

VULNERABLE PATIENTS

ELDER MISTREATMENT

While doctors are often best placed to detect cases of elder mistreatment, it often remains undiagnosed because of lack awareness or inadequate training. Medical problems sometimes cause similar presenting features and often our tendency is to search for medical problems to the exclusion of all else. Furthermore, communication of the problem can be limited due to impaired memory or speech difficulties.

Forms of Elder Mistreatment

Physical: hitting, restraining, burning and force-feeding.

Emotional: verbal aggression, threats (eg of institutionalisation), social isolation, humiliation.

Sexual: suggestive talk, groping or forced sexual activity with an incompetent person or non-consenting competent person.

Neglect: failure to provide adequate food, water, clothing, shelter, medical care, hygiene or social stimulation. Neglect may be intentional or unintentional.

Financial: theft or transfer of assets through coercion.

What to do if you identify possible elder mistreatment:

- **Interview the patient alone** and ask whether any mistreatment has taken place.
- **Get advice from your consultant.**
- **Alert the police or social work** if the patient consents to it.
- If the person declines intervention assess whether they have capacity.
- If they have capacity determine why they do not want intervention and address those concerns if possible. Provide them with contact details for a support service if they will not change their mind.
- **If they lack capacity then you have a duty to inform the relevant organisations under the Adult Support and Protection Act 2007.** Phone social work, fill in an AP1 form and contact the police if a crime has been committed.

Signs of elder mistreatment are similar to those of mistreatment in children. Always consider the possibility and pay attention to the signs during your consultation. Note the relationship between the patient and their carer and interview the patient alone at some point to directly ask about the possibility of mistreatment.

Indicators of Elderly Mistreatment (bear in mind that none of these is diagnostic)

Physical	Behavioural/Emotional	Sexual	Financial
Complaints of physical assault	Change in eating or sleeping pattern	Complaints of sexual assault	Missing property
Unexplained injuries or burns/bruises in unusual places	Fear, confusion, resignation, withdrawal, depression	Change in sexual behaviour	Withdrawals erratic or inconsistent with person's means
Evidence of physical restraint (finger marks)	Avoidance of physical, verbal or eye contact with care giver	Torn or bloody underclothes	Lack of amenities when the person should be able to afford them
Pressure sores	Hopelessness, anxiety	Self-mutilation	Change in will
Inappropriate use of medication	Reluctance to talk openly	Unexplained vaginal or PR bleeding	
Malnourishment or dehydration without medical cause	Missed appointments	Recurrent genital infections	
Delay in presentation		Bruising around breasts/genital area	
Poor hygiene			

Carer-Related Indicators of Elderly Mistreatment:

- Appears tired, stressed or aggressive
- Excessively concerned/unconcerned
- History of caregiver substance abuse
- Does not want older person interviewed alone
- Defensive, hostile or evasive when questioned
- Blames older person for things (eg for incontinence)
- Treats older person like a child or in dehumanised way
- Long duration of caring
- Absent during attendance at ED