Elder mistreatment and dementia

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Objectives

1 – Identify **risk factors** for elder mistreatment

2 – Recognize subtle **emotional/physical signs** of neglect and financial exploitation

3 – Define your **suspicion threshold**

4 – Operate as a **mandated reporter**
Disclosures

No commercial products or services will be discussed in this presentation.

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OVERVIEW
Elder Mistreatment

- **Abuse**
  - Emotional, Physical or Sexual harm/injury

- **Neglect**
  - Withholding care or services causing harm or injury

- **Exploitation**
  - Use of property counter to the victim’s needs or benefit
Global Problem

- Incidence: 2 to 10% globally
- Lack of reporting:
  - 70% of all cases never reported
  - 33% of physicians detected at least one case/yr
    - 50% reported
  - Prevalence: 1-2 million cases in USA 2003
Adult Protective Services

- Emotional/Verbal, 14.60%
- Neglect, 20.10%
- Other, 1.20%
- Financial Exploitation, 15.80%
- Sexual Abuse, 1.00%
- Physical Abuse, 10.50%
- Self-Neglect, 36.70%

National Center on Elder Abuse (NCPEA, NAPSA, NASUA), 2004
First clinic visit

- Patient Molly S
- 72 Years Old, Widowed, one child
- Accompanied by daughter, Valerie
Chief Complaint

- Patient states
  - “My daughter says I need to see a doctor.”

- Daughter states
  - “Mom is becoming forgetful.”
  - “Forgot to pay power bill last two months”
  - “Lost her credit card, had to cancel and get charges reversed”
Interaction

- Daughter often jumps in and answers questions for mother.
- Patient immediately stops talking when daughter talks.
- You notice a lack of physical contact between the two.
Initial Evaluation

- Folstein / MMSE is 19/30
- Instrumental Activities of Daily Living
  - Deficits: Managing finances, medications, shopping
- Basic Activities of Daily Living
  - No deficits
- Memory loss progressive for last 1 year
Advice

- Possible dementia
  - Referral for neuropsychology evaluation
- Supervision for IADLs (including finance)
Daughter states:

- “It doesn’t feel safe for her to be at home alone”
- “Don’t have the money for a live-in aide”
- “I will have to quit my job in Tucson to move in with my mother here”
Do we have a problem?
Basic Risk Factors for Elder Mistreatment

- Shared living situation
- Dementia or other cognitive impairment
- Mental illness or alcohol abuse (abuser)
- Social isolation (either)
- Financial or material dependence on victim

Lachs MS, Pillemer K. *Lancet* 2004:364
Special Risk Factors in Dementia

- Increased likelihood of abuse if the caregiver
  - Has poor health
  - Perceives caregiving as a burden
  - Is patient’s spouse
  - Has a history of impaired family relationship
    - Good premorbid relationships are protective
  - Has a history of psychological aggression as a stress response

Wiglesworth A, Mosqueda L, Mulnard R et al. JAGS 2010:58
Caregivers as Abusers

- Majority are women (66%)
- Live with care recipient (54%)
- Subgroup abuse profile is different
  - Most common forms of abuse:
    - Verbal (34%)
    - Psychological (33%)
    - Physical (4%)
  - Current research at Emory suggests that, in GA, the profile may be different (TAME-1)

Georgia TAME-1 (Physical Abuse)

**Gender**

<table>
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<th>Victim</th>
<th>Perpetrator</th>
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<tbody>
<tr>
<td>Male</td>
<td>16</td>
<td>30</td>
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<tr>
<td>Female</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>NI</td>
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**Mean Age**

<table>
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<tr>
<th></th>
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<th>Perpetrator</th>
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<tbody>
<tr>
<td>Years</td>
<td>71.4</td>
<td>46</td>
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TAME-1: Relationship to Victim

<table>
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<tr>
<th>Relationship</th>
<th>Individuals</th>
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<tr>
<td>Child/Grandchild</td>
<td>19</td>
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<tr>
<td>Spouse</td>
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<tr>
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<td>1</td>
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<tr>
<td>Other</td>
<td>3</td>
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<tr>
<td>N/A</td>
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</table>
TAME-1: Prior Events of Mistreatment

- Yes: 77%
- No: 5%
- NI: 18%
TAME-1: Charges at Misdemeanor Level

Total Number of Cases = 41

- Abuse, Neglect, Exploitation
- Terroristic Threats
- Theft
- Violation of Restraining Order
- Criminal Tresspass
- Assault, Simple
- Disorderly Conduct
- Battery, Family Violence
- Battery, Simple
THE CASE, THREE YEARS LATER…

Age 75, 3 years since diagnosis
Mrs. S is now 75 years old, was admitted three days ago for heart failure exacerbation.
Hospital Team Approach

- Doctor on the team asks for nursing home placement on discharge
  - Concerns: adequate supervision, medication compliance, delayed recognition of swelling, pressure ulcer on left buttock (on admission)
- Nurse on unit tells social worker to “watch out for her daughter”
OT/PT Assessments

- Occupational therapy states ADL impairments in:
  - Toileting (supervision to stand-by assist)
  - Bathing (one-person assist)
  - Grooming (supervision)

- Physical therapy states poor balance and gait
  - Needs rolling walker, one person assist, 20’
Discharge Planning

- Suggestion of nursing home placement is discussed with daughter

  - Says she can take care of Mrs. S at home
  - “I take care of my mom better than anyone”
  - “I don’t care what the doctor says”

- Contracted home health agency reports daughter has refused them entry into the home in the past
Do we have a problem?
Financial Exploitation

- “A Check Issue”
- High risk in patients with dementia
  - Less likely to report
- Patients with ADL impairment 2x more likely to be financially mistreated
- Self report of poor health increases likelihood by 30%

Neglect

- Intentional vs. unintentional
  - Education, social support
  - ? Criminality
- Poor self-reported health increases likelihood by 2x
SIX YEARS LATER...

Nine years since diagnosis
Nursing Home

- On morning med pass, staff discovers Mrs. S’s daughter has slept in her room overnight
- Staying overnight for the last two weeks despite administration telling her not to
A Bitter Pill

- Today, the daughter is watching the LPN give meds with silent intensity, standing over the nurse’s shoulder
- Mrs. S refuses to open her mouth (she has not been talking the last few weeks)
- Daughter yells
  - “Take your medicine, mom!”
A Step Too Far

- Mother refuses again and starts to make moaning noises
- Daughter gets up and grabs mother’s face with her hand, pushing potassium pill through closed lips
  - “Open your mouth! Open!”
Physical Abuse

- Less common form, but often first reported
- Defined by forceful physical action against a person causing harm:
- Serious offence (most jurisdictions classify as a felony, or serious crime

Mandated Reporter

- Chances are you are a mandated reporter
- Legislation varies from state to state
- Rule of thumb: if you come into contact with older persons on a professional basis, you are a mandated reporter
  - Shielded from legal action
  - Only need to report suspicion not proof
Every mandated reporter must come up with their own “reporting threshold”
- No burden of proof
- Need a “reasonable suspicion”
  - Physical evidence?
  - Pattern of behavior?
  - Witnessed event?
Who To Report To

- Facility Administration
- Social Worker
- Law Enforcement
  - Witnessed physical or sexual abuse
- Adult Protective Services agency
In Georgia

Adult Protective Services Hotline
404-567-5250
Georgia’s TAME team

- Emory University
  - Rebecca Dillard, MA
  - Kristen Johnson, BS
  - Molly Perkins, PhD
  - Thomas Price, MD
- Georgia State University
  - Sheryl Strasser, PhD
- Georgia Division of Aging Services
  - Pat King, RN
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Any similarities to persons living or dead is purely coincidental.