Recent Elder Abuse Research: Implications for APS

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Game Plan

• Review some terms and concepts
  – Incidence, prevalence
  – Relationship, cause and effect
  – Screening tools
• Talk about a few recent studies
• A few statistics
A Few Important Concepts

- Incidence and Prevalence
- Relationship vs. Cause and effect
- Screening Tests
Incidence, Prevalence

- Prevalence is the total number of cases of disease in a population

- Incidence is the rate of occurrence of new cases
Incidence, Prevalence

- **Prevalence** is the total number of cases of disease in a population
  - Gives you information about how widespread the disease is

- **Incidence** is the rate of occurrence of new cases
  - Gives you information about the risk of getting the disease
Incidence, Prevalence, Alzheimer's Disease in the U.S.A.

• Prevalence: how many people have AD?
  – General population: One in 1480 people have AD (0.068% of the pop)
  – People over the age of 65: One in 20 have AD
  – People over the age of 85: One in 2 have AD

• Incidence: how many people in the U.S. will “get” (i.e. be diagnosed with) AD?
  – 288,000 people per year are diagnosed with Alzheimer’s disease
Incidence, Prevalence, Elder Mistreatment

• Prevalence tells us how many people have been abused. Define the population:
  – What is the prevalence of financial elder abuse in a population of Vietnamese women between the ages of 75 and 85? (now I know how common it is)

• Incidence is a rate. It tells us how many people are abused each year.
  – How many Vietnamese women between the ages of 75 and 85 are financially abused in a 12 month interval? (now I know the risk)
Relationship

vs.

Cause and Effect
HRT and Heart Disease

• Epidemiologic studies
  – Looked at very large numbers of women taking combined HRT
  – Found lower-than-average incidence of coronary heart disease compared to the general population

• So there’s a correlation between taking HRT and lower risk of heart disease
Correlation does not imply causation

Randomized controlled trials showed that women who took combined HRT actually had a slightly higher risk of coronary heart disease.
HRT and Heart Disease: What’s the deal?

• Data from the epi studies were re-analyzed
• Women who took HRT were more likely to be from higher socioeconomic background
• Women from higher socioeconomic background had better-than-average diet and exercise regimes
• The use of HRT and improved heart status were simply coincidental results from a common cause...not cause and effect.
Elder Mistreatment

- People with dementia who have violent behaviors and verbal aggression are more likely to be abused.
- Therefore, these behaviors stimulate abusive behavior on the part of the caregiver.
- Therefore, if we calm those behaviors we will decrease abuse.
Elder Mistreatment

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It’s time for AUDIENCE PARTICIPATION.
Elder Mistreatment

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- Therefore, these behaviors stimulate abusive behavior on the part of caregiver.
- Therefore, if we calm those behaviors we will decrease abuse.

1. What’s wrong with this analysis?
2. Are there any dangerous outcomes that may result from this analysis?
Screening

• Assumption: early detection will improve survival
• Benefit is typically 5 to 10 years after testing
• Importance of individualized approach
  – Life expectancy
  – Age-specific mortality of the disease
Can Screening Be Harmful?

- Complications from additional diagnostic procedures
- Identification and treatment of clinically irrelevant conditions
- Emotional distress
Example: Pap Smear

The average 75 year old who stops getting Pap smears would reduce her life expectancy by three days.
Screening for Elder Mistreatment

• Who?
  – Groups over 65? Over 75? Frail elders?

• Where?
  – Doctor’s office? Adult day care programs? Senior centers?

• What?
  – Financial abuse? Physical abuse? All kinds of abuse?

• How?
  – Written questionnaires? Verbal questions?
Screening for Elder Mistreatment

• Risks and benefits
  – How might screening help?
  – How might screening hurt?

• Is it worth the time, expense?
Some recent elder abuse and neglect studies

- Increased Mortality with Self-Neglect
- National Prevalence Study
- Abuse of People with Dementia
Elder Self-neglect and Abuse and Mortality Risk in a Community-Dwelling Population*

- Chicago Health and Aging Project (CHAP)
  - 9,318 South Chicagoans from 1993-2005
  - Diverse cohort: large range of physical and cognitive abilities
  - Median followed up = 6.9 years
  - 4306 deaths

- Matched to APS data
  - 1544 reported for elder self neglect
  - 113 reported for elder abuse

### The study population

- **Age** = 73.2 ± 6.9 yrs.
- 60% Women
- 63% African American
- **Education** = 12.2 ± 3.6 yrs.
• For reported or confirmed self neglect (no difference)*
  – Within one year of APS report, 5.8 X greater mortality than participants who were not abused or neglected
  – After one year, 1.9 X greater mortality

• **Severity** of self-neglect directly associated with mortality rate

• Increase in mortality with reported self-neglect regardless of the level of physical and cognitive function

• Deaths were associated with cardiovascular, pulmonary, endocrine and neoplasm related conditions

*fully adjusted for age, health conditions, smoking, EtoH use et al.*
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<tr>
<td>*<em>• 1.4X (reported) or 2.1X (confirmed) mortality rate for elders with reported abuse vs. elders not reported for abuse or neglect</em></td>
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<td><strong>• Increase in mortality with confirmed abuse for lowest and middle but not highest level of physical and cognitive function</strong></td>
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<td><strong>• Associated with increased risk of cardiovascular-related mortality</strong></td>
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<td>*fully adjusted</td>
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Implications for interventions

• The greatest rate of mortality occurs in the first year.

• Increased rate of mortality is not limited to those with lower cognitive and physical abilities.

• Self-neglecters who died, on average, were “a non-frail group”
Implications, cont.

- Increased risk of death within the first year after Self-Neglect even for highly functioning elders:
  - It is possible these individuals are more able to refuse interventions and remain independent

- Elder abuse: the mechanism for elder abuse and mortality remains unclear
  - It is possible that those with higher cognitive ability are more able to recognize the abuse and seek help from others
• That was a study based on APS data
• The next study overcomes the limitations of APS data to estimate prevalence of different kinds of Elder Mistreatment in the US
### Objective
- To determine the prevalence of physical, psychological, sexual and financial abuse and “potential neglect,” and associated factors, in a random national sample of adults age 60 and over.

### Methods
- Random digit dialing
- Computer assisted telephone interviewing
- Cognitively intact older adults only
- (Informant version produced poor results – not published here.)

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The Study Population

5,777 respondents
• Age = 71.5 ± 8.1 years
• 60.2% Women
• 87.5% White
• 6.7% African American
• 4.3% Hispanic or Latino origin
• 45.7% had low household income
Results

1 yr. prevalence:
• Emotional abuse: 4.6% \(\rightarrow\) 7.9% of these reported to police
• Physical abuse: 1.6% \(\rightarrow\) 31% reported to police
• Sexual abuse: 0.6% \(\rightarrow\) 16% reported to police
• Potential neglect: 5.1%
• Current financial abuse by family member: 5.2%

• 11.4% respondents reported mistreatment occurring in the last year
Findings: Associated Characteristics

Emotional Abuse:
• Lower age, employment, experience of previous traumatic event, low social support, need for ADL assistance

Physical Abuse:
• Lower age, low social support

Sexual Abuse:
• Previous experience of traumatic event, low social support

Potential neglect:
• Minority racial status, low income, poor health, low social support

Financial abuse:
• Nonuse of social services and need for ADL assistance
Conclusions

• Most abuse and neglect is not reported to authorities
• Low social support more than triples the likelihood of mistreatment
• Adults who have experienced a traumatic event have an increased risk of many types of abuse
• Traumatic events are more likely to contain abusive individuals, thus raising the risk of being abused
• That was a study of cognitively intact older Americans
• The next study focuses on abuse of people diagnosed with Alzheimer’s disease or a related dementia.
Screening for Abuse and Neglect of People with Dementia*

Objective

- To investigate characteristics of people with dementia and their caregivers that are associated with mistreatment in order to inform clinicians about screening for mistreatment.

Methods

- 129 People with dementia and their caregivers were assessed for evidence of mistreatment as well as factors that might be related to mistreatment.

- Most of the data were provided by the caregivers.

Detecting abuse

• An expert panel agreed on definitions of three types of elder mistreatment.
  – Emotional abuse
  – Physical abuse
  – Neglect by others

• They met monthly throughout the study, considered the evidence, and decided on occurrences in each category.
The Findings

- 47% of participants with dementia (61) had been mistreated by their caregivers.
  - 42% (54) experienced psychological abuse
  - 10% (13) physical abuse
  - 14% (18) caregiver neglect.
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<th>Findings: Caregiver characteristics associated with mistreatment</th>
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<td>- Higher anxiety</td>
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<td>- More depressive symptoms</td>
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<td>- Fewer social contacts</td>
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<td>- Greater perceived burden</td>
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<td>- Two other measures of poor emotional well-being from a widely used survey (SF12).</td>
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Findings: Characteristics of the Person with Dementia associated with mistreatment

- More psychological aggression*
  - For example, swearing at the caregiver

- Any physical assault behaviors*
  - For example, pushing or shoving the caregiver

* It is important to note that the study does not determine whether these behaviors preceded or followed the mistreatment.
About half of people with dementia are being mistreated, usually by a family member.
Implications

• Caregivers should be asked about the behavior of the person with dementia.

• Based on their responses, follow-up questions about their own behavior may bring mistreatment to light.
Just a few more statistics....
Estimated Growth of Elder Population

% of U.S Population

Year

1900 1940 1960 1990 2010 2030 2050

Estimated Growth of Elder Population

65+ 65-74 75-84 85+
Number of people age 65 and over, by age group, selected years 1900-2000 and projected 2010-2050

Note: Data for 2010-2050 are projections of the population.
Reference population: These data refer to the resident population.
Source: U.S. Census Bureau, Decennial Census and Projections.
Old Age is a Treat

• Our ancestors did not have this opportunity
• Living beyond the time needed for reproducing and raising our young is a luxury
• Let’s be smart and compassionate about how we help others use this time
• Let’s be smart and compassionate about how WE use this time

THANK YOU FOR THE WORK YOU DO!