

The Role of Interdisciplinary Teams in Elder Mistreatment

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The Game Plan

- Aging
 - Demographics
 - Vulnerability to abuse
- Physiologic changes of aging
- Medical assessment
- Dementia
- IDTs

With help from Page Ulrey

The need

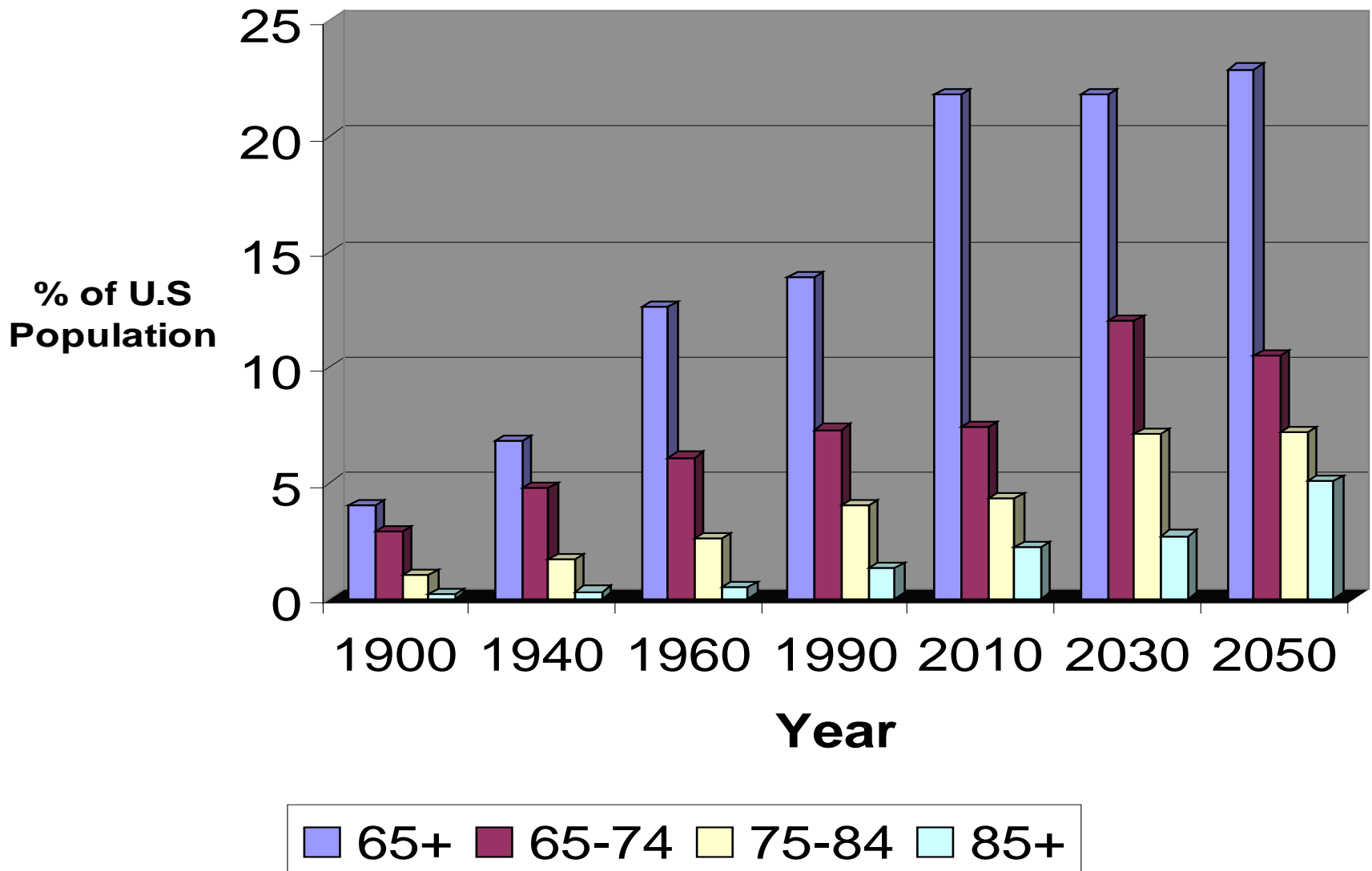
- “He knew what he was doing when he signed over his house to me. We’re in love.”
- “All old people get bruises like that.”
- “Old people are dirty.”
- “It’s a shame, but lots of old people die with bedsores and in pretty filthy condition.”
- “It’s not a big deal. People with dementia can’t feel pain.”

Why have a special category for older adults?

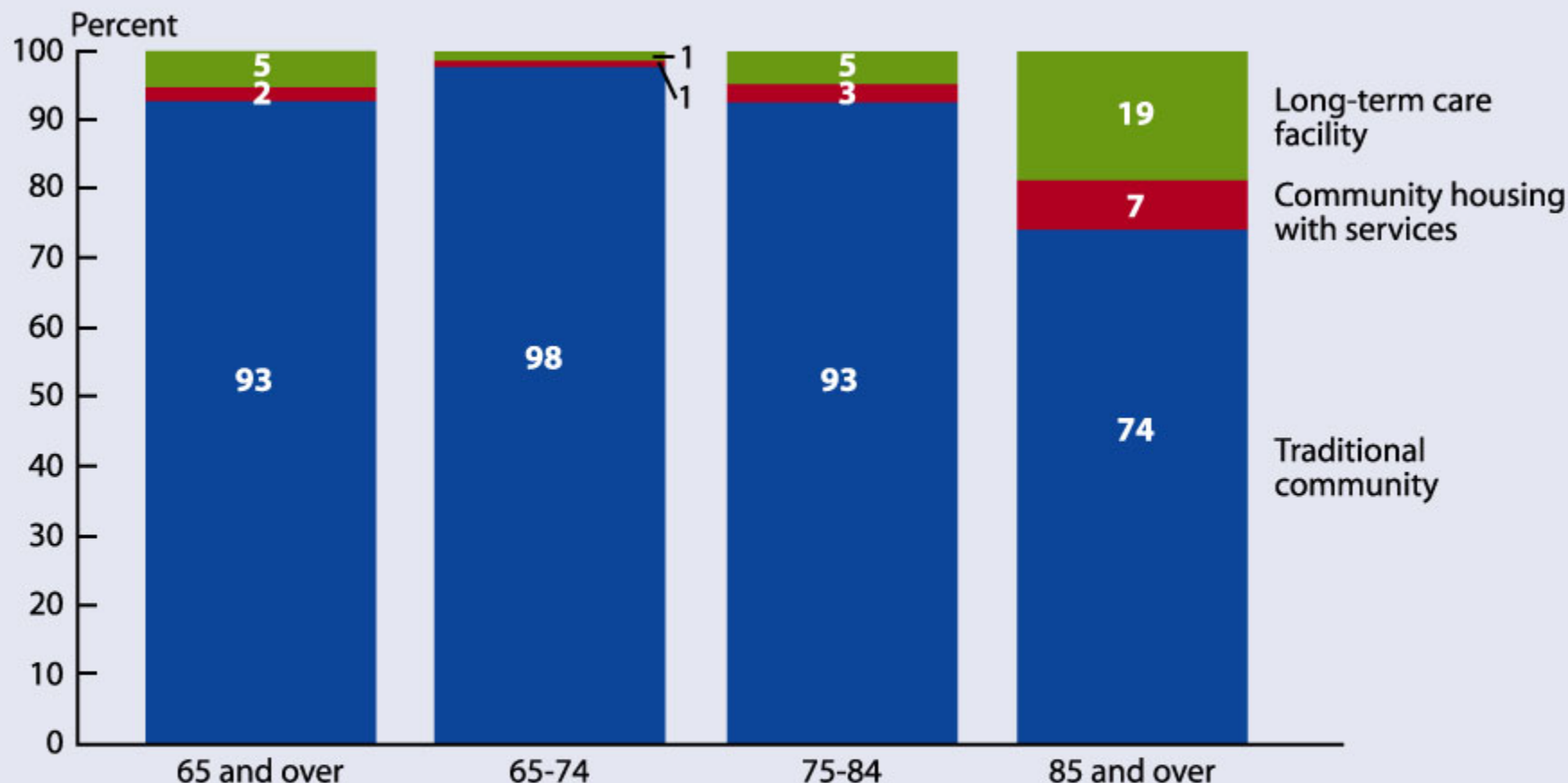
Because older adults are more likely to be vulnerable. Aging is accompanied by changes that make us susceptible to physical and emotional injury.

A few statistics about the
aging population in the U.S.

Estimated Growth of Elder Population



Percentage of Medicare enrollees age 65 and over residing in selected residential settings, by age group, 2002



Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and other similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation, cleaning or housekeeping services, laundry services, help with medications. Respondents were asked about access to these services but not whether they actually used the services. A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds and is licensed as a nursing home or other long-term care facility and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a caregiver.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Aging is accompanied by changes that make us susceptible to physical and emotional injury.

Age-related changes mask and
mimic signs of elder abuse

Let's look at some of those changes

Usual and Common Changes

- Integument
 - Thinner epidermis
 - Capillary fragility
- Renal: Decrease in creatinine clearance
- Sensory
 - Presbycusis
 - Macular degeneration, cataracts

Usual & Common Changes

- Cardiovascular system
 - Higher blood pressure
 - Orthostatic hypotension
- Musculoskeletal system
 - Arthritis
 - Decrease in bone density
- Neurologic
 - Reaction time
 - Memory

Consequences of These Changes

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

Vulnerabilities to Mistreatment

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

Vulnerability

- **Emotional:** fear of being a burden, low self worth
- **Physical:** more difficult to fend for oneself
- **Cognitive:** may not know that neglect is occurring or know how to get help
- **Social:** lack of financial resources, family members may feel obligated and unhappy about providing care,

The Challenge in Elders

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



Examples of Abuse

- Financial Exploitation
- Physical abuse
- Neglect

Financial Exploitation

- Misuse or withholding of older adult's resources to the disadvantage of the elder or profit of another

Examples of Financial Exploitation

- Obtaining the password and then stealing the ATM card
- Threatening to put mom in a nursing home if she doesn't co-sign for the car
- Withholding pain medication unless the house is signed over

Physical Abuse

- physical, sexual, or emotional maltreatment or willful confinement

Examples of Physical Abuse

- Pulling a person's hair
- Slapping/hitting/punching
- Throwing food or water on a person
- Tightening a restraint to cause pain

Neglect

- Failure of caregiver to provide the necessities of life, including food, clothing, shelter, and medical care. Neglect may be passive or willful.

Examples of Neglect

- Person is lying in their urine and feces for extended periods of time
- Person develops malnutrition and/or dehydration and/or pressure sores due to lack of appropriate care
- Person is dirty, has elongated nails, is living in filthy environment



Red Flags of Possible Mistreatment

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

A Physician's view

- Understand the patient's functional status (ADLs and IADLs)
- Understand the patient's vulnerabilities
 - Which activities require assistance?
 - Is the need due to physical issues, cognitive issues, or both?
 - What type of assistance is required?
- Identify the caregiver, if possible

A Physician's view

- What are the caregiver's capabilities and limitations?
 - Physical
 - Emotional
 - Social
 - Financial
- This is where we tend to excuse behavior that is actually unacceptable

What I look for

- Patient
 - Hygiene
 - Foot care
 - Skin condition
 - Medical issues that don't get better despite prescribed treatment
- Caregiver
 - Lack of follow up
 - Missed appointments
 - Disengaged
 - Incompetent (physical, emotional, intellectual)

History

- Implausible/vague explanations
- Delay in seeking care
- Unexplained injuries - past or present
- Interaction between patient and caregiver

Physical Abuse and Neglect: Clues on Physical Exam

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

The Importance of Context

- All bruises are due to the same thing: a blood vessel ruptures and blood extravasates into the surrounding tissue
- All pressure sores are due to the same thing: there's inadequate blood supply to maintain perfusion of the tissues
- All fractures are due to the same thing: an external force greater than the strength of the bone was applied.

Context (cont'd)

- Our job is to figure out **why** these things happened
- Most of the time, understanding the context is key to making a determination
- Sometimes, though, it's pretty darn obvious and I don't really need to know much about the context!

Injury Assessment

Types of Injuries

- Bruises
- Pressure sores
- Fractures
- Burns

What to look for

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







What can blood tests reveal?

- Nutritional status
- Hydration status
- Kidney function (important in metabolism of medications)
- Control of diabetes
- Evidence of infection
- Medications/drugs
 - Direct
 - Indirect

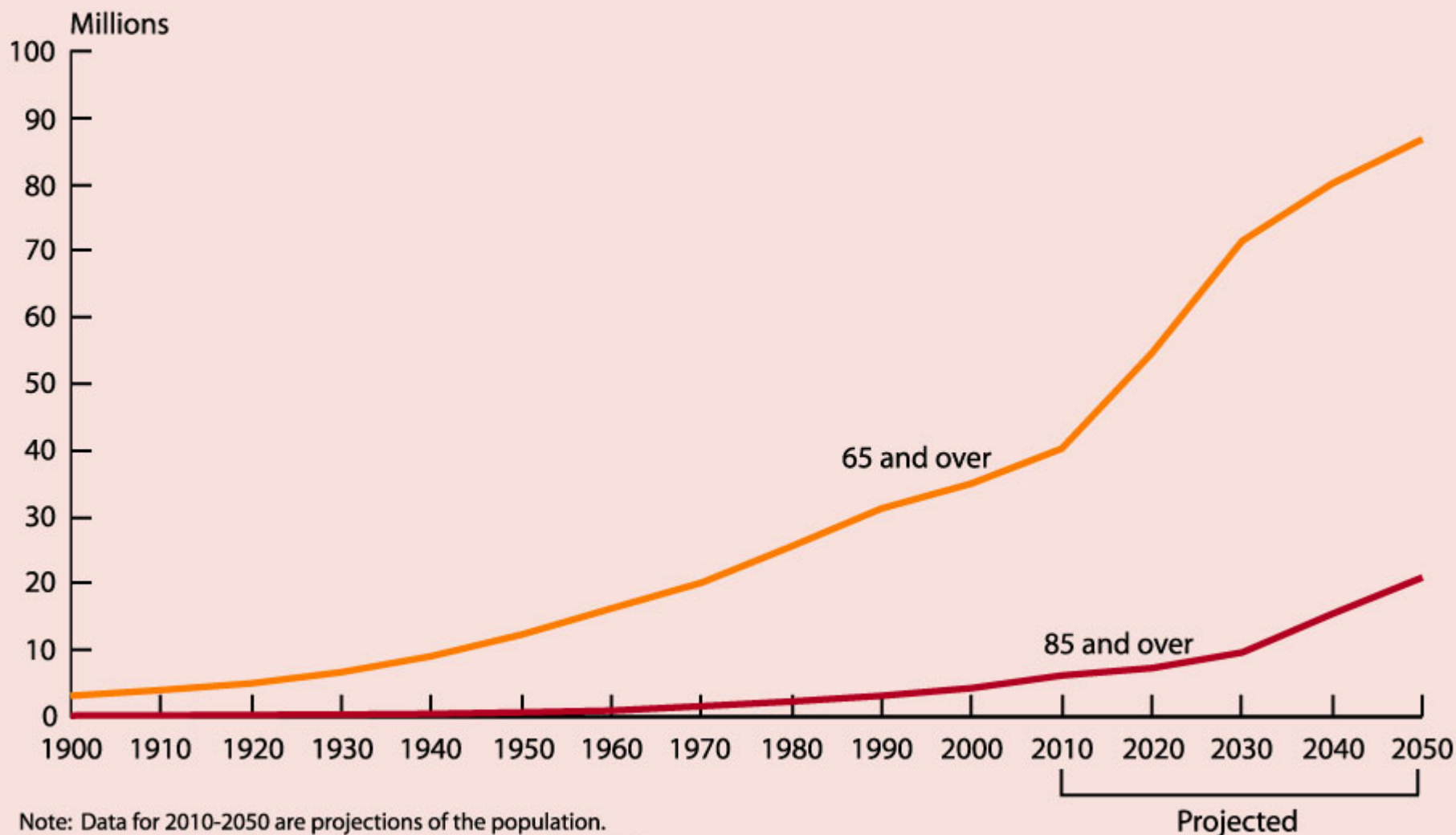
ASK

- Patients
 - Are you afraid of anybody?
 - Has anyone hurt you?
- Caregivers
 - How are you doing with all this stress?
 - Have you ever hit your mom, or are you worried that you might?

THE DEMOGRAPHY OF Dementia

- 4 million in U.S. currently
- 14 million in U.S. by 2050
- 1 in 10-20 persons aged 65+ and nearly half of those aged 85+ have dementia
- Life expectancy of 8-12 years after symptoms begin

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.

Dementia and Abuse

- May be unable to recognize abuse
- May be unable to report abuse
- May be the perpetrator of abuse
- May not be believed

Criteria for Dementia

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

Early AD

Symptoms:

- Short term memory
- Words
- Judgment

Emotional abuse

Mid AD

Symptoms:

- Behavior
- Dressing
- Insight

Physical abuse

Late AD

Symptoms:

- Communication
- Mobility
- Swallowing

Neglect

“I was the only one who actually cared, and just got overwhelmed.”

“She didn’t want to go to
the doctor.”

Mistreatment of People with Dementia by their Caregivers

University of California, Irvine School of Medicine
Program in Geriatrics

Funded by the California Department of Health Services



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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).

Study Conclusions

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

An Abuse Case Often Involves

- **Social** complexities
 - Family conflict
 - Questionable living arrangement
- **Mental health** issues
 - Depression
 - Substance abuse
- Questions about **cognition**
 - capacity
 - dementia
- **Medical** problems

IDTs

- Why
- How
- Who
- When

Definition of “Forensic”

- Relating to, used in, or appropriate for courts of law or for public discussion or argumentation
- Of, relating to, or used in debate or argument
- Relating to the use of science or technology in the investigation and establishment of facts or evidence in a court of law

Forensic Center

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

Forensic Center Services

- Team Case Review
 - Formal case reviews occur biweekly
 - Informal consultations occur daily
- In-home evaluations
- Record review
- Consultation/guidance in other counties

The Hard Part About Collaboration

- May take more time, especially in early phase
- Always takes more effort
- Cultural differences
- Frustration with the other party

Benefits of Collaboration

- Communication/inclusion
 - Team approach
 - Creative solutions
- Time efficiency
- Improved risk assessment
- Support for each other
- Education

Lessons Learned So Far

- Over 800 cases
- Flexibility is a must
- Respect for differences
- Coordination is key
- Follow-up
- Group meetings
- It's not pretty

Experts and Juries

- Use the expert to
 - Explain medical terms in clear, simple language
 - Dispel myths (need to anticipate jurors' misconceptions)
 - Provide context
 - Understand the situation through the victim's eyes

Outgrowths

- Elder Death Review Team (EDRT)
- Elder Abuse Prevention Coalition
- Research (NIA, NIJ, DHS)
- Training Institute
- Center of Excellence

These are tough issues and we need to be cautious

- Don't want to accuse unfairly
- Don't want to miss an abusive situation and fail to protect a vulnerable person
- We need to ask the right questions and listen with a critical ear to explanations

Success will require

- Explicit planning and coordination
- **Good** science
- Training
- Attitudinal change
- Funding

Those of us who care for older adults and their loved ones are in the very best position to help prevent and detect elder abuse. And we are in the best position to help our colleagues in the criminal justice system who investigate and prosecute elder abuse.

You can make a difference.

What Can We Do?

- Personally
 - Be willing to admit it's possible
 - Ask, routinely
- In the community
 - Serve on an interdisciplinary team
 - Participate in research and teaching
- Advocacy

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