



A Questionnaire for Clinician to detect Abuse in Elderly

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Introduction



- Though Abuse is well recognized entity in western society, we in India haven't given it a recognition so that it can be questioned in a society.
- The Abuse has a significant impact on health of Elderly.
- The Elderly don't reveal about abuse to clinician nor the clinicians are trained or taught about identifying abuse.



Introduction

- Most of elderly are also not aware about Abuse. Also there are no guidelines for detecting abuse in elderly for clinicians.
- These factors hinders identification of Abuse and the ill effects of it on their health which surfaces now and then like comorbid and remains a challenge for treating clinician
- A simple example is, whether being abused leads to depression or Depression pre disposes to Abuse ?

Scenario in India



- Elderly in India are Happiest in world
- Cultural background is strong
- Matrudevo Bhava, Pitrudevo bhava.





➤ **Definition**

A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.

➤ **Types**

- ✓ Physical abuse
- ✓ Psychological abuse
- ✓ Financial abuse
- ✓ Sexual abuse
- ✓ Neglect

Impact of Abuse on Health



1. The elderly avoid to discuss about Abuse with friends and Clinicians.
2. This acts as a hidden Co Morbid condition in them and leads to complications in existing diseases.
3. It also has a greater impact on out come of the treatment.
4. Most of times abuser is also with the patient, which leads to poor communication among a doctor, patient and caregiver. Due to which there will be delay in recovery, decreased Quality of Life and increased cost of treatment in Elderly.

Case Report

- 70yrs old lady
HTN, LVF On
treatment.
H/o Fall and sustained
injury.
BP – Normal
What is reason?
What is diagnosis?
Geriatrician Role?
- Diagnosis – Physical
Abuse



90 yrs old Consulted me
6 yrs back Known case of HTN,
breathlessness.
On 7 drugs. No relief.
symptoms worsen.

After evaluation and diagnosis
of HTN , LVF , Anaemia with
Abuse(Psychological ,Financial, Neglect) was
done.

Now only on 4 drugs and living independently,
Happily.

Role of Geriatrician?





Tool to Identify Abuse in Elderly by Clinician

1	The elderly seek privacy in clinic.
2	They visit frequently to hospital with non specific symptoms
3	Elderly person cries in clinic
4	Once admitted, they try to avoid getting early discharge. They keep reporting new symptoms every day to ensure to stay in hospital.
5	Signs of Under nutrition and poor hygiene present
6	The parameters like blood sugar levels, Blood pressure levels not reaching base line despite many drugs

- | | |
|----|--|
| 7 | They expect prescription written for at least one month, knowing that the son will bring drugs for one week or fifteen days only. |
| 8 | Joint Pains/Headache or Post Operative Pain don't reduce despite medications with maximum dose. |
| 9 | Using spectacles with broken glass/ Un Repaired hearing aid/ broken walking stick |
| 10 | A son approaching a clinician for a certificate stating that his father is old and cannot sign. |
| 11 | Ideas of Suicide / seeking medication to end life in elderly |



12 Injuries at unusual sites following fall/ Un explained Bruises over upper limb/ Non Healing wounds/injuries in genitalia/rope marks on wrists

13 Elderly patient repeatedly requests for early discharge, request to change the nursing staff, or the son says that he suspects most of the drugs brought are not used for the patient.

14 Delay in seeking treatment and difference in history of presentation between patient and caregiver.

15 Alcohol / Drug / Tobacco dependence.

Sl No	Description – observed by clinician	Yes	No	Marks(One for Yes)
01	The elderly seek privacy in clinic.			
02	They visit frequently to hospital with non specific symptoms			
03	Elderly person cries in clinic			
04	Once admitted, they try to avoid getting early discharge. They keep reporting new symptoms every day to ensure to stay in hospital.			
05	Signs of Under nutrition and poor hygiene present			
06	The parameters like blood sugar levels, Blood pressure levels not reaching base line despite many drugs			
07	They expect prescription written for at least one month, knowing that the son will bring drugs for one week or fifteen days only.			
08	Joint Pains/Headache or Post Operative Pain don't reduce despite medications with maximum dose.			



- ✓ Score of More than 5 strongly suggest Abuse in Elderly
- ✓ Elderly need to be assessed in this scale at least in two or three settings on different days.
- ✓ This method also helps to assess types of abuse.



Following precaution must be taken by clinician

1. Take the family members /Abusers in Confidence.
2. Don't reveal to care givers what the elderly has reported
3. Always countercheck with the version reported by elderly from son/daughter in law before labeling the elderly is subject to abuse.
4. Most of Elderly are not aware of what Abuse is.
5. Most of the points mentioned in the tool are to be observed by clinician and only few points are asked to elderly for clarification.

In past



- Many institutes for screening of abuse
 - But not applicable to all settings
 - Not validated against an external standard
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- Lancet 2004;364:263.



Conclusion

- Abuse in elderly is also silent in two aspects.
- One, the elderly silently accepts abuse, and second the abuse in elderly has silent negative impact on health and surfaces when admitted for emergencies.
- Some elderly take extreme steps to end life so as to get rid of Abuse.
- As there are hurdles in identifying abuse by clinician, it can be taken as a co morbid and not diagnosis



Sometimes the only things
visible are tears...

Elder Abuse Awareness Day
-15th June

Awareness talk at Medical College for Senior Citizen



Awareness talk at Medical College for Senior Citizen



Awareness talk at Medical College for Senior Citizen



Awareness talk at Nursing College



Guest Talk on Elder Abuse – GSICON 2011



Guest Talk on Elder Abuse at GSICON 2009



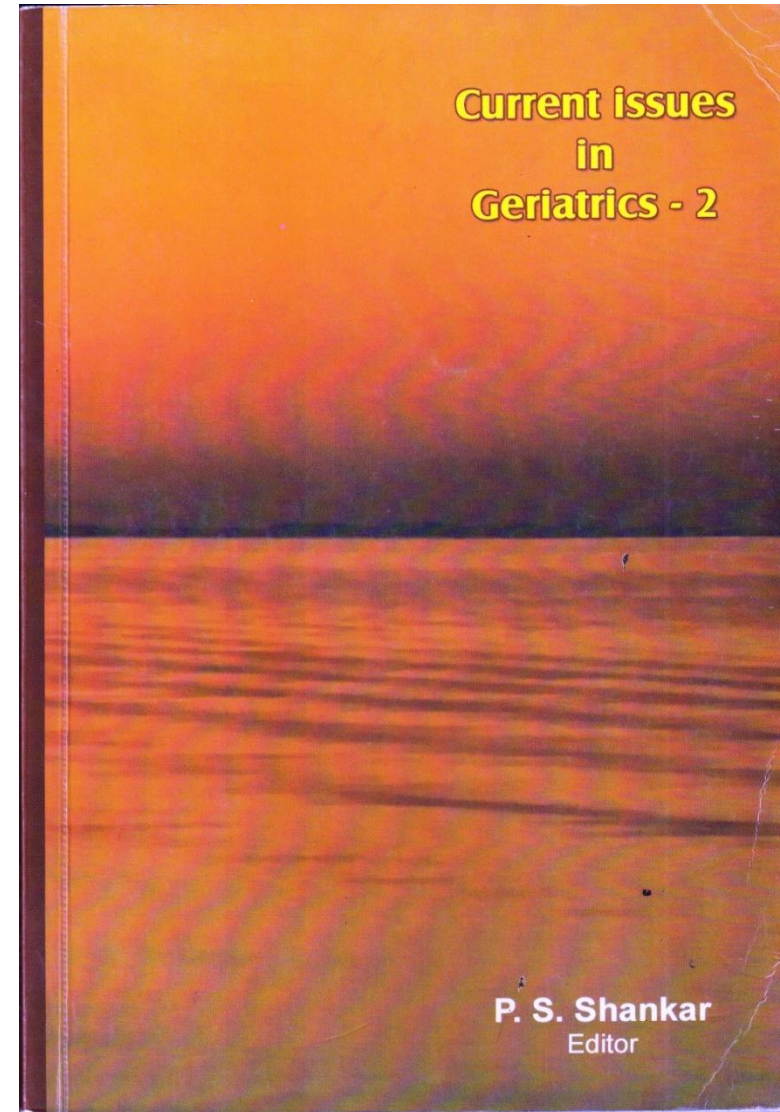
Dr. Anand P. Ambali, invited Guest Speaker at National Conference of Geriatric Medicine (GSICON 2009) at Hyderabad, delivering lecture on Elder Abuse on 01/11/09.



Chapter Contribution in Books

**Elder Abuse –
common happening
but less talked.**

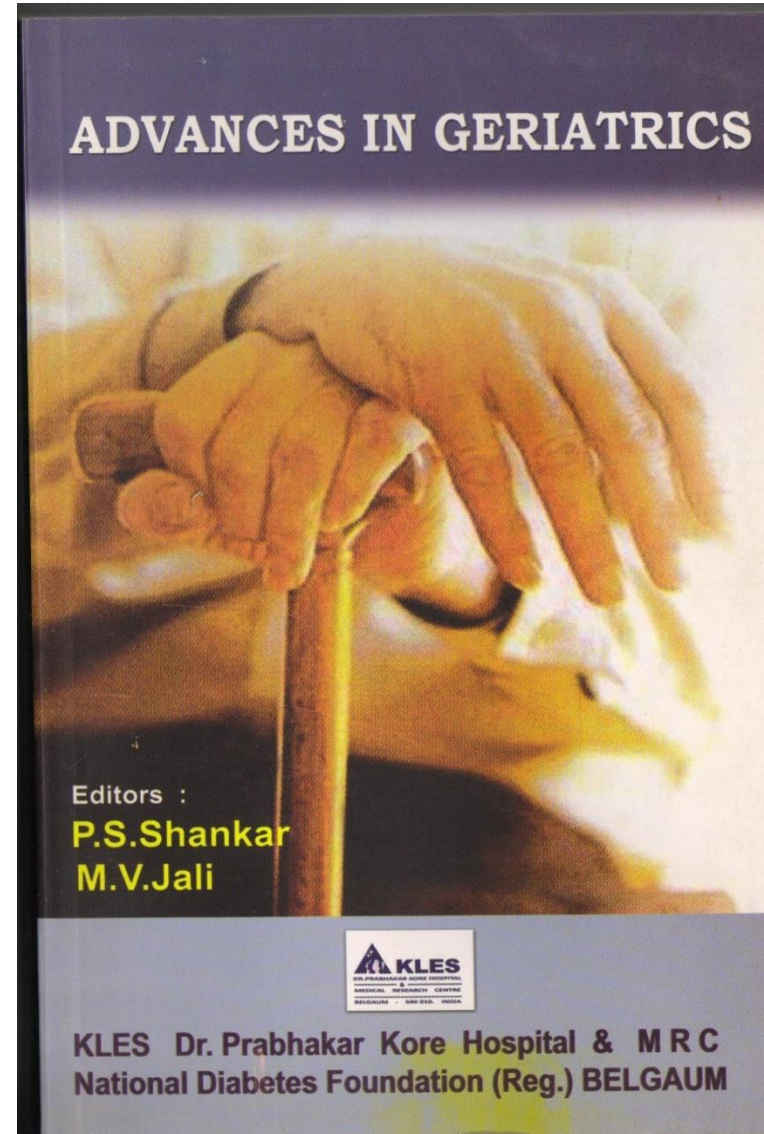
**Current Issues in
Geriatrics-2**



Chapter Contribution in Books



Elder Abuse – a Geriatrician Perspective



References



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2. Missing voices: Views of Older Person on Elder Abuse. A survey of eight countries. World Health Organization Monograph. 2004.
3. Elder Mistreatment. By Lachs MS. In *Hazzards Text Book of Geriatric Medicine*. Chapter 60. 5th Edn. Pg 731 -736.
4. Elder Abuse. by Tinker A, McCreadie C. In *Brocklehurst's Textbook of Geriatric Medicine and Gerontology*. Chapter 102. 5th Edn. Pg 1431-1437.

Helpful Websites

www.inpea.net

www.who.int/ageing

Thank You



Comments / suggestions

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Useful Reading

Geriatric Care

By

Dr. O. P. Sharma

