Elder Abuse: The Pharmacist’s Role

Reaching Important Gatekeepers: Training Pharmacists about Elder Abuse
Acknowledgements

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Objectives

- Understand the etiology of elder abuse to increase awareness
- Distinguish between the categories of abuse
- Identify signs and symptoms of elder abuse as a health professional and mandatory reporter
- Review the steps of reporting when abuse is suspected
Why Talk about Pharmacists and Elder Abuse?

- Use of medication is the most common form of treatment in older people.
- Medications are often potent substances, which may have low therapeutic to toxic dose ratio.
- Seniors trust their pharmacists.
- Pharmacists are in a position to see signs of elder abuse.
Where do Pharmacists Fit in?

- Mandated Reporters: Health Care providers
  - Any setting/scope of practice:
  - Clinical Pharmacists in ANY setting
  - Community Dispensing Pharmacists
  - Pharmacists Consultants
Mandated Reporters

- Full or intermittent responsibility of care or custody of an elder or dependent adult with or without compensation

- **Health practitioners**, clergy members, care custodians, employees of county adult protective services agencies, local law enforcement agencies, and employees of financial institutions
From Request for Renewal of California Pharmacist License

Under California law each person licensed by the Board of Pharmacy is a “mandated reporter” for both child and elder abuse or neglect purposes.
You must report elder abuse

California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency [generally law enforcement, state, and/or county adult protective services agencies, etc… ] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect.
Medication Abuse

Medication abuse occurs when medication is overused, underused or misused, resulting in harm to an older person. The medication may or may not have been prescribed for the older person. The abuse occurs within a relationship of implied trust.
Overuse and Underuse

Medication overuse occurs where medication is used for the correct indication but is given in higher doses than indicated.

Medication underuse occurs where medication is used for the correct indication but is given in lower doses than indicated, or is withheld.
Medication Abuse

Medication misuse occurs where:

- incorrect medication is given
- medication is given for the wrong reason or is used for a different purpose to its indication
An “Elder” is...

- Varies from state to state but generally is someone 65 years and older;

ALSO, don’t forget:
- “Dependent adult” is 18-64 years AND “who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age.”
Types of Abuse

- Physical Abuse
- Financial Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect
- Self-Neglect
How common is elder abuse?

It’s a good question, but a hard one to answer.
Why is it hard to answer?

- Reluctance to admit
  - Shame
  - Fear of losing independence
  - Fear of being moved
- Unlike kids, older adults can quietly disappear from society without much inquiry
- May be too incapacitated to report
- Signs of abuse may be missed/mistaken for “usual aging”
FOR EVERY REPORT OF ABUSE....

At least 5 GO UNREPORTED
Best available estimates on prevalence:

- Between 1 and 2 million Americans age 65 or older have been injured, exploited or otherwise mistreated by someone on whom they depended for care or protection. (2003)

- Between 2 and 10 percent of older adults 65+ are victims of some form of abuse or neglect. (2004)
National Elder Mistreatment Study

- 11% of older adults (they studied people without dementia between 60 and 85 years) reported at least one form of mistreatment in the past year (excluding financial abuse).

- Most common types of past-year mistreatment:
  - current potential neglect: 5.1%
  - emotional mistreatment: 4.6%
  - current financial exploitation by family: 5.2%

(Acierno, 2009)
Now let’s look at what is happening to the numbers of seniors in the United States.
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.
Why does elder abuse happen?

- Greed
- Ageism
- Payback
- Entitlement
- Power and control
- Resentment
- Ignorance/Untrained/Undertrained
- Untreated mental illness/substance abuse
- Caregiver stress
Understanding the triggers of abuse is important. So is accountability.

- Caregivers can be very stressed by their responsibilities, but this does NOT grant them permission to behave in an abusive manner.
Who abuses?

- **FAMILY MEMBERS**
- In general:
  - 52% are men
  - 48% are women
  - 30% are themselves over 60

*National Elder Abuse Incidence Study*, 1998
Abuse: Caregiver Characteristics

- Depressive symptoms
- Inadequately treated mental health and/or substance abuse problems
- Feel stressed, burdened, and/or resentful
Abuse: Victim Characteristics

- Over 80 years of age
- Dementia
- Female gender (2/3 of reports)
- Verbally aggressive
- Physically aggressive
High Risk Caregiving Situations

- People with inadequately treated mental health and/or substance abuse problems are more likely to be abusive.
- People who feel stressed/burdened/resentful are more likely to be abusive.
- Providing care for an older adult who is physically combative and/or verbally abusive.
Types of Reportable Abuse

- Physical/Sexual
- Financial
- Abduction
- Abandonment
- Isolation
- Mental Suffering
- Neglect/Self-Neglect
Physical/Sexual Abuse

- Physical pain, injury, impairment
- Inappropriate use of drugs
- Inappropriate use of restraints
- Sexual abuse
- Unexplained venereal disease or genital infections
- Genital or anal pain, itching, bruising, or bleeding
"Torn from the headlines..."

STATEN ISLAND ADVANCE

'Shameless' pill grabs at Staten Island nursing homes

2 nurses nabbed in pilfering of painkillers meant for their patients

Friday, November 14, 2008 By Phil Helsel

STATEN ISLAND, N.Y. -- Two longtime nurses at a pair of Staten Island nursing homes have been arrested on charges they stole [Percocet] from supplies intended for their elderly patients -- thefts that have baffled co-workers, who say the women were model employees.

Each is charged with first-degree falsifying business records, willful violation of health laws and possession of a controlled substance, which carries up to four years in prison.
Physical Abuse: Medications

- Medications given not Rx’ed to patient
- Doses too high or too low
- Intentional over/under-medicating
- Timing of administration not optimum
  - e.g., Withholding Pain Medicines
- Unrecognized adverse effects
- Inability to swallow
- Confusion with medication on the part of the caregiver
- Lack of training/understanding
Financial Abuse

• Fear, vague answers, anxiety when asked about personal finances

• Disparity between assets and appearance/general condition

• Failure to purchase medicines, medical assistive devices, seek medical care or follow medical regimens

• Recent new acquaintance or people moving in with victim
Abandonment

Desertion of a vulnerable adult by anyone who has assumed the responsibility for care or custody of that person.

Abduction

Removal from this state and restraint from returning to this state when the person lacks capacity to consent to this removal.
Isolation

- The act of systematic exclusion of a victim from all real outside contact

S:/ 1/14/09 Mrs. K feels isolated, family members do not speak to her when she is home. Excluded from family activities, outings. Friends not allowed to visit. Pt does not participate in any outside activity.

Daughter via phone -- C/O increased difficulty to care for patient. Pt refuses PO meds and food, appears depressed
Mental Suffering

- Intentional infliction of mental anguish/suffering by use of threat, intimidation, humiliation, or other abusive conduct
Neglect/Self-Neglect

- Excessive or inadequate clothing
- Untreated “bed” sores or rashes
- Absence of assistive devices
- Frequently missing appointments
- Absence of medications
Neglect/Self-neglect

- Poor hygiene
- Overgrown nails
- Unshaven
- Decayed teeth
- Odorous
- Soiled clothing
- Matted, unkept hair
Effects of Abuse on Health

- Increased Mortality
- Abused adults are 300% more likely to die than non-abused adults
  - Lachs et al. 1998, Dong et al. 2009
- Poorer physical outcomes (probable)
  - Anetzberger 2004; American Medical Association 1990; Lindbloom et al. 2007
    - Increased pain
    - Exacerbation of existing conditions
    - Welts, wounds, injuries
    - Increased susceptibility to infection
Effects of Abuse on Finances

- Restitution often not forthcoming or too late
- No time to rebuild assets
- Loss of choices for older adult; loss of independence
- Reliance on others for financial support
- Intergenerational transfer of wealth impacted
- More quickly spending down to Medicaid
Lab findings in Abuse (direct and indirect)

- Chemistry panel
  - Malnutrition, Dehydration
  - Electrolyte imbalances
  - Impaired renal function (BUN, Scr)
- CBC w/diff
  - Malnutrition
  - Anemia
- Medication levels
Opportunities for Pharmacists to Identify Potential Abuse

- Caregiver comes to pharmacy to pick up refills
- Caregiver or elder selects which to pick up and which to leave behind
- Conversation with caregiver or elder takes place and information or clues about abuse are gathered
Opportunities for Pharmacists to Identify Potential Abuse

• While doing a routine review of a patient profile, you notice the following:
  • Certain medications are refilled exactly on time (e.g., narcotics)
  • Others haven’t been refilled for months
  • Need to contract MD/Pt
Video Scenario One

- “I’m here to pick up for Jane Appleby” -- Mrs. Appleby (Training Pharmacists about Elder Abuse)
- http://www.youtube.com/watch?v=nmb9vKsvNys
Discuss Scenario One

- Was elder abuse present?
- If so, what kinds?
- What signs did you see?
- What action, if any, should the pharmacist take now?
Video Scenario Two

"I have a prescription to pick up" -- Mr. Stepania
(Training Pharmacists about Elder Abuse)

http://www.youtube.com/watch?v=ua0VhxRE3Nk
Discuss

- Was elder abuse present?
- If so, what kinds?
- What signs did you see?
- What action, if any, should the pharmacist take now?
Video Scenario Three

- "I'd like to pick up a prescription for my father"--Mr. Jones (Training Pharmacists about Elder Abuse)
- [http://www.youtube.com/watch?v=qlMbn6QzNb4](http://www.youtube.com/watch?v=qlMbn6QzNb4)
Discuss

- Was elder abuse present?
- If so, what kinds?
- What signs did you see?
- What action, if any, should the pharmacist take now?
How to Report Abuse

In the community:
- Adult Protective Services
  - Social workers/nurses
  - Receive reports of abuse from mandated reporters and others
  - Work with elder/dependent adult to help them access resources in community to stay safe
  - In many states: Cross report to police

In residential facilities:
- Long-term Care Ombudsman
  - Social workers/volunteers
  - Receive complaints from residents
  - Advocate on behalf of residents
  - Work with State Licensing to identify problems in facilities
Adult Protective Services

- Receive reports of suspected elder/dependent adult abuse 24-hour, 7 days a week
- Live person response
- Contact immediately by phone and follow up with required form
Reports should include:

- Name of Reporter
- Name and age of victim
- Present location of victim
- Names and addresses of family members or any other person responsible for the victim’s care, if known
- Date of the incident
- ANY other information, including information that led the Reporter to suspect abuse, requested by the agency receiving the referral
What to include in your report

- The best information includes descriptions of things you
  - Saw
  - Heard
  - Smelled
  - Felt (temperature, moisture)
  - Were told
1. Make verbal report by phone as soon as possible to Adult Protective Services. In Orange County, call (800)-451-5155
2. Download California and complete state form SOC 341 from www.centeronelderabuse.org click “Resources”
3. Further instructions given by APS.
4. DOCUMENT suspected abuse in chart notes, computerized system

Confidentiality: Reporting party is not disclosed to victim, their family, or the alleged abuser
Adult Protective Services: Investigation

- APS responds immediately or within 10 calendar days.
- APS Social worker makes contact with the possible victim, suspected abuser to determine:
  - Type of abuse
  - Duration/frequency of abuse
  - Identity of suspected abuser
  - Will abuse continue if intervention is not made?
APS gathers information

- Victim’s strengths and limitations
- Victim’s medical conditions, medications involved, providers being seen
- Gather statements from health care providers
Adult Protective Services

- Involves assistance of emergency personnel (Law enforcement or paramedics) in life threatening situations
- Can arrange for available temporary emergency shelter for patient in abusive environment
- May provide counseling and information and referral service
- Advocates on behalf of the patient in situations where s/he cannot act effectively on his/her own behalf
APS Limitations

- APS services are voluntary and can only be provided with the patient’s consent
- Cannot force someone into placement despite need
- Results of report are confidential. Reporter does not know results of APS’s intervention
Myth or Fact?

1) Elder abuse is not a problem in my community.
2) It’s a family issue and I shouldn’t get involved.
3) If I report suspected abuse, Adult Protective Services will remove the older adult from their home.
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3) If I report suspected abuse, Adult Protective Services will remove the older adult from their home.

These are all MYTHS.
Questions?
Post-test Questions

1) Elder abuse is caused by:
   a) Caregiver stress
   b) Power & control
   c) Greed
   d) Ageism
   e) All of the above

2) Dementia increases the chance of someone becoming a victim of elder abuse. True or False?

3) To report elder abuse taking place in the community, a pharmacist must report it to ___________
4) Pharmacists may see signs of elder abuse when
   a) consulting with an elderly patient at the pharmacy counter
   b) doing a routine review of a patient’s file
   c) talking with a caregiver
   d) observing a caregiver and a dependent adult together in the pharmacy
   e) all of the above
Post-test questions

5) Adult Protective Services workers have the same powers as Child Protective Services workers. True or False?

6) Most perpetrators of elder abuse are:
   a) related to the victim
   b) men
   c) older than the victim
   d) itinerant workers
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