

# Special Considerations When Dealing with Elderly Patients

## Introduction

Elder abuse is not new. It is part of the spectrum of family violence that starts with infant and child abuse, encompasses spousal violence and goes all the way to mistreatment and neglect of seniors. The elderly are vulnerable to abuse because of social isolation and mental impairment. These two factors put them at risk. Certainly a history of domestic violence makes the senior more vulnerable as well.

## Patient Interview

Because decreased cognitive function is so strongly related to abuse, you need to be alert to items that can signal a problem in this area.

The visit should include a comprehensive history that entails a:

- Full social evaluation, including any history of drug or alcohol abuse
- Thorough physical examination
- Cognitive screening
- Depression screening
- Assessment of functional status
- Lab work as needed to determine other risk factors

You should determine whether or not the patient is able to give a coherent history and give it in an organized sequence, without word-finding difficulty. You should ask if the patient has any difficulty taking medications without assistance.

Questions about changes in cognition over recent years can be part of the review of systems. A few questions about daily living will give needed information about the elder's capacity:

- "Who does the shopping in your home?"
- "Who does the cooking?"
- "Who is paying the bills?"
- "Are you still driving?"

The interview is a good time to assess the relationship between the caregiver and the elder. Some things to note are the following:

- Is open hostility present?
- Is the caregiver complaining a great deal about the burdens of caregiving?
- Is the caregiver secretive, overly attentive or showing an inappropriate lack of concern?

**If abuse is suspected, the elder should be interviewed alone.** Open-ended questions about home safety will yield helpful information:

- Is anyone hurting you?
- Do you feel safe at home?
- Are you unable to care for yourself, isolated, confused or being taken advantage of?
- Do you need help preparing your meals? Taking a bath? Shopping? Doing housework?
- Do you get the medicine you need?
- Do you have enough food?
- Who is around if you fall?
- Is there money missing from your home?

Questions to ask specifically about abuse include:

- Are decisions made that you do not like?
- Do you ever have disagreements with your caretaker?
- Are you ever made to stay in your room?
- Are you ever slapped, kicked or punched?
- Are you left alone for long periods of time?

## Patient Response

Some elderly patients will deny that they are in an abusive relationship because they depend solely on their caregiver for life-sustaining help. While open-ended questions like the ones mentioned on Page 24 can be helpful, it is important for you to recognize that sometimes they will need to rely on other clues to suggest mistreatment.

These include:

- Delays between injury or illness and treatment
- Differences in the history given by the caregiver and the patient
- Lab findings that are inconsistent with the history

## Diagnosis and Clinical Findings<sup>5</sup>

What are some warning signs of elder abuse and neglect?

- Bruises, pressure marks, fractures, abrasions, burns or broken bones
- Various stages of healing of any bruises or fractures
- Evidence of sexual abuse, such as bruises around the breasts or genital area
- Unexplained withdrawal from normal activities, a sudden change in alertness or unusual depression
- Bruises on upper arms, around wrists or ankles, or on the inside of thighs and arms resulting from shaking or restraints
- Bedsores, unattended medical needs, poor hygiene, malnutrition and unusual weight loss
- Behavior such as belittling, threats and other uses of power and control by caregiver
- Strained or tense relationships, frequent arguments between the caregiver and elderly person
- Changes in personality or behavior from your previous experience with this person
- Substance abuse, whether on the part of the patient or the patient's caregiver
- Emotional problems, psychiatric problems, personality disorders, substance abuse, mood and sleep disorders
- Onset of depression, which may also look like dementia, even though cognition is intact
- Repetitive hospital admissions due to probable failure of health care surveillance
- Inability to account for money, misuse of money and sudden changes in financial situations
- Reports of demands for goods in exchange for money
- Evidence that elder patient has been left alone in an unsafe environment for extended periods without adequate support

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<sup>5</sup> The Domestic Violence Coalition of Greater Chattanooga. *Sample Domestic Violence Intervention Protocol for Health Providers*. Hartford Institute for Geriatric Nursing. Elder Abuse and Neglect Assessment Tool. 2002.

## Intervention

Once you recognize the possibility of abuse, a number of interventions are possible.

Your knowledge of community resources is an important means of providing safety and support for the patient. (*Refer to Page 13 in the Resource Guide.*)

- If the elderly victim is in immediate danger, call 911.
- If abuse is suspected, call the state abuse hot line at 800-996-6228 (Michigan Adult Protective Services).
- If there is indication of physical injury, it is your duty to complete the documentation forms on Pages 46 and 47. Submit these forms to the police after calling to report your suspicions.

Furthermore, should the patient elect to return home with the abuser, it is important to outline a safety plan, including written information with respect to emergency assistance, means to a safe environment and a social support system.

## Documentation of Elder Abuse and Neglect

Your documentation in the medical record should correctly describing two things:

- 1) Assessment of the suspected abuse
- 2) Patient's capacity

Both elements are important if the situation becomes part of a legal inquiry. You should use the interview to assess the elder's ability to make choices and follow those decisions over time. There should be evidence the patient understands the relevant information regarding treatment and its consequences.

# Assessment Guidelines for Suspected Elder Abuse

This assessment sheet will provide accurate documentation of elder abuse.

A. Reason abuse is suspected \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Interview findings:

Risk factors for abuse:

- \_\_\_\_\_ Social isolation
- \_\_\_\_\_ Substance abuse
- \_\_\_\_\_ Dependence of victim on abuser
- \_\_\_\_\_ History of family violence
- \_\_\_\_\_ Psychiatric disorder
- \_\_\_\_\_ Physical impairment
- \_\_\_\_\_ Cognitive impairment

Evidence of cognitive impairment during the interview \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Answers to questions about abuse \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daily living assessment:

- Balancing the checkbook \_\_\_\_\_
- Taking medications without assistance \_\_\_\_\_
- Still driving \_\_\_\_\_
- Grocery shopping \_\_\_\_\_

Cognitive screening test done: \_\_\_\_\_ Score: \_\_\_\_\_

Geriatric depression screening done: \_\_\_\_\_ Score: \_\_\_\_\_

The patient:

- Is able to communicate a choice and maintain the choice over time \_\_\_\_\_
- Understands present physical condition \_\_\_\_\_
- Understands the treatment being recommended \_\_\_\_\_
- Appreciates the situation and its consequences \_\_\_\_\_

C. Check physical findings (per chart on Page 37), also noting nutritional status, hygiene, dehydration, bed sores, etc. (listed on Page 44):

<b>Findings</b> (circle yes or no)	
Bruises, pressure marks, fractures, abrasions, burns and broken bones	Yes No
Various stages of healing of any bruises or fractures	Yes No
Evidence of sexual abuse	Yes No
Unexplained withdrawal from normal activities	Yes No
Bruises on upper arms, around wrists or ankles, or on the inside of thighs and arms resulting from shaking or restraints	Yes No
Bedsores, unattended medical needs, poor hygiene, malnutrition and unusual weight loss	Yes No
Behavior such as belittling, threats and other uses of power and control by caregiver	Yes No
Strained or tense relationships, frequent arguments between the caregiver and elderly person	Yes No
Changes in personality or behavior from your previous experience with this patient	Yes No
Substance abuse by either patient or caregiver	Yes No
Emotional problems, psychiatric problems, personality disorders, substance abuse, anxiety, mood and sleep disorders	Yes No
Repetitive hospital admissions	Yes No
Inability to account for money	Yes No
Evidence of abandonment by caregiver	Yes No

D. Pertinent lab findings: \_\_\_\_\_  
 \_\_\_\_\_  
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