

# Medicine, Multidisciplinary Teams, and the Vulnerable Adult

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# The Game Plan

- Introductory comments about aging
- Demographics
- Age-related changes
- Vulnerability to abuse and neglect
- Teams
- Closing thoughts
- Questions (as we go and at the end)

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First, a poem from a famous doctor.....

# Understanding Ourselves

- What do YOU believe about the aging process?
- Are you afraid of getting old?
- How do your fears influence your interactions with older adults?
- How do your beliefs influence the way you think about family violence and elder abuse?
- How do your beliefs influence the way you live your life?

What's it like to get really old?

# Being Old

- Beloved's passing leaves me lonely at times
- Names tend to elude me
- Sometimes discounted
- The saggage
- Knee pain
- Gardening out the window
- Driving at night
- Sleep is harder at night
- Doctor's appointments: time consuming

# Being Old

- Free to be more candid
- More accepting of others
- Connections & friendships more appreciated
- I don't have to compete
- Kids see I'm more than a pancake maker
- More reflective-spiritual

# Being Old

- Perhaps more mindful and in the moment
- Accomplishments and successes to look back on
- Bursts of creativity
- Stronger at the core, survived more adversity

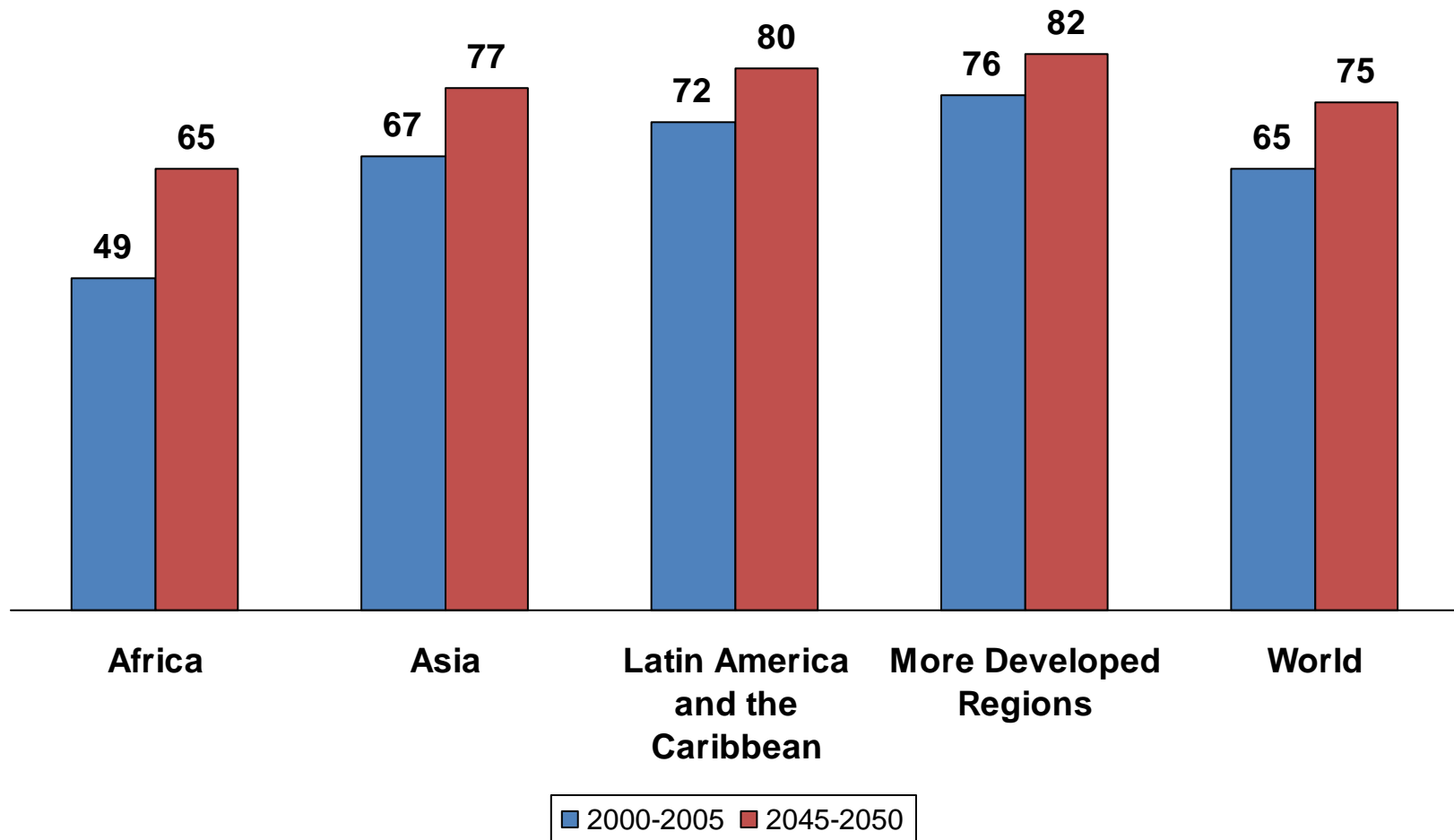


# Definitions

- Gerontology
  - *geron* old man
  - *logos* knowledge
- Geriatrics
  - *geron* old man
  - *iatros* healer
- **Gerontology** is the study of the aging process
- **Geriatrics** is the medical field specializing in old age

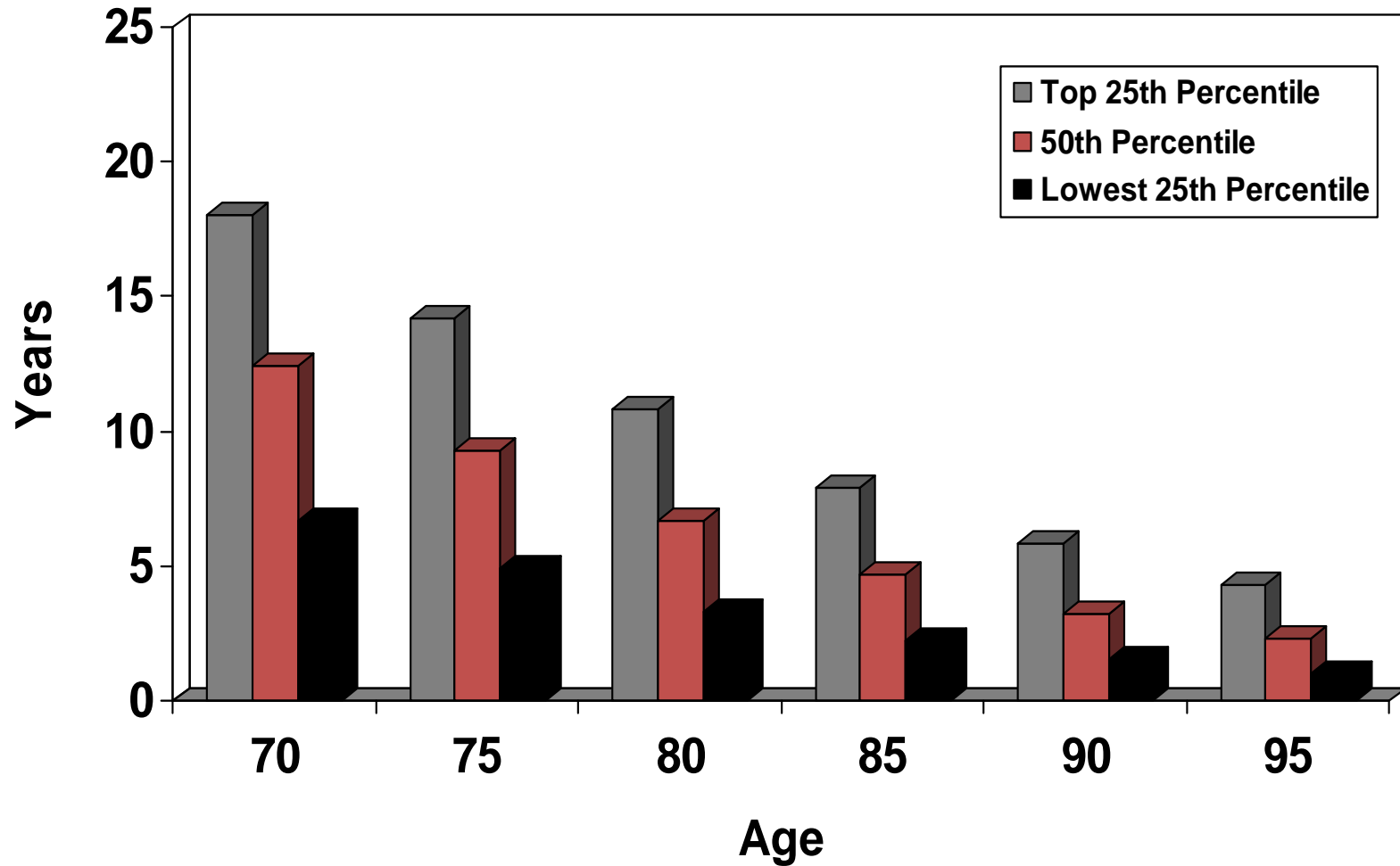
# Trends in Life Expectancy, by Region

## Life Expectancy at Birth, in Years

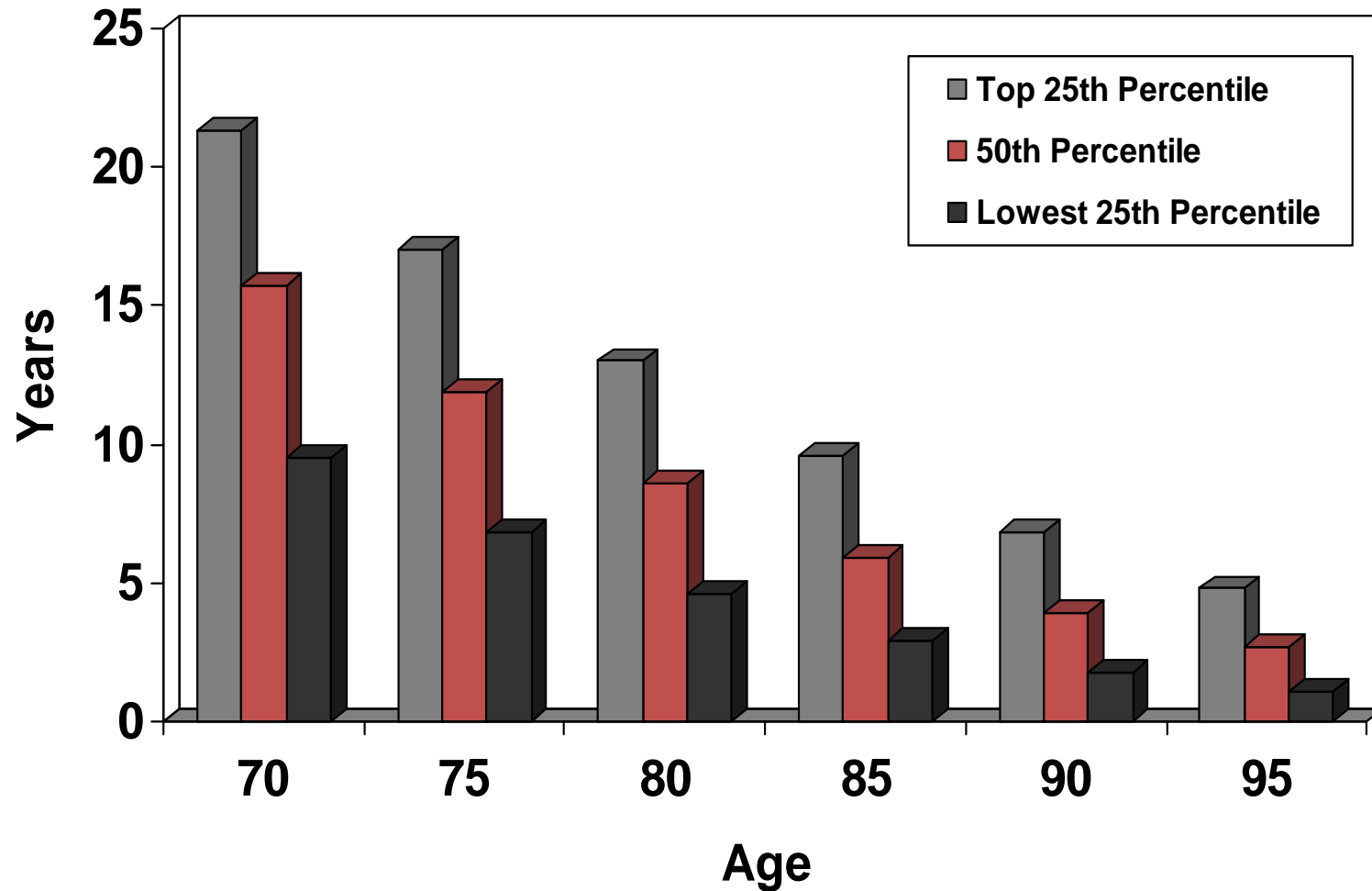


Source: United Nations, *World Population Prospects: The 2004 Revision* (medium scenario), 2005.

# Life Expectancy for Men



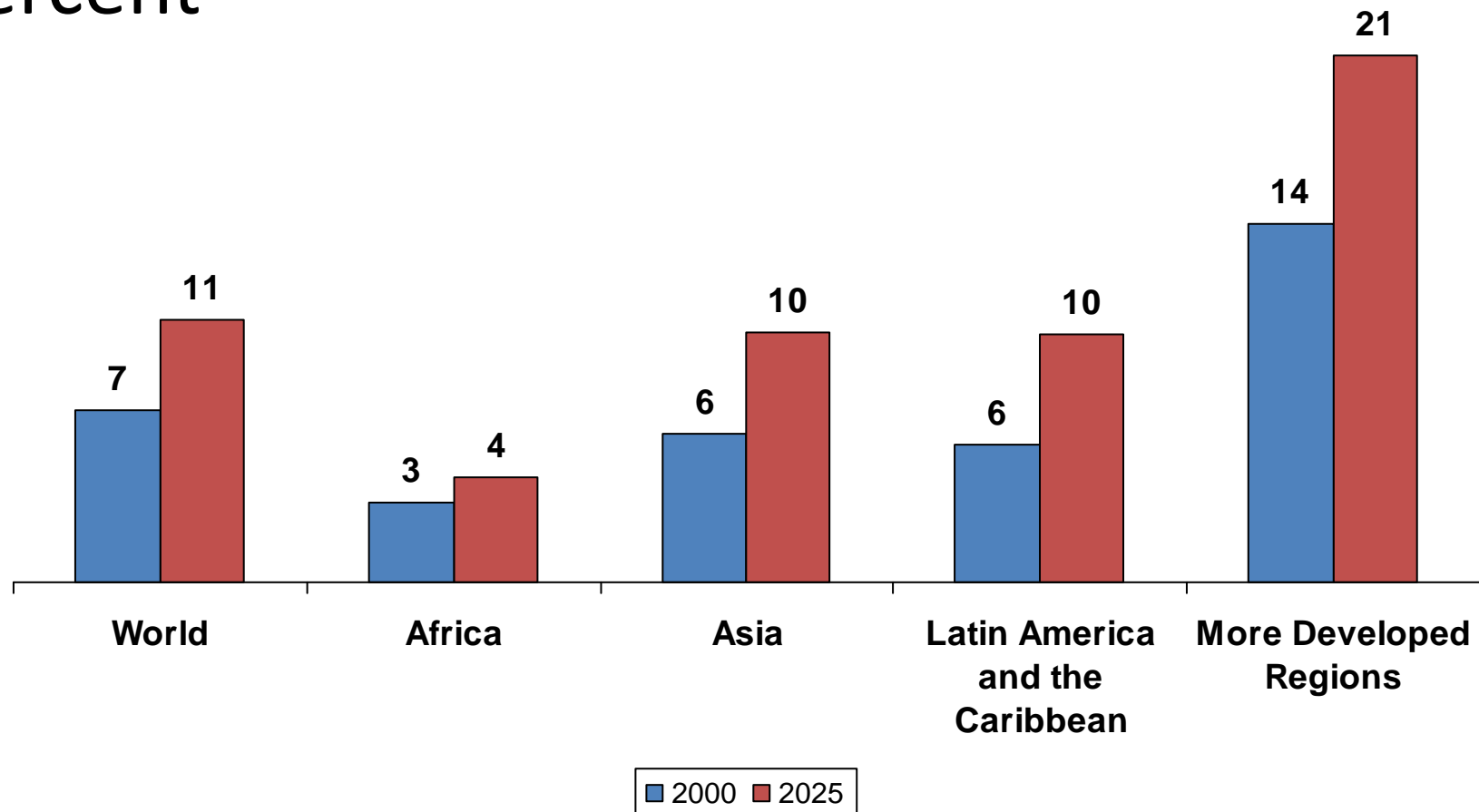
# Life Expectancy for Women



# Trends in Aging, by World Region

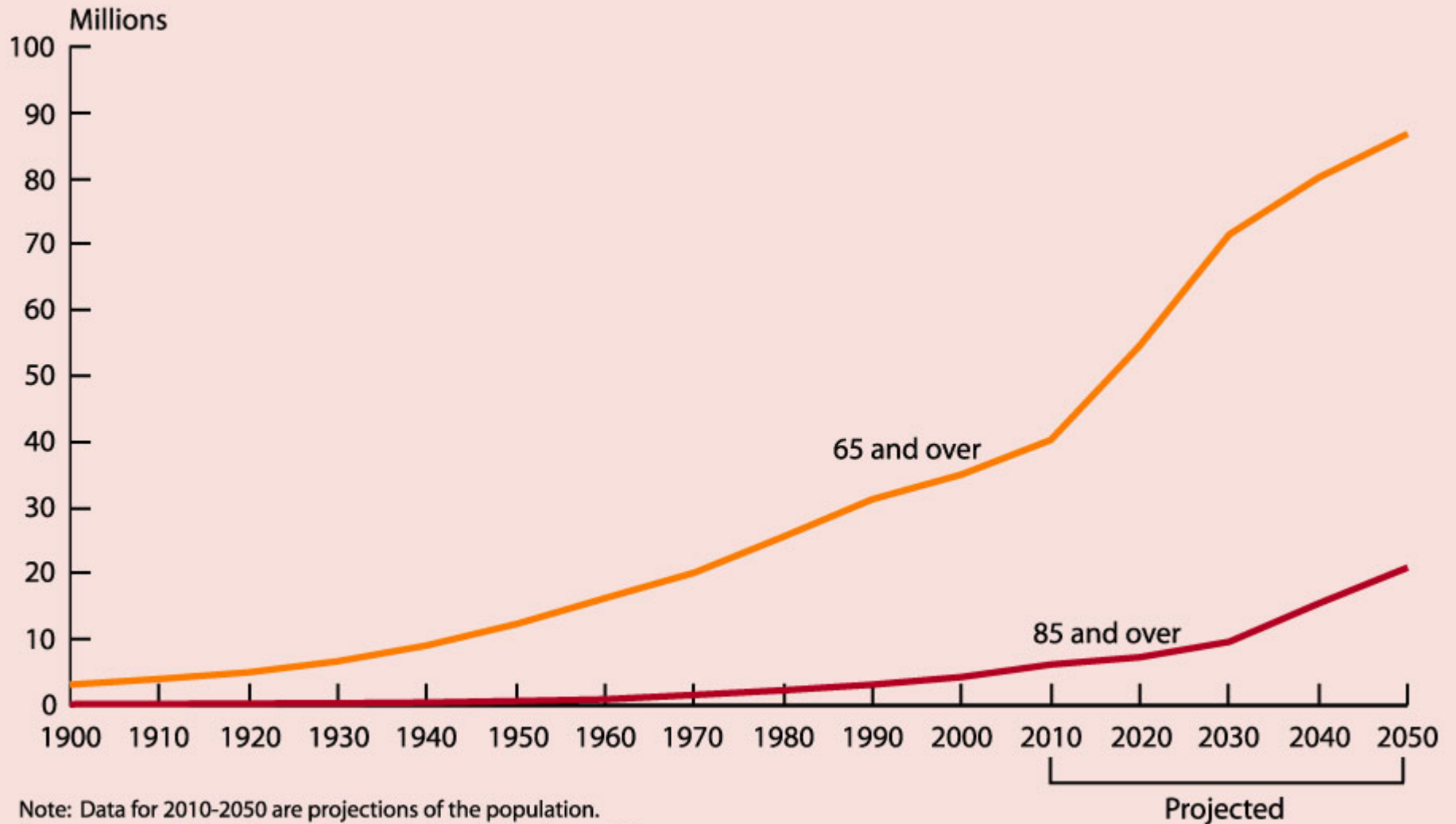
## Population Ages 65 and Older

Percent



Source: United Nations, *World Population Prospects: The 2004 Revision* (medium scenario), 2005.

## 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.

# What the heck is going on?!

- Difficulty defending oneself, physically and emotionally
- May be more reliant on others for assistance than in the past
- Fear of losing independence if a report is made, so more susceptible to threats

As age increases, so do the number of health, social, and psychological issues that make older people more vulnerable.

**Chronic Illnesses**

**Medications**

**Depression**

**Dementia**

**Quantity and quality of social support**



# Age-related changes often make it hard to diagnose abuse/neglect

- Why is it often difficult to tell if physical abuse has occurred?
- Why is it often difficult to tell if neglect has occurred?
  - *Normal* age-related changes
  - *Common* age-related changes
  - *Context* in which an injury (fracture) or wound (pressure sore) or event (grabbed an arm) occurred

# Normal & Common Changes

- Musculoskeletal
  - Sarcopenia (decrease in muscle mass)
  - osteopenia/osteoporosis (low bone density)
- Cardiovascular
  - orthostatic hypotension (blood pressure drop)
- Function
  - gait/falls
- Neurologic
  - Dementia

# Normal & Common Changes

- Renal: decrease in creatinine clearance (i.e. decline in kidney function)
- Integument
  - thinner epidermis
  - capillary fragility
- Sensory system
  - presbycusis
  - macular degeneration, cataracts

# Contextual Factors

- **Medical** issues
  - What diagnoses does this person have?
  - Are the diagnoses complete & accurate?
  - Are the illnesses optimally treated?
  - What medications are being taken?
- **Mental health** issues
  - Depression
  - Substance abuse
  - Anxiety disorder/hoarding behavior

# Contextual Factors (cont'd)

- **Functional** issues
  - ADLs and IADLs
  - Need for assistance
- **Social** complexities
  - Family conflict
  - Caregivers, paid and unpaid
- Questions about **cognition**
  - Capacity to make decisions
  - Dementia

Common and normal age-related changes mask and mimic signs of elder mistreatment.

So it can be difficult to distinguish when an injury is innocent and when related to abuse.

# The challenge of identifying an injury as “abuse” or “neglect” .....

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

# Red Flags

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



# Physical Abuse and Neglect: Clues on Physical Exam

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

# What can blood tests reveal?

- Nutritional status
- Hydration status
- Renal function
- Evidence of infection
- Control of diabetes
- Medications/drugs
  - Direct (e.g. digoxin level)
  - Indirect (e.g. TSH)

# Injury Assessment

## Types of Injuries

- Pressure sores
- Bruises
- Fractures
- Burns

## What to look for

- Location
- Delay in seeking care
- History & exam consistent?

# Injury Assessment

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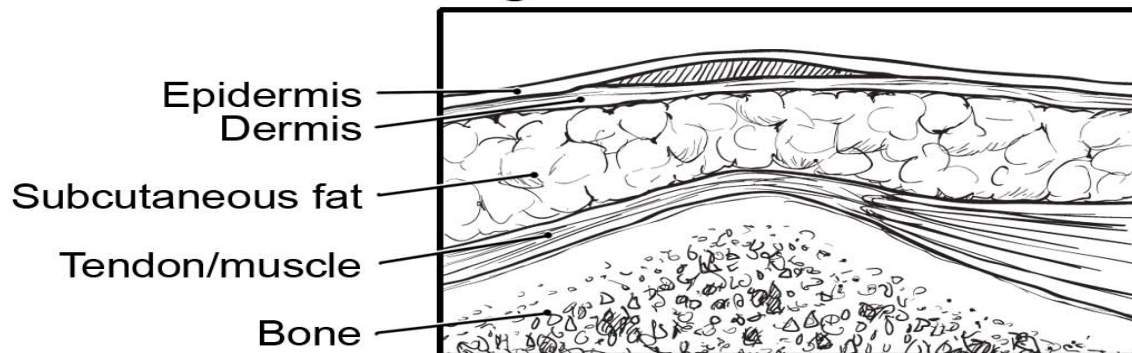
## What to look for

- **Location**
- **Delay in seeking care**
- **History & exam consistent?**

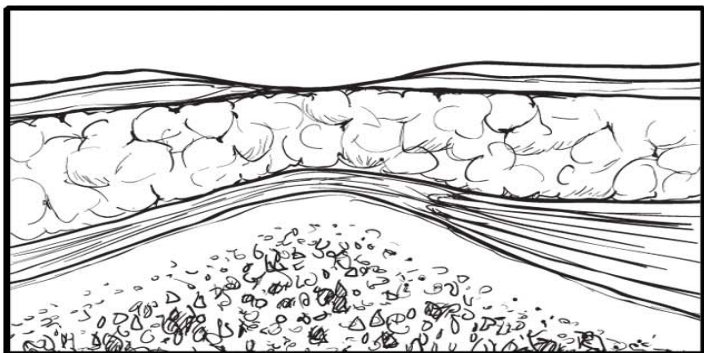
# Pressure Sores

- common
- often preventable
- usually treatable

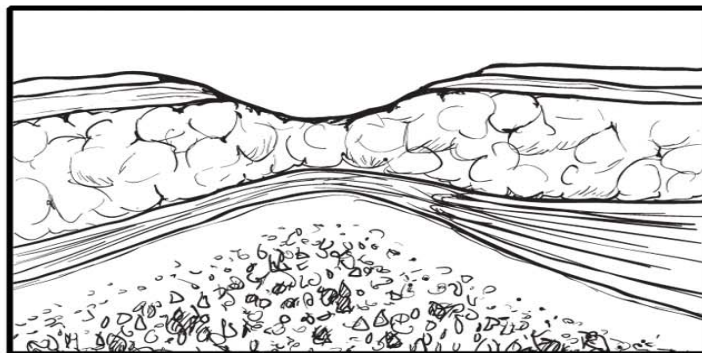
**Stage 1**



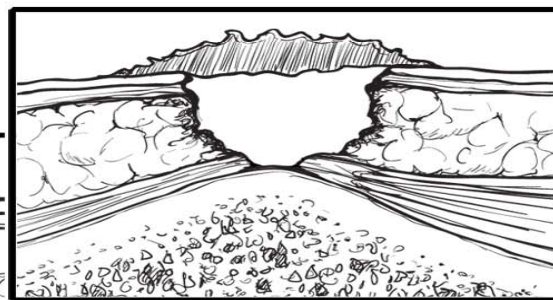
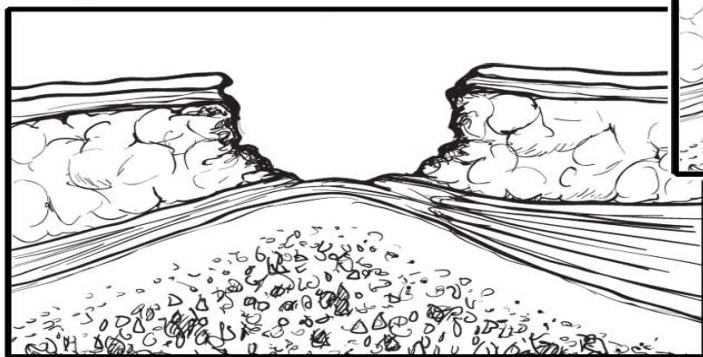
**Stage 2**



**Stage 3**



**Stage 4**



**Stage 4  
with a scab**

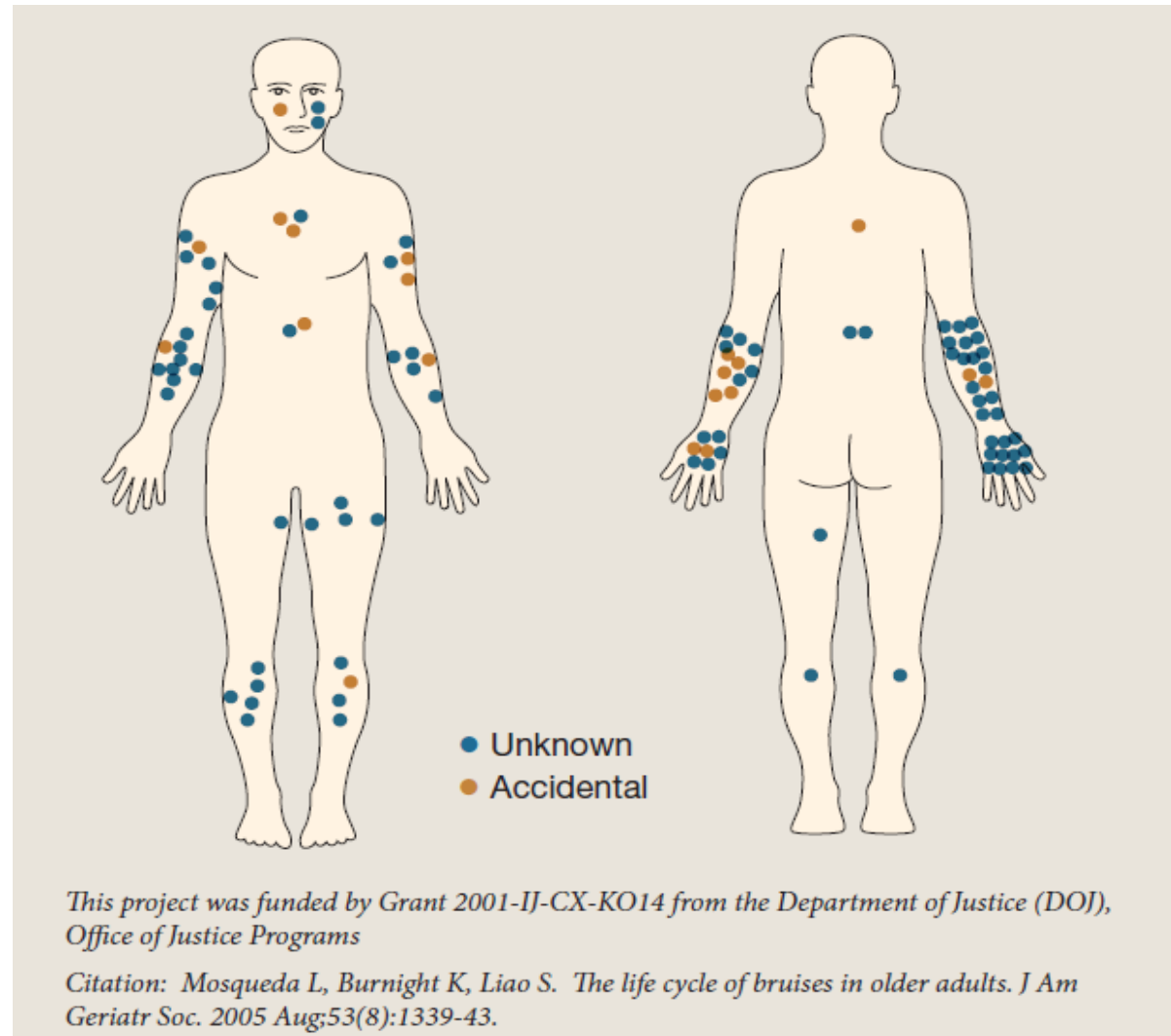
# Pressure Sores: what an expert may be able to tell you

- Whether this was a high risk situation in which a pressure sore may have been inevitable
- Whether this is typical in appearance
- Whether this is typical in location
- Whether treatment was sought or carried out appropriately (i.e. standard of care)

# PART I: Accidental Bruising in Older Adults

Key findings from a study of accidental bruising in older adults:

- **Color of a bruise did not indicate its age.** A bruise could have any color from day one.
- **90% of accidental bruises were on the extremities** rather than the trunk, neck or head.
- **Less than a quarter of older adults with accidental bruises remembered** how they got them.
- **Older adults taking medications** that interfere with coagulation pathways

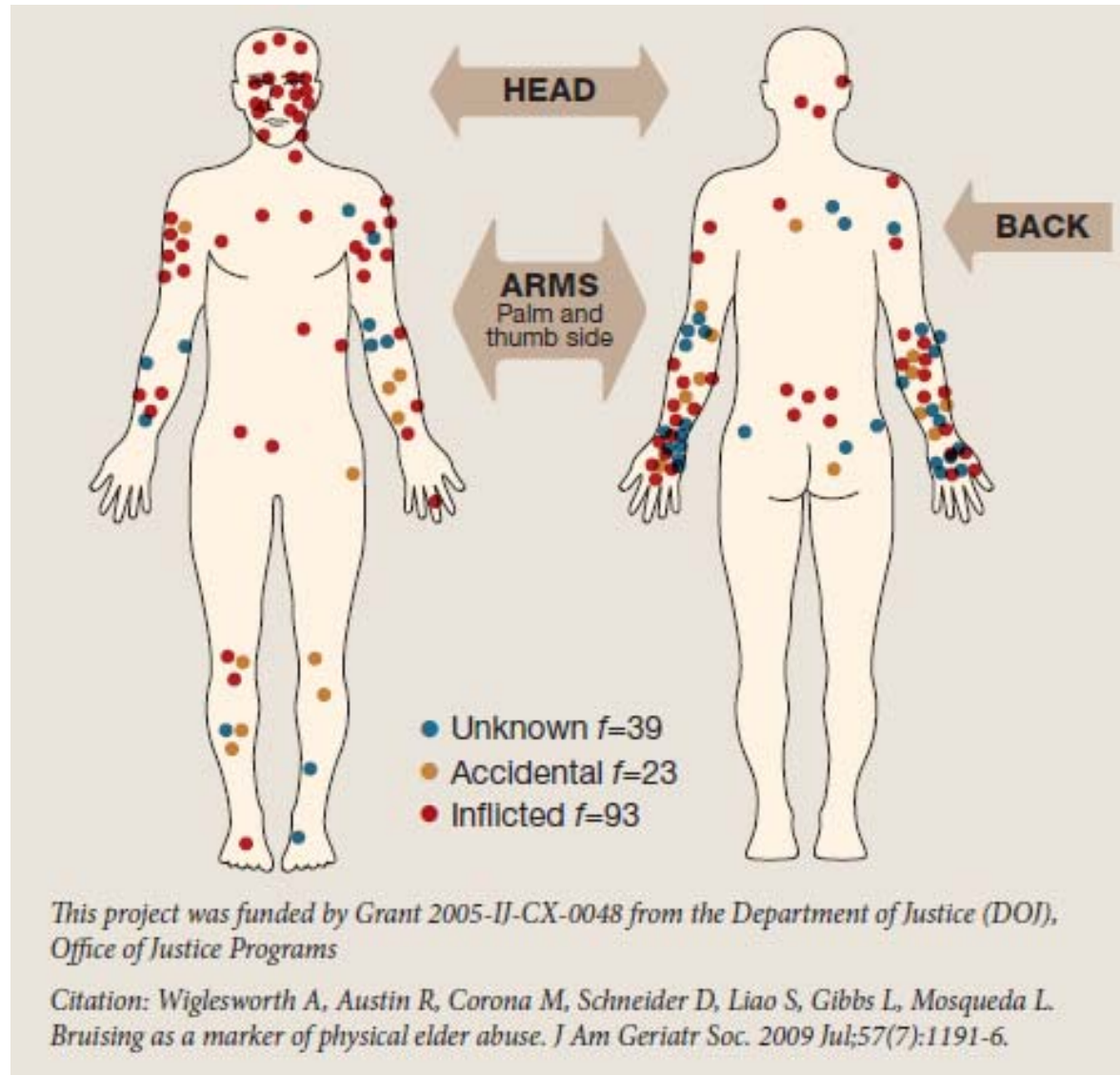




# PART II: Bruising in Older Adults as Reported by Abused Elders

## Key findings from this study:

- **Bruises were large.** More than half of older adults with bruises who had been physically abused had at least one bruise **5 cm (about 2 inches) in diameter or larger.**
- Older adults with bruises who had been abused had **more bruises in areas indicated with tan arrows** than older adults whose bruises were accidental.
- **90%** of older adults with bruises who have been physically abused **can tell you how they got their bruises**, and **this includes many older adults with memory problems and dementia.**



**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

# Symptom Categories

- Cognitive (e.g. memory, language, visual spatial, mathematics)
- Psychiatric (e.g. depression, psychosis, agitation, personality change)
- Motor (e.g. gait, balance, swallowing)
- Function (e.g. financial management, meal preparation, transportation, medication management)

# Types/Causes of Dementia

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- Alzheimer's Disease
- Cerebrovascular Disease
- Lewy Body Disease
- Parkinson's Disease
- Depression
- Semantic aphasia and associative agnosia
- Hypothyroidism
- Meningioma
- Neurosyphilis
- Subdural hematoma
- Vitamin B12 deficiency
- Progressive nonfluent aphasia
- Pick's Disease
- Hypercalcemia
- Infection
- Bad karma
- Down's syndrome associated dementia
- Traumatic brain injury
- Frontotemporal dementia
- Medication/Polypharmacy
- Primary Progressive Aphasia

# Early AD

## Symptoms:

- Short term memory
- Words
- Judgment

## Dilemmas:

- Driving
- Finances

# Financial Abuse

# Mid AD

## Symptoms:

- Behavior
- Dressing
- Insight

## Dilemmas:

- Explaining
- Moving

Physical abuse



# Severe AD

## Symptoms:

- Communication
- Mobility
- Swallowing

## Dilemmas:

- Risk/benefit
- Nutrition

Neglect

# 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.

# 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

# 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.

# 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).

# Conclusions

- About half of people with dementia are being mistreated, usually by a family member.
- Caregivers can be questioned to find out about mistreatment & they will admit to it.

# 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.
- Screening is essential

# Interdisciplinary Teams



# O.C. FC Team

- Adult Protective Services
- Office of the District Attorney
- Sheriff's Department
- Anaheim Police Department
- U.C.I. Program in Geriatrics (medical)
- Public Administrator/Public Guardian
- Community Service Programs
- Long-Term Care Ombudsman
- Older Adult Services (mental health)
- Human Options (d.v.)



# Lessons Learned So Far (1,000 cases)

- Flexibility is a must
- Respect for differences
- Coordination is key
- Follow-up
- Group meetings for process issues
- It takes a long time to get the results you want
- It ain't always pretty

# Outgrowths

- Increased law enforcement participation
- Creation of new curricula for multiple disciplines (medical, social services, and law enforcement)
- An increase in the number of elder abuse cases filed with the district attorney
- Identification of needed research
- Formation of an Elder Death Review Team

# Outgrowths

- Prevention Coalition  O.C. Ageless Alliance
- Research
  - Forensic markers
  - Outcomes
  - Models to understand/prevent EM
- Training/Education
  - POST
  - Primary care residents
  - Coroner Investigators
- Creation of a Center of Excellence on Elder Abuse and Neglect  NCEA
- System change

# Bottom Line

- Working as a team should make every member's job easier
- Just getting all of the agencies in the same room is a win
- Core members begin talking about other cases
- Agencies become more comfortable working together and gain trust

# Creation of an Elder Abuse Forensic Center

- Groundwork
  - Relationships
  - Commitment
- Funding
- Collaborators: Who? (fried egg approach)
  - Must
  - Very helpful
  - Would be nice

# Interdisciplinary Teams

- Investigatory (such as a forensics center)
- EDRTs
- Training
- Research

# National Center on Elder Abuse

- Housed at UC Irvine Program in Geriatrics
- Clearinghouse of materials related to elder abuse: research, training, best practices, policy
- Elder abuse listserv for professionals
- E-newsletter
- Website: [www.ncea.aoa.gov](http://www.ncea.aoa.gov)



# Ageless Alliance: United Against Elder Abuse

- A national grass roots movement for people of all ages to take action against elder abuse locally and nationally
- Web based: [www.agelessalliance.org](http://www.agelessalliance.org)
- Building Awareness
- Providing Support
- Promoting Community Involvement & Action
- Advocacy



CENTER OF EXCELLENCE  
ON ELDER ABUSE AND NEGLECT  
UNIVERSITY of CALIFORNIA, IRVINE



AGELESS ALLIANCE

UNITED AGAINST ELDER ABUSE

# How does our society view elders?

- Ageism/devaluing older adults
  - Non productive
  - Take precious resources
- Viewed as “other”
- Will die soon anyway
- Dehumanized

# Understanding Ourselves

- What do YOU believe about the aging process?
- Are you afraid of getting old?
- How do your fears influence your interactions with older adults?
- How do your beliefs influence the way you live your life?

# What ought we do?

- Raise our expectations
- Encourage and empower elders to raise *their* expectations
- Understand/View older adults as an asset
- Strengthen the care systems (health, social, criminal justice)
- Devise more opportunities for older adults
- Have a genuine appreciation of what each person has to offer and help them be their best

# What will I do to honor WEAAD all year long ?

- Primary care delivered by an interdisciplinary team of knowledgeable, compassionate providers who attend to people in a holistic and loving manner
- Partnerships with colleagues in the medical, social service and criminal justice realms to promote aging with joy and to eliminate aging in fear

What will **you** do?