

PREVALENCE OF TYPE OF ABUSE IN ELDERLY PATIENTS -A HOSPITAL BASED STUDY**Dr. Junaid Nabi*¹ and Manjunadh Muralleedharan²**¹Fellow Geriatric Mental Health, Department of Geriatric Mental Health, King George Medical University, India.²DM Resident, Department of Geriatric Mental Health, King George Medical University, India.***Corresponding Author: Dr. Junaid Nabi**

Fellow Geriatric Mental Health, Department of Geriatric Mental Health, King George Medical University, India.

Article Received on 06/02/2018

Article Revised on 27/02/2018

Article Accepted on 19/03/2018

ABSTRACT

Background: Elder abuse is associated with distress and increased mortality in older people and caregiver psychological morbidity. The Department of Health's guidance defined abuse as 'a violation of an individual's human and civil rights by another person or persons'. The term "elder abuse and neglect" has been defined to include any act of commission or omission that results in harm or threatened harm to the health and welfare of an older adult. Most authorities, however, prefer the term "elder mistreatment." Its various forms include physical, sexual, and emotional abuse; abandonment; exploitation; and neglect. Mistreatment of the elderly has only recently been addressed in the medical literature. Despite surveys documenting physician exposure to increasing numbers of victims, the medical profession has been slow to recognize the problem. **Methods:** Hundred successive patients with history of abuse who fulfilled inclusion and exclusion criteria were taken up for the study and administered the Elder Assessment Instrument(EAI) Conflict Tactics Scale to find out severity of abuse. Each patient was informed about the purpose of interview; his/her consent was obtained and strict confidentiality was ensured. **Results:** The total sample size of 100 patients, 62 patients had verbal aggression type of abuse followed by financial mismanagement with 21 and least were with history of neglect accounting for 6% patients. **Discussion:** The findings of our study are in concordance with a study with the findings of prevalence of verbal aggression was the highest (3.2%), followed by financial mistreatment (1.4%), and physical aggression (1.2%). The prevalence of neglect was lowest (0.2%).

KEYWORDS: Abuse, verbal aggression, neglect.**INTRODUCTION**

Elder abuse is associated with distress and increased mortality in older people and caregiver psychological morbidity.^[1,2] The Department of Health's guidance defined abuse as 'a violation of an individual's human and civil rights by another person or persons'. It sub-categorises abuse into physical, psychological, sexual, financial, discriminatory abuse and neglect and specifies that abuse is either an individual or repeated act(s) or omission(s).^[3]

The term "elder abuse and neglect" has been defined to include any act of commission or omission that results in harm or threatened harm to the health and welfare of an older adult.^[4] Most authorities, however, prefer the term "elder mistreatment." Its various forms include physical, sexual, and emotional abuse; abandonment; exploitation; and neglect. The mistreatment may be intentional or unintentional, and it occurs at every socioeconomic level.⁵ Elder mistreatment is thought to go undetected and consequently is unreported more often than any other form of domestic violence.^[6,7]

Mistreatment of the elderly has only recently been addressed in the medical literature. Despite surveys documenting physician exposure to increasing numbers of victims, the medical profession has been slow to recognize the problem.^[8,9] Because of the lack of detection guidelines or protocols, lack of professional and public awareness, relative isolation of the victims, and the reluctance of physicians to report an occurrence, responses to elderly mistreatment by the medical community have been inconsistent at best.

AIMS AND OBJECTIVES

1. To find out the socio-demographic details of patients of abuse.
2. To study prevalence of type of abuse in elderly by using Elder Assessment Instrument(EAI):
3. Conflict Tactics Scale

MATERIALS AND METHODS

This was a cross sectional, observational study conducted in the department of geriatric mental health, a

tertiary care teaching hospital. King George Medical University is one of the oldest institutes of India. It is located in the centre of Lucknow which is the capital of Uttar Pradesh. It has a wide catchment area. The sample size included 100 patients. The study included patients who came to seek psychiatric consultation and during interview patients who mention about abuse and were willing to participate in the study were taken and EAI as well as Conflict Tactics Scale and modified scale for assessing ADL were administered. The study focused on four types of elder abuse: chronic verbal aggression, physical aggression, financial mistreatment, and neglect. Chronic verbal aggression was defined as repeated yelling, insulting, and threatening and was measured by several items of a revised and translated version of the Conflict Tactics Scale.^[9] Physical aggression was defined as the infliction of physical injury and was assessed with items of a revised and translated version of the Conflict Tactics Scale. Financial mistreatment was defined as the illegal or improper use of one's finances or the theft of property. Neglect was defined as deprivation of assistance needed for activities of daily living (ADL) and was evaluated on the basis of items of a modified version of an ADL questionnaire.^[10]

Statistics: Data obtained was then entered in Microsoft excel and analyzed in Statistical Package for the Social Sciences (SPSS. version 17) for descriptive statistics.

RESULTS

Table 1: Summarizes the characteristic and socio-demographic details of the participants.

Characteristics		Value
Total sample size		100
Age (years)	61-80	72
	81 and more	28
Gender	Male	43
	Female	57
Resident	Rural	53
	Urban	47

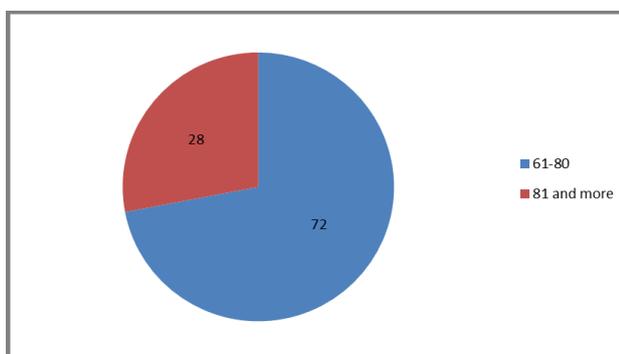


Figure 1: Age wise distribution.

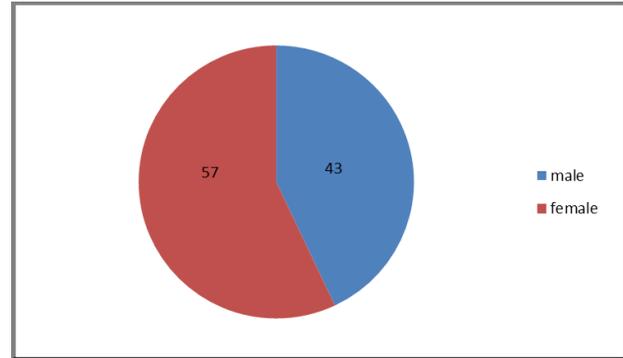


Figure 2: Gender wise distribution.

Table 2: Type of abuse.

Type of abuse	Distribution
Verbal aggression	62
Physical aggression	11
Financial mismanagement	21
Neglect	06

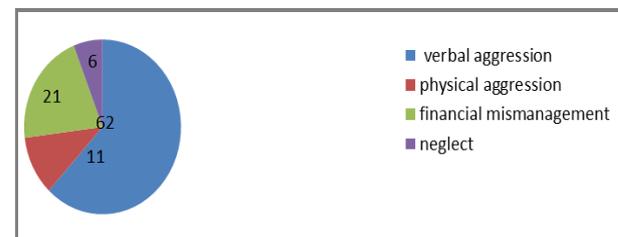


Figure 3: Type of abuse.

The total sample size of 100 patients, 62 patients had verbal aggression type of abuse followed by financial mismanagement with 21 and least were with history of neglect accounting for 6% patients.

DISCUSSION

In this study an attempt has been made to study prevalence of abuse in elderly patients who came to department of geriatric mental illness in a tertiary care hospital in Lucknow. The significant finding of our study is to find out the prevalence of type of abuse in patients who come to seek treatment.

Out of hundred successive cases of abuse, 72 patients were in the age group of 61 to 80 and remaining 28 were in age group of 81 and above. This finding is in contrast to a study with findings of 35% of our respondents are between 65 and 74 years of age, and the other 65% are between 75 and 89 years old.^[11] In the other prevalence studies, 60% of the sample is between 65 and 74 years of age.^[12,13] In our study, females outnumbered males by quite a bit. In sample of 100 patients, females were 57 followed by 43 males. The total sample size of 100 patients, 62 patients had verbal aggression type of abuse followed by financial mismanagement with 21 and least were with history of neglect accounting for 6% patients. The findings of our study are in concordance with a study with the findings of prevalence of verbal

aggression was the highest (3.2%), followed by financial mistreatment (1.4%), and physical aggression (1.2%). The prevalence of neglect was lowest (0.2%).^[11]

CONCLUSION

In this study we found that abuse was more common in late middle age group. Females outnumbered males with 57 patients out of total 100 patients. Verbal aggression type of abuse was the major abuse found in the patients.

Findings of this study also indicated a strong relationship between place the patient resides with the type of medical co-morbidity. Thus the above factors would have to be focused upon, in the management, and, during the counseling sessions of care takers of patients of abuse.

REFERENCES

1. Lachs M S, William C, O'Brien S, et al. The mortality of elder mistreatment, *J Am Med Assoc*, 1998; 280: 428-32.
2. Compton SA, Flanagan P, Gregg W. Elder abuse in people with dementia in Northern Ireland: prevalence and predictors in cases referred to a psychiatry of old age service, *Int J Geriatrpsychi*, 1997; 12: 632-5.
3. Department of Health 'No Secrets' Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, 2000.
4. Diagnostic and treatment guidelines on elder abuse and neglect. Chicago: American Medical Association, 1994: 4-24.
5. Lach MS, Pillemer K. Abuse and neglect of elderly persons. *N Engl J Med*, 1995; 332(7): 437-43.
6. O'Brien ME. Elder abuse: how to spot it—how to help. *N C Med J*, 1994; 55(9): 409-11.
7. Clark-Daniels CL, Daniels RS, Baumhover LA. Abuse and neglect of the elderly. Are emergency department personnel aware of mandatory reporting laws? *Ann Emerg Med*, 1990; 19: 970-7.
8. Jones JS, Walker G, Krohmer J. To report or not to report emergency systems response to elder abuse. *Prehospital Disaster Med*, 1995; 10: 96-100.
9. Yin P. *Victimization and the aged*. Springfield, IL: Charles C Thomas, 1985.
10. Katz S, Ford AB, Moskowitz RW *et al.* Studies of illness in the aged. The index of ADL: A standardized measure of biological and psychosocial function. *JAMA*, 1963; 185: 914-919.
11. Hannie C. Comijs MSc, Anne Margriet Pot PhD *et al.* Elder Abuse in the Community: Prevalence and Consequences *Journal of the American Geriatric Psychiatry*, July 1998; 46(7): 885-888.
12. Pillemer K, Finkelhor D. The prevalence of elder abuse: A random sample survey. *Gerontologist*, 1988; 28: 51-57.
13. Podnieks E, Pillemer K, Nicholson JP *et al.* *National Survey on Abuse of the Elderly in Canada*. Toronto, Ontario: Ryerson Polytechnical Institute, 1990.