OPPORTUNITIES TO INTERVENE IN SELF-NEGLECT: What the Research Shows

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Interventions: CGAI

Dementia
Psychiatric illness
Depression
Cerebrovascular disease
Diabetes
Nutritional deficiency

Executive dysfunction

Impaired ADL's
Basic & Instrumental

Inadequate Support Services

Self-Neglect

Extrinsic Social Issues
- Poverty
- Access
- Lack of social support

Dong '09
Ernst '11

Naik '08
Dong '09
Burnett '10
Ernst '11

Lack of Capacity for Self-care and Self-protection

Dong '09
Dong '09
Dong '09
Ernst '11

MULTIDIMENSIONAL ASSESSMENT AND INTERVENTION IN ELDER SELF-NEGLECT (RO1)

- Double-blind Randomized Controlled Trial of APS plus Medical Team Recommendations versus usual APS intervention alone and compare baseline and 6-month cognitive, functional and health status variables as well as self-neglect status (N=100)

- Self-neglecters in the treatment group showed statistically significant improvements in medical status assessments at 6-months

Funded by the Agency for Healthcare Research and Quality (AHRQ)
FEASIBILITY OF VITAMIN D REPLACEMENT IN VULNERABLE COMMUNITY-DWELLING OLDER ADULTS

- Staggered Waiting List Design of directly observed 10-month vitamin D administration in N=50 APS substantiated self-neglecters

- Overall, vitamin D levels showed significant clinical and statistical improvements from baseline to 10-month follow-up

Funded by the National Institute on Aging (NIA)
CONSTRUCT VALIDITY, RELIABILITY AND MEASUREMENT INVARIANCE OF THE CLIENT ASSESSMENT AND RISK EVALUATION (CARE) TOOL

- **Construct Validity** *(We are hitting our targets and doing so reliably)*
  - Identifying Important Domains of EM and SN
  - Broad Epidemiologic Surveillance
  - Incidence and Prevalence Estimates

- **Measurement Invariance** *(We are hitting the targets equally well across different groups)*
  - No Health and Social Service Disparities
  - Potential for Comparative Research
MEDICATION NON-ADHERENCE IN ELDER SELF-NEGLECT

Findings\textsuperscript{1}

- 90% Non-adherent to at least 1 prescribed medication
- Avg. prescribed medication adherence rate of 58%
- Non-adherent on an Avg. of 3 medications
- Lower Physical Function and Higher Number of Medications associated with non-adherence

\textsuperscript{1}Turner et al. (2012). *High Prevalence of Medication Non-Adherence in a Sample of Community-Dwelling Older Adults with Adult Protective Services-Validated Self-Neglect*. Drugs & Aging 29:741-749
SELF-MANAGEMENT OF MEDICATION IN INDEPENDENT LIVING ELDERS WHO SELF-NEGLECT (SMILES)

• Tailored health promotion intervention to reduce medication non-adherence among (n=100) frail older adults in Harris County who self-neglect

• Evidence-Based Intervention Mapping Approach to Improve Self-management of Medications and Chronic Diseases
CONSTRUCT VALIDITY AND RELIABILITY OF THE SELF-NEGLIGENCE SEVERITY SCALE (SSS)

• Statistical Evidence Supporting Construct validity and Reliability of the SSS

• The SSS accounts for ~23% of the variance in Self-Neglect versus Non-Self-Neglect Status

• This is the first Self-Neglect Scale with Construct Validity

• Further testing is needed to determine inter-rater reliability, predictive validity, discriminant validity and concurrent validity
THANK YOU!