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PRINCIPLES & PRACTICE OF
**GERIATRIC
MEDICINE**

Edited by
O.P. Sharma

17248



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*This book is dedicated to the
memory of my late father
Rameshwar Lal Sharma
whose motto
“forward with faith”
set me free on the path of knowledge,
and who, even in his last years,
ignited the light of hope
in all my endeavours.*

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Foreword

Ageing; a natural phenomenon occurring all over the globe is showing its impact in India as well, in all the spheres; socio economical as well as medical.

Targets are being revised pertaining to infrastructure for elderly in view of their increasing number. The UN concern is acting as a stimulus in India, like any other developing nation. The changing socioeconomics, medical insurances, appropriate budgetary provisions are also imparting beaming look on the otherwise earlier thought to be a burden/liability.

The rising number of elderly in India in a disproportionate manner is to some extent a compliment to the improving health standards and medical infrastructure. The literacy rate, health awareness, media's role in enlightening people, the accessibility to knowledge and information and availability of medical gadgets and pharmaceutical products have also contributed positively. The government initiatives of private public partnerships as well as the expanding role of private sector in health are yet other important key factors.

The disease demography is also changing fast, the curtailment of epidemics, control of certain diseases and better management of many ailments have also brought down the disease burden. The earlier figures of both communicable as well as non communicable diseases have shown decline. It is also a fact that newer diseases and the earlier least documented disorders are surfacing. The degenerative diseases at one time seen rarely are becoming more evident, the reason- "the increasing life-span". The infections, at one time looked upon as killer monsters are being tamed inspite of the bugs becoming increasingly drug resistant and undergoing mutations. The diseases are being linked to the ill effects of non virtuous lifestyle. The increase in metabolic disorders and endothelial dysfunctions at various levels are taking bigger toll and consuming more of "medical care man hours".

The system of medical and health management in every country has to be suiting to the local needs which may be changing with times. In India the social side of geriatrics would require advocacy for the joint family system where elderly care is an in built character. The medical side would require minimal and less invasive investigations, cost effective treatment and preventive strategies. The healthy life style if inculcated in youth and promoted during adult life may become a part of habit during old age also. The preventive measures at both primary and secondary level have to be stressed upon to reduce the burden of rehabilitation at the territory level.

Medical council of India, envisioning the need of training in geriatrics for the medical personnel, has recognized geriatrics as a specialty. The certificate, diploma and MD courses in geriatrics are coming up across the country. The government has also taken keen interest in collecting data on the medical burden in elderly population. The epidemiological researches of acute and chronic ailments in elderly are being conducted. In such a time, considering the fact that the Indian elderly is different from his / her western contemporaries and their diseases, disease management also vary; this Indian book on geriatrics is a welcome one.

Principles & Practice of Geriatric Medicine, a compilation of carefully chosen subjects for the care of Indian elderly has comprehensively covered geriatric medicine and allied subjects very well. I am confident that this book will become a prized document for every student of Geriatrics, for every clinician whether in rural, urban or metropolitan setting engaged in geriatric care and the reference benchmark for the planners.

New Delhi
October 2015

Dr. Soumya Swaminathan
Director General ICMR & Secy. DHR
Govt. of India

Elder's Abuse

90

Anand P Ambali

INTRODUCTION

The breach of trust between the elderly and children or friends is now common in Indian scenario. The elderly in India, whether rich or poor, literate or illiterate, whether residing in rural or urban are subject to abuse from near and dear ones. Most of the elderly in India are not aware of the real meaning of Abuse and those who are aware don't share among friends or clinicians to avoid disrespect from society. The elderly women who are silent sufferers of being abused bear the larger grunt as they are financially dependent on the Abuser. Elder abuse is also human right violation. The prevalence of elder abuse in India is around 40 to 45%.

HISTORY

The abuse of elderly was first reported in British Medical Journal in year 1975 as Granny Battering.

DEFINITION

Abuse is defined by WHO 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'.

Types of abuse

1. Physical - Acts done with the intention of causing physical pain, injury, impairment or disease. e.g., Pushing, force feeding, restraints.

Identification -

- a) Unexplained signs of injury such as bruises, welts, or scars, especially if they appear symmetrically on two side of the body
- b) Broken bones, sprains, or dislocations
- c) Report of drug overdose or apparent failure to take medication regularly (a prescription has more remaining than it should)
- d) Broken eyeglasses or frames
- e) Signs of being restrained, such as rope marks on wrists
- f) Caregiver's refusal to allow you to see the elder

alone.

2. Psychological - acts done with intention of causing emotional pain or injury. e.g., -Verbal berating, threats of punishment, harassment, isolating elderly.

Identification -

- a) Threatening or controlling caregiver behavior that you witness
- b) Behavior from the elder that mimics dementia, such as rocking, sucking, or mumbling to oneself

3. Financial - Misappropriation of the old persons money or property for personal gain of a caretaker. e.g., -Steal money, forge signature in bank and property deals.

Identification -

- a) Items or cash missing from the senior's household
- b) Suspicious changes in wills, power of attorney, titles, and policies
- c) Addition of names to the senior's signature card
- d) Unpaid bills or lack of medical care, although the elder has enough money to pay for them financial activity the senior couldn't have done, such as an ATM withdrawal when the account holder is bedridden.

4. Neglect - Failure of the designated carer to meet the needs of a dependent elderly for optimal functioning. e.g., -withholding of health maintenance care, failure to provide eye glasses, hearing aids and safety precautions.

Identification -

- a) Unusual weight loss, malnutrition, dehydration
- b) Untreated physical problems, such as bed sores
- c) Unsanitary living conditions: dirt, bugs, soiled bedding and clothes
- d) Being left dirty or unbathed
- e) Unsuitable clothing or covering for the weather
- f) Desertion of the elder at a public place

5. Sexual - It is touching the elderly without the elders consent. e.g., -Sexual exhibition, inappropriate touching, rape or sodomy.

Identification –

- a) Bruises around breasts or genitals
- b) Unexplained venereal disease or genital infections
- c) Unexplained vaginal or anal bleeding
- d) Torn, stained, or bloody underclothing

Who is at risk?

Being elderly itself is a risk factor. Elderly who are suffering from dementia, those who are dependent on care giver for activity of daily living, alcohol abuse, mental illness, pre morbid relationship with the abuser are more prone for being abused.

Who abuses?

All over world and in India, it is found that the son abuses their parents most, followed by daughter in law, spouse, grand children and friends.

Risk factors among caregivers

Among caregivers, significant risk factors for elder abuse are inability to cope with stress, depression, lack of support from other potential caregivers, the caregiver's perception that taking care of the elder is burdensome and without psychological reward, substance abuse and the abuser is heavily dependent on the person they are mistreating, to gain financial resource.

Where does elder abuse take place?

Elder abuse tends to take place where the elderly lives. It can be his home, hospital, day care centre, assisted living arrangements, and in public place.

Effects on health

The abuse in elderly has serious consequences on health and well being. It is multifactorial, hence a holistic approach is required. It is now recognised as a speciality worth of interest by clinician, epidemiologists, and health service researchers.

There will be reduction in overall quality of life. The levels of blood pressure, blood sugar don't reach base line unless issue of abuse is addressed. The pain doesn't subside despite full dose of pain killers and hidden diseases like depression surface because of abuse.

The elderly who are abused have three fold more risk of death, compared to those who have not experienced abuse.

Also the disease take a long time to recover and they require more number of medications to recover than an individual without being abused.

Approach

The warning signs of elder abuse are frequent arguments or tension between the caregiver and the elderly person and changes in personality or behavior in the elderly.

How elders perceive abuse is important, as what professionals perceive as abuse may not be perceived as such by elders.

In cases of suspected abuse, interview the elderly alone. Enquire directly about physical violence, restraints, neglect or misuse of their fund.

The abuser should also be interviewed alone. Ask for explanation of injuries in elderly.

Enquire about substance abuse, financial problems and loss of family members in them. Also clarify the version of history given by elderly.

If patient seems fearful of caregiver and cries, suspect abuse.

General physical Examination reveals broken eye glass, traumatic alopecia, hematoma and abrasions over scalp.

Generally, poor hygiene and poor dressing are noted.

Look for dehydration, skin lesion, rectal, vaginal injuries.

Wrist and ankle lesions suggest restrain use.

Symptoms of depression and anxiety should be looked for.

Frequently missed medical appointments and failure to adhere with treatment strategy suggest abuse.

Check injury in detail. Bilateral symmetrical injury marks, injuries that do not match the history, injuries in private parts and injuries in unusual sites should lead to suspicion of abuse.

They feel insecure in house, hence visit clinic frequently and extend their stay in hospital for many reasons to avoid the abuser.

A questionnaire by author, can be used to identify abuse in elderly.

Why elderly don't report abuse?

1. They are not aware what abuse means.

2. Those who are aware, feel ashamed to reveal it.
3. They don't want to lose their dignity.
4. They fear of abuser and are dependent on abuser.
5. They feel, they have failed as parents in bringing up their children.

Screening tools for abuse

There are various screening tools available to detect abuse and none are validated.

- 1) Hwalek Sengstock Elder Abuse Screening Test (HSEAT)
- 2) The Brief Abuse Screen for the Elderly (BASE)
- 3) The care Giver Abuse Screen (CASE)
- 4) The Elder Abuse Suspicion Index (EASI)

Management

Elder abuse is morbid and mortal.

It is multidisciplinary intervention, specifically tailored to the situation, involving multiple team members like physician, psychiatrist, caregivers and social support group.

There need to be a amicable settlement between elder and their abuser because the abuser is most often the primary care giver.

In case the settlement doesn't work, the abuser should undergo counselling and treated, if he or she has psychological disorders. In case of care giver stress and burn out, the elderly should be shifted to respite care centre.

The issues like substance abuse, financial stress in abuser should be addressed.

In case all these efforts don't work, elderly can be referred to day care centre.

If financial abuse is present, legal aid should be sought.

Marital counselling, if spouse is abuser.

Prevention

Abuse can be prevented by following ways:

- 1) Education to increase public and professional awareness
- 2) Sensitizing the youth to ageing issues
- 3) Provide support to family for more effective care giving
- 4) Intervention for abuser
- 5) Move the elderly to old age home if needed.
- 6) Legal measures if required.

Role of Law

Maintenance and Welfare of parents and Senior Citizen Act 2007 is passed by government of India which states that senior citizen who are unable to maintain themselves can demand maintenance from their children, failure of which will attract punishment.

Awareness

Elder abuse is under recognised or treated as an unspoken problem. It is universal phenomenon.

World Elder Abuse Awareness Day is observed on June 15 every year to create awareness about elder abuse for medical fraternity and public. It should also help change attitudes and behaviour of abusers.

International Network for Prevention of Elder Abuse (INPEA) is major organisation involved in this program.

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For additional Information log on to following web sites.
1. www.inpea.net
 2. www.who.int/ageing