

# Elder Neglect



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## KEYWORDS

- Elder mistreatment • Elder abuse • Elder maltreatment • Elder neglect
- Adult protective services

## KEY POINTS

- Elder neglect is the most common form of elder abuse. Identifying patients who are vulnerable to neglect allows clinicians to intervene early and potentially prevent situations that can escalate and lead to harm or even death.
- Health care workers have a unique opportunity to uncover these unfortunate situations and in many cases may be the only other contact isolated vulnerable patients have with the outside world.
- Responding appropriately and quickly when neglect is suspected and using a team approach can improve the health and well-being of older victims of neglect.

## INTRODUCTION

Elder neglect is the most commonly reported form of elder mistreatment<sup>1,2</sup> and has the potential for serious and often fatal consequences for the victims.

Elder neglect and mistreatment remain under-reported.<sup>3</sup> Barriers for health care providers to reporting neglect to proper authorities include lack of provider knowledge, time constraints, or fear of retaliation of the abuser to the victim.<sup>4</sup> Victims are often frail and reticent to report a family member or caregiver because of shame or fear. In many neglect cases, the victims may not have the ability or be willing to testify against the abuser, making attempts at prosecution difficult.

Clinicians are frequently challenged to make a definitive diagnosis of neglect. Unlike other forms of elder mistreatment where injuries are more obvious (fractures, burns, contusions, and lacerations), neglect may present with more subtle findings. Awareness of red herrings and maintaining a high index of clinical suspicion are necessary to detect and assess neglect. Failure to identify neglect and mistreatment can lead to a detrimental effect on an older person, because there is a 3-fold increase in mortality in elder mistreatment and neglect victims compared to non-abused older adults.<sup>5</sup>

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## DEFINITION AND PREVALENCE

According to the National Center on Elder Abuse, neglect is defined as failure to provide basic care and necessities to a person for whom one has accepted caregiving responsibilities. These responsibilities include, but are not limited to, providing the basic necessities of daily living, such as food and hydration, and the ability to provide a safe physical environment, administer medications, attend to a person's hygiene, and maintain a comfortable and stable living environment.

Neglect can be passive or active, intentional or unintentional.<sup>6</sup> Intentional neglect is the act of knowingly failing to provide the necessary care for an elder person. Unintentional neglect can be the lack of ability to provide proper care or unknowingly placing an elder person in harm through their actions or lack of actions.

The prevalence of neglect is staggering. In a study by Acierno and colleagues,<sup>7</sup> 1 in 10 community-residing elders of 5777 respondents reported being mistreated in the past year, with more than 5% of the participants reporting potential neglect. The incidence of elder abuse in nursing homes ranges from 20% to 30%.<sup>8,9</sup> Neglect was reported in nursing homes at 9.8% and in assisted living facilities, neglect is reported to be 9.8%.<sup>8,9</sup> Although research in assisted living facilities is limited, long-term care ombudsman notes frequent reports of neglect in assisted living facilities.<sup>10</sup>

According to a US House of Representatives report in 2001,<sup>11</sup> 1 of 10 nursing homes had violations that caused residents harm. In another study of nursing home residents, 95% said they had been neglected or witnessed another resident being neglected<sup>2,12</sup> and in a separate study of nursing homes staff, more than 50% admitted to mistreating older patients, and two-thirds of this mistreatment was neglect.<sup>13</sup>

A majority of abusers are family members<sup>2</sup> of victims who live in the community, but for others who suffer neglect in nursing homes or assisted living facilities, abusers may be staff members, visitors or other residents.<sup>6</sup>

## SIGNS AND SYMPTOMS

Common physical signs of neglect include malnutrition, dehydration, poor hygiene, and inadequate or inappropriate clothing. Malnutrition and poor hygiene can lead to pressure ulcers. Nutritional deficiencies are a risk factor for pressure ulcers.<sup>14</sup> Pressure ulcers can also be caused by a lack of proper repositioning of immobile patients or placing a person on bed restraints for prolonged periods of time.<sup>5</sup> Although there are other medical conditions that can lead to poor wound healing and increased risk for pressure ulcers, such as diabetes mellitus, vascular diseases, and wounds that occur at the end of life, also known as Kennedy Terminal Ulcers, most clean pressure ulcers with adequate blood supply should show signs of healing in 2 to 4 weeks if treated properly.<sup>15</sup> Victims of neglect may be missing necessary assistive devices, such as walkers, hearing aides, glasses, or dentures. These assistive devices are necessary to keep patients aware of their surroundings. Without these, patients are susceptible to dangers that can increase their morbidity and mortality, like falls, which can lead to fractures and decreased functional status.

Other clues to neglect include an unexpected deterioration in a person's health. This may indicate lack of access to the health care system or neglectful withholding of the proper medications and treatments required to manage their health problems.

Factors that place patients at risk for neglect/abuse include<sup>4</sup>

- Interdependence between the patient and potential abuser
- Social isolation
- Shared living environment

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