

Recent Elder Abuse Research: Implications for APS

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CENTER OF EXCELLENCE
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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

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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

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it's time for **AUDIENCE PARTICIPATION**

Elder Mistreatment

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 - 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



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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

*Dong X, Simon M, Mendes de Leon C. JAMA 2009;302:517-526.

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.

- 1.4X (reported) or 2.1X (confirmed) mortality rate for elders with reported abuse vs. elders not reported for abuse or neglect*
- Increase in mortality with confirmed abuse for lowest and middle but not highest level of physical and cognitive function
- Associated with increased risk of cardiovascular-related mortality

*fully adjusted

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

Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States:

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.)

*Acierno R, Hernandez M, Amstadter A, et al.
American Journal of Public Health 2010;100:292-297.

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% → 7.9% of these reported to police
 - Physical abuse: 1.6% → 31% reported to police
 - Sexual abuse: 0.6% → 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.

*Wiglesworth A, Mosqueda L, Mulnard R, Liao S, Gibbs L, Fitzgerald W.
J Am Geriatr Soc 2010;58:493-500.

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.

Findings: Caregiver characteristics associated with mistreatment

- ⦿ Higher anxiety
- ⦿ More depressive symptoms
- ⦿ Fewer social contacts
- ⦿ Greater perceived burden
- ⦿ Two other measures of poor emotional well-being from a widely used survey (SF12).

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.

Bottom Line

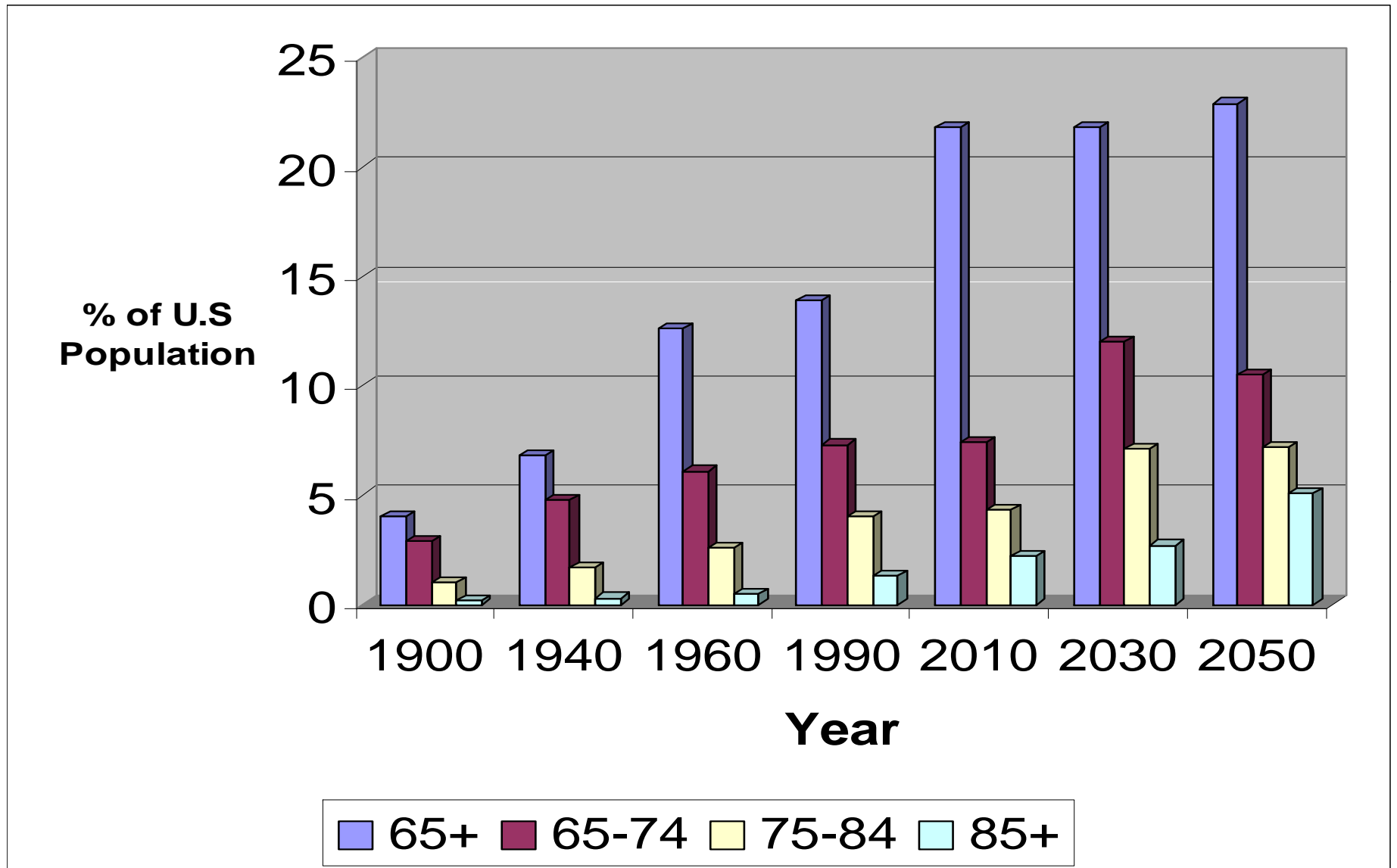
- About half of people with dementia are being mistreated, usually by a family member.

Implications

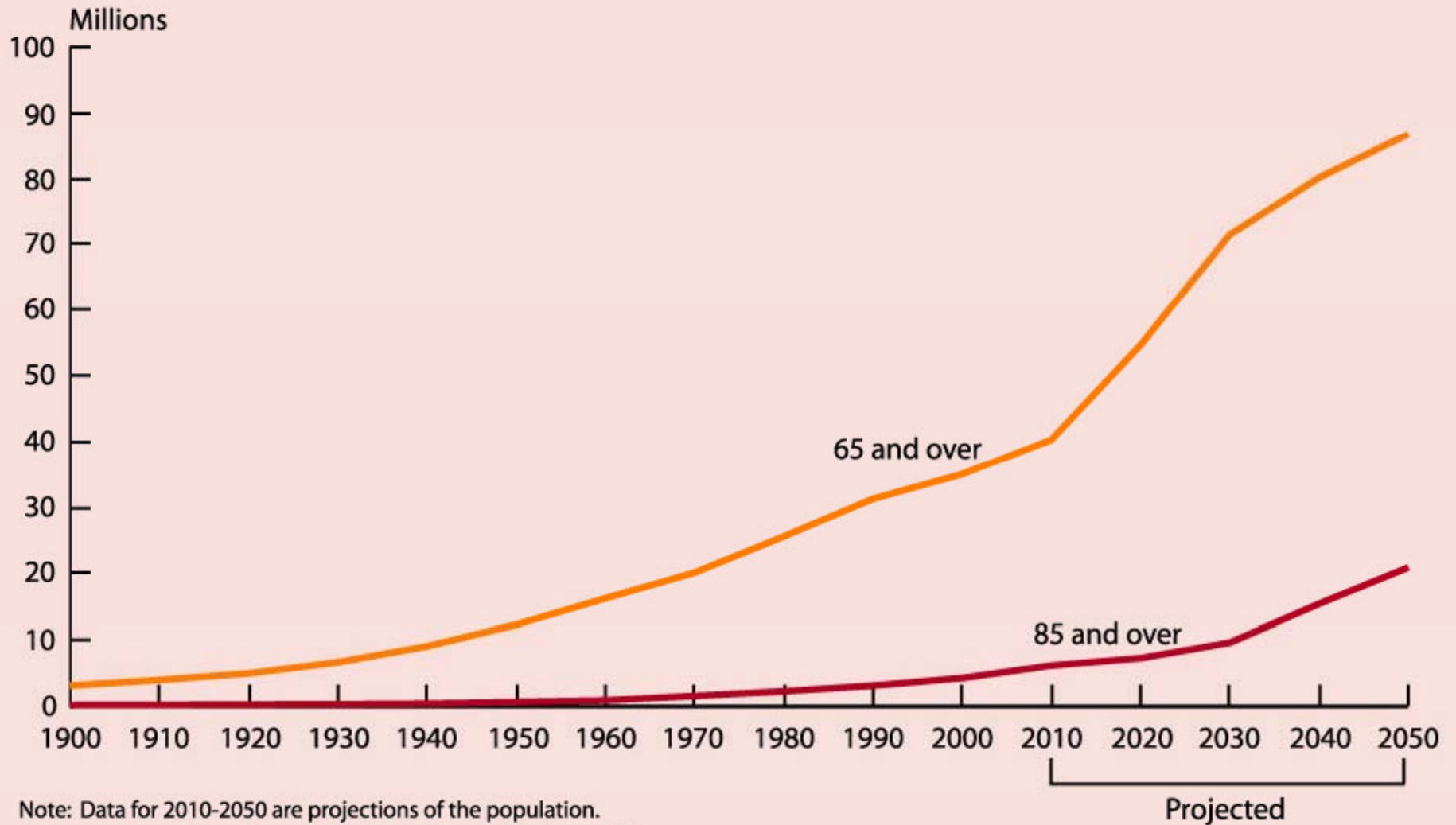
- Caregivers should be asked about the behavior of the person with dementia.
- Based on their responses, follow-up questions about their own behavior may bring mistreatment to light.

Just a few more statistics....

Estimated Growth of Elder Population



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!



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The End