) of one or more types (physical, psychological, or financial) which results in harm or threatened harm to the health or welfare of an older adult.

Dependent Adult (Iowa Code 235B.2)

Person 18 years of age or older who is unable to:
- protect own interests
- adequately perform or obtain services necessary to meet essential human needs
  as a result of a physical or mental condition which requires assistance from another.

Categories of Elder Abuse

- Institutional: occurs in nursing homes, board and care facilities
- Domestic: occurs at home or in home of caregiver
- Self-neglect: conduct of an elder living alone that threatens his or her own safety or health

Abuser Types (Iowa Code 235B.2)

- Physical abuse (unreasonable confinement, punishment and assault)
- Sexual abuse
- Financial exploitation
- Denial of critical care (by the dependent adult)

Common Types of Elder Abuse

- Physical abuse
- Psychological abuse
- Financial abuse
- Neglect
Physical Abuse

- Infliction of physical pain or injury
- Slapping, bruising, or restraining
- Sexual molestations (Code Chapter 709 or 726.2)

Finding unexplained injuries
Psychological Abuse
- Infliction of mental anguish
- Humiliation, intimidation, or threats
- Has anyone ever scolded or threatened you?

Financial Abuse
- Improper or illegal use of an elder’s resources without his or her consent for someone else’s benefit
- Stealing, coercing person to sign contracts or change will
- Has anyone taken anything that was yours without asking?

Neglect
- Failure to fulfill care giving obligations to provide goods or services
- Abandonment, denial of food or health services, failure to provide physical aids (glasses, dentures)
- Substandard care in home despite adequate finances
- Dehydration, pressure ulcers
- Are you receiving enough care at home?
Prevalence 700,000–2.5 million U.S. elders
Domestic abuse incidence in persons 60 and older was 550,000 in 1996 (NEAIS)
Approximately 1 in 5 cases of abuse reported and substantiated by APS agencies
1 year prevalence in Amsterdam was 5.6% and 2–10% in the United Kingdom
Ten year incidence rate in Iowa of reported abuse was 1.27%

Epidemiology

• Stratified random-digit-dialing method
• 5,777 adults 60 years and older
• Annual incidence of 11.4%
• Types of Abuse (%)
  • Emotional: 4.6
  • Physical: 1.6
  • Sexual: 0.6
  • Financial: 5.2
  • Potential Neglect: 5.1

Reported Abuse in Iowa Nursing Homes (per 1000 Residents in 2001)

- 20.7 abusive events
- 18.4 reported events
- 5.2 substantiated events
- Government data for 2001
  - 8.1 investigations
  - 7.3 substantiations


Risk Factors for Elder Abuse

- Abuser’s dependence on victim
- Abuser’s psychologic state (mental illness, substance abuse)
- Victim’s poor physical or cognitive state
- Social isolation
- Stressful life events and chronic financial strain
- Violence early in spousal relationship

Identifying Elder Mistreatment

Screening Questions (examples)

- Has anyone at home ever hurt you?
- Has anyone taken anything of yours without asking?

Interviewing

- Talk to elderly person away from caregiver
- Interview family members separately

Evaluation of Abuse Victim

- Positive screening
- Questions about when and where maltreatment occurred and by whom
- Note the alleged victim’s statements, behaviors, appearance

Barriers to Communication with an Older Person

- Ageist attitudes
- Sensory deficits
- Cognitive impairments
**Elder Mistreatment and Dementia**

8,932 community dwelling elders (238 had elder abuse reported)

Increased risk of abuse associated with lowest tertiles for:

- Global cognition (OR 4.18, CI 2.44–7.15)
- MMSE (OR 2.97, CI 1.93–4.57)
- Episodic memory (OR 2.27, CI 1.49–3.43)
- Perceptual speed (OR 2.37, CI 1.51–3.73)

Lowest levels of global cognitive function associated with:

- Physical abuse (OR 3.56, CI 1.08–11.67)
- Emotional abuse (OR 3.02, CI 1.41–6.44)
- Caregiver neglect (OR 6.24, CI 2.68–14.54)
- Financial exploitation (OR 3.71, CI 1.88–7.32)

Home Visit Program to Assess for Elder Abuse

201 clients referred by Arizona APS

Mean age of 77 years and 73% female

91% determined to be abused
- Neglect 69%
- Exploitation 20%
- Physical 8%
- Other 3%

98, or 49%, diagnosed with dementia

**Cognitive Function and Risk for Elder Abuse**

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**Undiagnosed Conditions in APS Clients**

211 adult protective service client

74% female, mean age of 77 years

Dementia diagnosed in 62%

Dementia correlated with:
- Financial exploitation (R=.100, p=.01)
- Caregiver neglect (R=.174, p=.03)

Prevalence of Dementia in Cases of Neglect

47 for neglect (40% male, mean age 76 years)

and 97 for other reasons (60% male, mean age 77 years)

Victims of self neglect had higher rates of depression (62% vs 12%) and dementia (51% vs 30%)
Self Neglect Among Older Adults

- Chart review of 460 persons aged 65 and older after comprehensive assessment
- Mean age of 76 years and 70% women
- 50% had abnormal MMSE scores
- 76% abnormal physical performance
- 95% moderate to poor social support
- 15% abnormal GDS scores


Screening for Mistreatment of Persons with Dementia

- Convenience sample of 129 persons with dementia (CR) and their caregivers (CG)
- 47% mistreatment detected, using three instruments
- Combination of CR’s physical assault and psychological aggression provided best sensitivity (75.4%) and specificity (70.6%)


Caregiver Factors Related to Mistreatment of Dementia Patients

- Anxiety and depressive symptoms
- Social contacts
- Perceived burden
- Emotional status and role limitations from emotional problems
- CR’s psychological aggression and physical assault behaviors


Age Differences in Perceptions of Trust

- Excessive trust may explain greater vulnerability to fraud
- Anterior insula activation—“gut feelings”—which predict risk-avoidant behavior
- Older vs younger adults have muted activation of the insula to untrustworthy faces


Executive Function
(higher order processing)

- Working memory
- Abstract concept formation
- Inhibition and switching
- Problem solving
- Obeying social rules
- Ability to monitor one’s behavior


Executive Function in Homebound Older Adults

- 1,172 persons, 76% female, mean age 75 years (60–103), 62% white, 35% African American
- All receiving home services in Boston area
- 37.2% had the highest TMT B scores >300 seconds, suggesting significant executive dysfunction

Elder mistreatment:
- is a prevalent and often missed problem.
- can be viewed as an imbalance between victims’ needs and resources in a setting devoid of dependable caregiving.

Dementing illness accelerates the need for care, reduces the ability to evaluate the victim, and is an important risk factor for mistreatment.