

# Evaluating Abuse in the Patient with Dementia



Pamela Tronetti, DO

## KEYWORDS

• Elder abuse • Dementia • Interviewing • Victimization

## KEY POINTS

- For patients with dementia, abuse ranges from subtle scams to outright physical violence. As dementia progresses, all forms of abuse escalate.
- The stages of dementia—mild cognitive impairment, mild dementia, moderate dementia and severe dementia—lend themselves to varied presentations of abuse.
- Knowing which types of abuse are more prominent at each stage aids the clinician in anticipating risk of abuse as well as patient and caregiver needs.
- Interviewing the victim is crucial in uncovering, documenting, and intervening in an abuse situation.
- A clinician who is skilled in drawing out the facts while remaining supportive of the patient is a key factor in ending the victimization.

## HISTORICAL PERSPECTIVE

*That the aged are neglected is obvious. There are books, journals, and societies devoted to the welfare of children; their number is increasing steadily. Aside from small organizations interested in particular homes for the aged, there is no general body interested in the welfare of the aged. There is no publication dedicated to this group...*

—Malford Thewlis MD, *The Care of the Aged (Geriatrics)*.<sup>1</sup>

Dr Thewlis, cofounder of the American Geriatrics Society, first penned this text in 1919, when the average life expectancy was 47.3 years.<sup>2</sup> He recognized elder abuse, but there was no formal reporting system, or even a name for it, until Burtson coined the term “granny battering” in a letter to the *British Medical Journal* in 1975.<sup>3</sup> That same year, the federal government released block grants to provide services for “vulnerable elders,” the forerunner of adult protective services.<sup>4</sup> In the 1980s, researchers in the medical and social sciences sought to resolve basic questions such as “How do you define abuse?” “What is the extent of the problem?” “Who are the victims?” “Who are the abusers?” and

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The author has nothing to disclose.

Parrish Senior Consultation Center, 805 A Century Medical Drive, Titusville, FL 32796, USA

E-mail address: [Pamela.Tronetti@Parrishmed.com](mailto:Pamela.Tronetti@Parrishmed.com)

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“Where is abuse most likely to occur?” These answers were incorporated into the American Medical Association (AMA) guidelines for addressing elder abuse.<sup>5</sup>

## DEMENTIA AND RISK OF ABUSE

One of the most disturbing findings during early research and guideline development was that, compared with the general population, patients with dementia were more frequent targets of abuse.<sup>6–8</sup> In retrospect, that conclusion seemed almost inevitable. By definition, dementia is a deterioration of intellectual function that ultimately leads to a decline in the ability to perform activities of daily living.<sup>9</sup> Patients with dementia have multiple cognitive impairments that include lack of insight and judgment, leaving them vulnerable to becoming victims of designing persons. As the disease progresses, the patients become more dependent on caregivers, who may or may not be equipped to handle the stress of care giving.<sup>7,10,11</sup>

Prevalence rates for abuse and neglect in people with dementia vary from study to study, ranging from 27.5%<sup>12</sup> to 55%.<sup>13</sup> Some studies relied on information gleaned from interviews of caregivers, others from victims of the abuse. Research based on caregivers’ self-reported abusive behavior found that about half of all caregivers admitted to some form of abuse.<sup>8,10</sup> Another study of caregivers and care receivers detected mistreatment in 47.3% of participating dyads.<sup>14</sup>

A 2008 review article concluded that in general population studies, 6% of older people reported significant abuse in the past month, but 25% of vulnerable elders were at risk for abuse.<sup>15</sup> Vulnerable elders included those who were dependent on a caregiver due to cognitive or physical impairments. One difficulty with studies on abuse of patients with dementia is that many look at abuse as a single entity, rather than differentiating between physical, psychological/emotional abuse and neglect, although most rightly conclude that there is typically an overlap.<sup>15–17</sup>

Studies specifically evaluating psychological abuse indicate that psychological abuse is more common than physical abuse, ranging from 27.9% to 62.3%.<sup>12,18</sup> Physical abuse/violence was reported in the 1990s as ranging from approximately 6% to 12%,<sup>19,20</sup> although later review studies have found reports ranging from 1.4% to 23.1%.<sup>10,11,20,21</sup> Studies focusing on neglect show a prevalence rate of 4% to 15.8%.<sup>14,16,20,22</sup> Separate studies looked at financial abuse.<sup>23,24</sup> The prevalence of financial abuse is 30% of all substantiated elder abuse reports to adult protective services,<sup>25</sup> with evidence of worsening abuses as the patient becomes more helpless.<sup>26</sup> The prevalence of sexual abuse has been reported to be 0.6% of all substantiated reports of elder abuse.<sup>27</sup> However, in 2005, the National Center on Elder Abuse noted that 8.8% of abuse cases reported in nursing homes were sexual in nature.<sup>28</sup> According to the report, the likelihood of abuse was greater in facilities with a high percentage of residents with dementia and those with low staff ratios.<sup>29</sup>

Just as the term elder abuse is used broadly, many studies label participants with dementia globally, failing to specify their level of impairment.<sup>27</sup> Now the question arises “Are patients at different stages of dementia at higher risk for certain types of abuse?” Several studies have confirmed that as dementia progresses, so does the risk of all types of abuse.<sup>26,30</sup> There are also special considerations as dementia patients move from the community into assisted living facilities (ALFs) and nursing homes where institutional abuse can occur.<sup>31–33</sup>

### **Special Issues**

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There are some subsets of persons with dementia who are at increased risk for all types of abuse, including, but not limited to, those with a history of intimate partner

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