Medical Aspects of Elder Abuse

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Review of Normal Aging

An Organ Recital

(Organ Systems Commonly Affected)

Normal & Common Changes

- Renal: decrease in creatinine clearance
- Integument
  - thinner epidermis
  - capillary fragility
  - Less elasticity
- Sensory system
  - presbycussis
  - slower reaction time
  - macular degeneration, cataracts

Normal & Common Changes

- Musculoskeletal
  - sarcopenia
  - osteopenia/osteoporosis
- Cardiovascular
  - orthostatic hypotension
  - congestive heart failure
- Function
  - gait/falls
  - ADLs

Effects of Decrease in Reserve

- Greater susceptibility to illness
- More difficulty in recovering from illness
- Sensitivity to side effects of medication
- Vulnerability to abuse

The Challenge in Elders

- Normal changes of aging
- Multiple co-morbidities
- Medication effects
- Cognitive impairment

Red Flags: Possible Mistreatment

- Implausible/vague explanations
- Delay in seeking care
- Unexplained injuries - past or present
- Inconsistent stories
- Sudden change in behavior

When Abuse is Suspected...

- Context
- History
- Physical Examination
- Mental Status examination
- Laboratory testing
- Cognitive/behavioral changes

Contextual Issues

- Circumstances/Events leading up to the alleged abuse
- Delay in seeking care
- Lack of concern on the part of the caregiver
- Medical history
- Interactions between patient and caregiver
- Cognitive capacity
- History of medical care
  - Preferences
  - Follow up

Assessment

- History
- Physical
- Mental status exam
- Laboratory

Age-Related Changes and Interviewing

- Processing of complicated information
- Depression
- Endurance and comfort
- Fluctuation in capacity
- Cognitive impairment
- Sensory (Hearing and Vision)

Observations

- Interaction of the alleged victim and perpetrator
- Behavioral indicators of state of mind
  - Withdrawal
  - Fear
  - Confusion

Do the Caregivers

- Argue?
- Correct?
- Confront?
- Get physical?

Exam

- Physical
  - Functional assessment (balance, gait, ROM)
  - Nutritional status
  - Injury assessment
- Formal mental status examination

Functional Assessment

- Range of motion
- Pain
- Gait and balance
- Sensory

Clues on Physical Exam

- Sores, bruises, other wounds
- Unkempt appearance
- Poor hygiene
- Malnutrition
- Dehydration

Physical Findings in Neglect

- Pressure sores
- Poor hygiene
- Poor foot care
- Low weight
- Body language of patient

Injury Assessment

Types of Injuries

- Bruises
- Pressure sores
- Fractures
- Burns

What to look for

- Location
- Hx consistent with exam?
- Old injuries
- Delay in seeking care

Pressure Sores

- Causes
  - Pressure
  - Friction
  - Shearing
  - Moisture
- Stages (I-IV)

Pressure Sores: Contributing Factors

- Nutritional status
  - Able to get own food?
  - Able to feed self?
- Mobility status
  - Never moved
  - Tied down in one position

Bruising

- Age-related changes
- Medications
- Dating by color
- Multiple stages of healing
- History consistent with injury?
- Location

Audience Question: Bruises due to benign causes are

- A. common in older adults, whether or not they take medication
- B. often seen on the face
- C. all the same color (if there are multiple bruises on the body)
- D. usually painful

The Importance of Good Science

- To understand the issues and generate appropriate hypotheses
- To study outcomes
- To evaluate effectiveness of interventions
- To avoid costly, albeit well-intentioned, mistakes
- To understand consequences of elder abuse

Bruising Study I

Visit our CoE Research webpage for more information
http://www.centeronelderabuse.org/research.asp

Objective

To summarize the occurrence, progression, and resolution of accidentally acquired bruises in a sample of adults aged 65 and older.

The systematic documentation of accidentally occurring bruises in older adults could provide a foundation for comparison when considering suspicious bruising in older adults.

Design

Between April 2002 and August 2003, a convenience sample of 101 seniors was examined daily at home (up to 6 weeks) to document the occurrence, progression and resolution of accidental bruises that occurred during the observation period.

Setting and Participants

Three community-based settings and two skilled nursing facilities in Orange County, California.

One hundred and one adults over the age of 65.

Measures

Age, gender, ethnicity, functional status, handedness, medical conditions, medications, cognitive status, depression, history of falls, bruise size, bruise location, initial bruise color, color change over time.

Each day, bruises were visually inspected, recorded in subject files, and digitally photographed.

Study Procedure

A subject was enrolled in the study if they developed a bruise during a two week period of daily observation.

Bruises present at the first visit were documented and not included in the study.

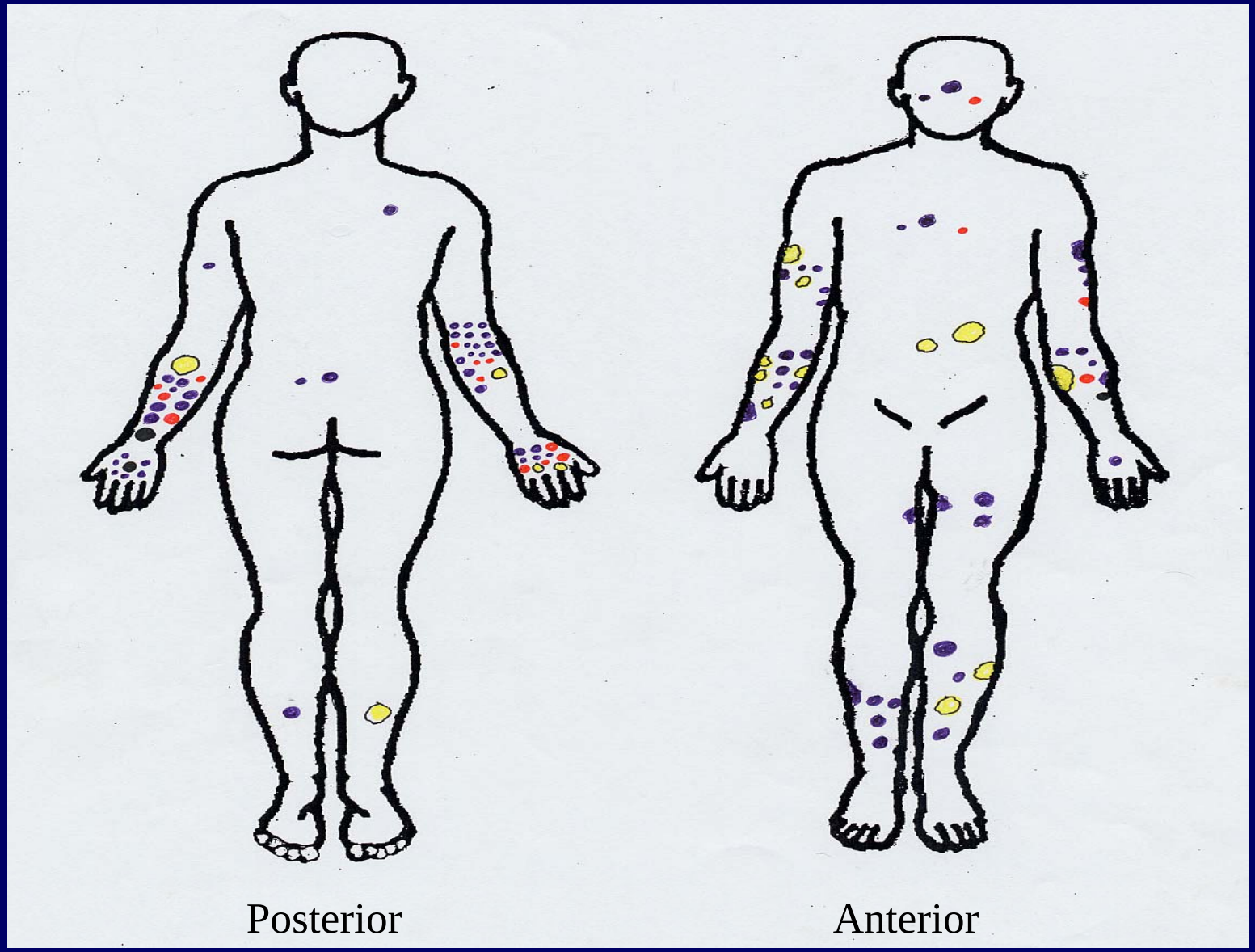
If a new bruise appeared, we knew that it had occurred during the prior 24 hours.

The bruise was then documented everyday until resolution or up till 6 weeks.

Size of Bruise by Location

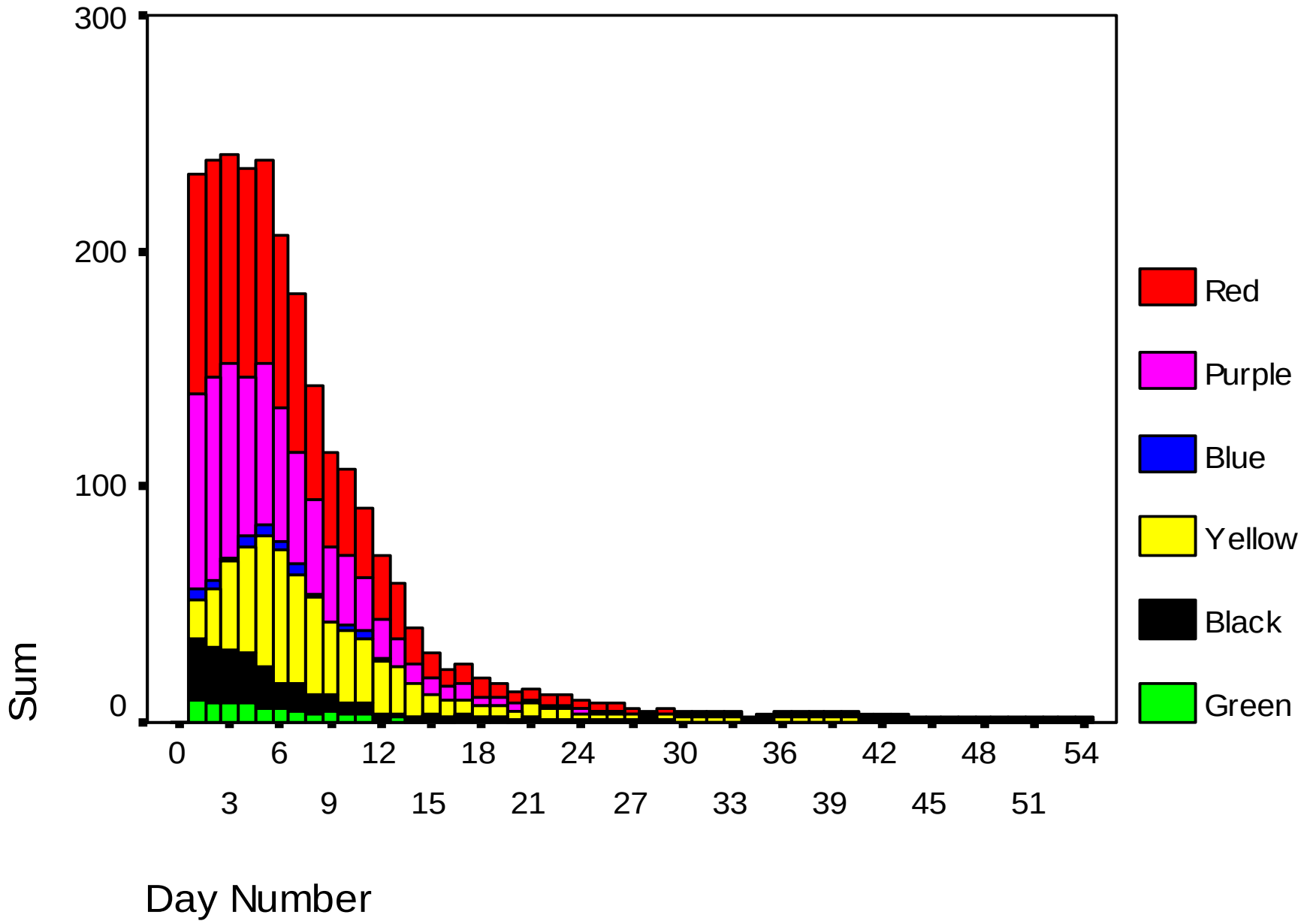
Size (Greatest Dimension)	Location		Total
	Trunk	Extremities	
Small .1cm-1cm	5 41.7%	31 32.3%	36 33.3%
Medium 1.1cm-4.9cm	6 50.0%	46 47.9%	52 48.1%
Large 5.0cm-50cm	1 8.3%	19 19.8%	20 18.5%
Total	12 100.0%	96 100.0%	108 100.0%

Location of Bruises



(108 bruises at Day 1)

Progression of color



Summary of Results

- 90% on the extremities
- no bruises on the neck, ears, genitalia, buttocks, or soles
- more likely to know cause if on the trunk
- 16 bruises predominately yellow within the first 24 hours of onset
- if on medications known to impact coagulation pathways, then more likely to have multiple bruises

Bruising II

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Bruising II

- To document the bruises of elders who have been physically abused and compare them with ‘normal’ bruising

- Worked in partnership with Adult Protective Services to gain access to physical abuse cases

Bruising Associated With Physical Elder Abuse

- Subjects: 67 older adult APS clients seen within 30 days of a physical abuse incident
- Compared with 101 older adults from the earlier accidental bruising study

Findings

- (At least) 72% of physically abused older adults had bruises
- Of 155 bruises found, they reported that (at least) 89 were inflicted, 26 accidental and 40 unknown

Findings & Clinical Significance

- Inflicted bruises are larger.
  - *Be suspicious if >5 cm.*
- Abused elders are more likely to have bruises on head, neck, lateral right arm.
  - *Pay attention to the location.*
- People who were abused are more likely to remember the cause of the bruise.
  - *Ask.*

Medications and Abuse

- Over-medication
- Under-medication
- Chemical restraints
- Use of drug levels

Medications and Abuse/Neglect

- Not giving or not providing access to pain medication
- Not giving medication
  - Importance of looking at the pill bottles
  - Medical and pharmacy records
- Giving medications to keep the patient “calm” or “quiet”

Working with the Medical Folks

- Concise recount of the story
- Medical history and medical records (including labs)
- Medications (EVERYTHING!)
  - Rx
  - OTC
- Estimate of cognitive status

Ever stop to think and forget to start again?

Dementia is a disease process which causes loss of intellectual abilities and inability to perform one's usual activities.

Criteria for Dementia

- Loss of memory
- Loss in at least one other cognitive domain (e.g. language, spatial relations, judgement)
- Loss of function

Types/Causes of Dementia

- Alzheimer's Disease
- Vascular Dementia
- FTD
- DLB
- Thyroid d disease
- B12 deficiency
- Depression

Cognitive Symptoms

- Amnesia
  - loss of memory
- Aphasia
  - impairment of language (receptive/expressive)
- Apraxia
  - inability to perform a motor task despite intact motor function
- Agnosia
  - inability to recognize despite intact sensory functions

Psychiatric Symptoms

- Depression
- Anxiety
- Personality change
- Delusions
- Hallucinations

Motor Symptoms

- No predictable pattern
- Occurs early with some types of dementia
  - Parkinson's Disease (precedes)
  - Lewy Body dementia (concomitant)
- Occurs late with some types of dementia
  - Alzheimer's Disease
- Variable with other types of dementia
  - FTD/ALS

Function Symptoms

- Handling finances
- Driving/Supervising transportation
- Dressing
- Toileting
- Feeding

Dementia: Vulnerability

- Victim becomes more and more dependent
  - Cognitive Impairment
  - Physical dependence
- Caregiver
  - Willingness to be in role
  - Support (practical and emotional)
  - Alcohol, substance abuse
  - Personality and mental health issues
  - Motivations

The Person with dementia:

- May be unable to recognize abuse
- May be unable to report abuse
- May not be believed

Brief Mental Status Exams

- DO Test
  - Short term memory
  - Language
  - Concentration
- Do NOT Test
  - Judgment
  - Reasoning
  - Comprehension
  - Capacity to consent unless really good or really bad

Mental Status Exam

- Use a formal mental status exam if you know how to administer it properly
- If not, make some observations and statements about the victim's cognitive status

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and eliminate aging in fear

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