

Elder abuse: Awareness and prevention.

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What is Elder Abuse?

The National Center on Elder Abuse (NCEA) defines elder abuse as "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"

Prevalence of Elder Abuse

- *Approximately 1 in 6 individuals aged 60 and above experienced abuse in community settings within the last year.
- · Global Impact: Approximately 141 million people aged 60 and older experience some form of abuse each year.
- Financial Exploitation: Elderly Americans lose nearly \$36.5 billion annually due to financial abuse.
- · Underreporting: It's estimated that only 1 in 24 cases of elder abuse are reported to authorities.
- Increased Rates: During the COVID-19 pandemic, rates of elder abuse in the community increased by as much as 84%.

Steps to Take When Reporting Abuse

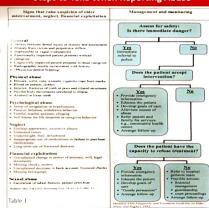


Table	Managhard & M.E. Finagements and Franchisco Gindrells Abuser and Soughest (99)			
	Q.1-Q.5 asked of patient; Q.6 answered by doctor Table 2 (Within the last 12 months)			
1)	Have you relied on people for any of the bathing, dressing, shopping, banking, or mea	ls? YES	NO	Did not answer
2)	Has anyone prevented you from getting f medication, glasses, hearing aides or med from being with people you wanted to be wit	ical care, or VIII	NO	Did not answer
3)	Have you been upset because someone talke way that made you feel sharned or threatened	d to you in a	NO	Did not answer
4)	Has anyone tried to force you to sign pap- your money against your will?	YES YES	NO	Did not answer
5)	Has anyone made you afraid, touched you you did not want, or hurt you physically?	in ways that	NO	Did not answer
6)	Doctor: Elder abuse may be associated a such as poor eye contact, withdra malnourishment, hygiene isaues, cui inappropriate clothing, or medication compi Did you notice any of these today or in months?	is, bruises, liance issues. YES	NO	Not sure

Case study: Clutter house.

Patient: Jane Doe . 84 years old. Blind.

Presenting Complaint: Mrs. Doe's Son called the dental office to request a home visit for his mother who had been experiencing a toothache and had difficulty getting to the dental clinic.

*Home Environment: Narrow pathways were present between piles of belongings. Many unopened bottles of medication, some appearing to be over five years old were scattered throughout the living irea. Cans of food were placed on a small table next to Mrs. Doe's head





*Patient Presentation: Mrs. Doe was frail, and she appeared thin. During the examination, the dentist noticed several bruises on Mrs. Doe's arms.







•Neglect: The cluttered and unsanitary living conditions, potential malnutrition raise concerns about neglect

•Physical Abuse: The presence of bruises on Mrs. Doe's arms is a potential indicator of physical abuse

Dentist's Actions and Considerations:

·Mandatory Reporting: The dentist must be aware of their state's specific laws and reporting

•Further Assessment: The dentist may need to ask Mrs. Doe guestions in a present of impartial

witness in a safe private setting to gather more information about her situation.(table 1,2) *Reporting: The dentist is obligated to report their suspicions to the appropriate authorities, such as Adult Protective Services Outcome

Patient Interview Findings:

•Mrs. Doe stated that her son takes good care of her. She mentioned he bathes her, feeds her, administers her medications, and ensures she receives all necessary medical care.

Investigations and Discoveries: •Mrs. Doe is on blood thinners, which, combined with her frail condition, causes her to bruise easily when handled. The bruises were determined to result from the physical process of her son assisting her, such as picking her up.

Actions Taken by the Dentist:

*Although Adult Protective Services was not contacted, the dentist consulted Mrs. Doe's geriatrician to confirm the findings and validate the explanation regarding her bruises. Details about Mrs. Doe's overall physical, home conditions, and conversation with geriatrician were documented in her dental notes for future reference

Outcome of the Review

*It was confirmed that Mrs. Doe has been in this state for years. Despite the concerning signs, all evidence indicates that her son provides diligent and attentive care.

While there are red flags such as the living conditions and excessive clutter, the care provided by her son appears to prioritize her well-being. Despite initial concerns, no evidence of neglect or harm was found at this time.

Impact of Elder Abuse on Society

- •Mental Health Impact: Survivors face increased depression rates and are 3X more likely to experience premature death.
- •Economic Burden: \$5.3 billion is spent annually on healthcare related to elder abuse.
- *Broader Effects: It fosters social isolation and intersects with pressing public health issues, including the opioid crisis.

Factors that can lead to Elder Abuse





Psychological

Dakota, Vermont, and West Virginia.

suspicions of elder abuse.



Forms of Elder Abuse

Role of The Dentist 19 states specifically name "dentists" or "dental hygienists" as mandatory reporters: Arkansas, Colorado, Connecticut, Hawaii, Idaho, Illinois, Indiana, Kansas, Maine, Massachusetts, Montana, Missouri, Nevada, North Dakota, Oregon, Rhode Island, Sout

The American Bar Association's Commission on Law and Aging has a state-by-state resource that summarizes state/territory laws, reporting timelines, and where to report

Report suspicions of elder abuse through a toll-free hotline or online reporting system

immediately, although some states allow as long as 48 hours for reporting.











ELDER ABUSE





a hired caregiver, or a stranger, Abuse can happ home, at a relative's home, or in an eldercare facility





































References







- . (n.d.), Elder-abuse, NIH. World Health Organization: WHO. (2024, June 15) Abuse of older people WHO
- Russell SL, Fulmer T, Singh G, Valenti M, Vermula R, Strauss SM. Screening for elder mistreatment in a dental clinic population. J Elder Abuse Negl. 2012 Oct;24(4):326-39. doi: 10.1080/08946566.2012.661683. PMID: 23016728: PMCID: PMCIA62354

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