Elder Abuse Detection in Primary Care

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Conflicts of Interest
   P.I. of team that developed / validated the EASI
Approaches to Detection

**Screening:**
Detection of an entity within a population that does not have signs or symptoms, or has undetected signs or symptoms.

**Case Finding:**
Screening those who have risk factors for an entity, or whose presentation is suspicious for the entity

**Family Medicine Approach:**
The approach to any patient should be *evidence informed, but patient-centered.*
Decision-making model
Fabb and Heffernan
Physicians well-positioned to detect Elder Abuse

Family physicians may be only people, outside of family, regularly seeing seniors—avg. 5 visits/year (increased chronicity, but increased longevity)

Aravanis SC et al. Arch Fam Med 1993

Doctor-patient relationship may increase elder abuse detection because it is on-going, optimally promotes trust, and therefore disclosure.

In the doctor-patient encounter most patients are accustomed to doctors asking direct questions about sensitive topics.

Doctors are often the first professional contact following victimization.

Physical exam; Lab findings; Unexplained deterioration
Physicians' Detection of Elder Abuse

Physicians rank 10th amongst health professionals & paraprofessionals in detecting elder abuse.


Physician reports account for only 2% of elder abuse occurrences.

Barriers to Physician Detection of Elder Abuse (1)

Physician lack of awareness of elder abuse as an issue to look for.

Physician lack of awareness that elder abuse, independent of the act of abuse, carries a high mortality rate. (Lachs et al 1998)

Lack of knowledge on how to identify elder abuse
Barriers to Physician Detection of Elder Abuse (2)

Previously screening / detection tools too long for office use; use vocabulary doctors not comfortable with; some designed for home assessment; may involve caregivers (? source of abuse).

Doctor fear of offending the patient

Victim reluctance to report abuse to the doctor.
Barriers to Physician Detection of Elder Abuse (3)

Ethical (confidentiality) issues
Doctor belief that detection won’t lead to a solution.
Ageism (mis-interpretation of signs or symptoms—geriatric syndromes)......Even those who commonly work the elderly have bias (elderly=frail)

Yaffe MJ, Wolfson C, Lithwick M. Professionals show different enquiry strategies for elder abuse detection: Implications for training and interprofessional care. J. Interprofessional Care 2009; 23(6), 646-54
Barriers to Physician Detection of Elder Abuse (4)

Legal Issues:

Reputable U.S. web-based resource for MDs on 400+ topics—elder abuse is located under “legal and ethical issues”, not under geriatrics, elder care, aging

2. Mandatory reporting predominates: but unlike child abuse, is all elder abuse of legal consequence?
Barriers to Physician Detection of Elder Abuse (5)

Confusing Guidelines for Elder Abuse:

- American Medical Association (1992): Recommended screening for family violence in all patients.


- U.K. Report on Domestic Violence (2002): Health professional screening increased likelihood of detection....but may not result in improved outcomes.
Conditions Necessary for Detection of Elder Abuse by MDs

Awareness of what elder mistreatment is, plus a "high index of suspicion"

Costa A. Primary Care 1993

American geriatricians commonly problem solve on the basis of a "high index of suspicion".


A strong predictor of doctors seeing and reporting elder abuse is having "direct" questions to ask.

Oswald RA, Jogerst GJ et al. J. Elder Abuse Neglect 2004
The Elder Abuse Suspicion Index © (E A S I)

Mark J. Yaffe, MD, MCIsc
Maxine Lithwick, MSW
Christina Wolfson, PhD
Deborah Weiss, MSc

Expectations of EASI (1)

Administration by family physicians in the office setting.

Useful for screening or case-finding to generate reasonable level of SUSPICION to justify referral to community expert in elder abuse for in-depth evaluation.

Therefore not designed to necessarily generate psychometric properties consistent with an outstanding screening tool.
Expectations of EASI (2)

Use on those $\geq 65$, MMSE $\geq 24$ (a research ethics criterion for informed consent, not necessarily a limit of competency to respond...since 24 includes MCI...$\leq 26$).

Validated, in English and French versions, by comparison with conclusions of a 26 page social work inventory (bronze standard)

Could be used over time to de-sensitize people to discussing delicate issues.
ELDER ABUSE SUSPICION INDEX © (EASI)

EASI Q.1-Q.5 asked of patient; Q.6 answered by doctor.
Within the last 12 months:

Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?
YES  NO  (Dependency)

Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?
YES  NO  (Neglect)

Have you been upset because someone talked to you in a way that made you feel shamed or threatened?
YES  NO  (Psych / Emotional)
ELDER ABUSE SUSPICION INDEX © (EASI)

EASI Q.1-Q.5 asked of patient; Q.6 answered by doctor.
Within the last 12 months:

4) Has anyone tried to force you to sign papers or to use your money against your will? YES NO (Financial / Material)

5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically? YES NO (Physical / Sexual)

6) Doctor:
Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months? YES NO (Observational)
Doctors Positive about EASI

Post-validation, 2 mailing survey:
68.3 % (72/104) response rate:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Somewhat / very easy to use</td>
<td>95.8%</td>
</tr>
<tr>
<td>≤ 2 minutes to use</td>
<td>67.6%</td>
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<tr>
<td>Some to big practice impact</td>
<td>97.2%</td>
</tr>
<tr>
<td>&gt; awareness of EA</td>
<td>66.0%</td>
</tr>
<tr>
<td>&gt; confidence what to look for</td>
<td>64.0%</td>
</tr>
<tr>
<td>Somewhat / very practice useful</td>
<td>81.5%</td>
</tr>
</tbody>
</table>
**EASI-sa**

EASI is feasible and acceptable (words and content) for seniors to self-administer as the EASI-sa (Q1-Q5 of the EASI, in Georgia font, print size 14, and Bold type).

Self-administration helps to increase seniors' awareness of EA and its manifestations.

EASI Website

https://www.mcgill.ca/familymed/research/elder

Background on EASI and how to use it

Versions of EASI in English, French, Spanish, Italian, Hebrew, German, Japanese, Portuguese

Hyperlinks to obtain pocketcard versions or digital versions
EASI QUESTIONS

Q 1-5 asked of patient: Q 6 answered by doctor.

Within the last 24 months:
1. Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?
   Yes: No: Did not answer:
2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?
   Yes: No: Did not answer:
3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?
   Yes: No: Did not answer:
4. Has anyone tried to force you to sign papers or to use your money against your will?
   Yes: No: Did not answer:
5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?
   Yes: No: Did not answer:
6. Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?
   Yes: No: Did not answer:

RESOURCES FOR ELDER ABUSE

ALBERTA
Family Violence Info Line: 310 888-3933
Safeguards for Vulnerable Adults Info & Reporting: 1-888-357-9339
BRITISH COLUMBIA
VictimLink BC: 1-800-663-6488
Health & Seniors Info Line: 1-866-663-6488
BC Centre for Elder Advocacy & Support: 1-866-437-9340
MANITOBA
Age & Opportunity: 1-888-333-3127
Seniors Info Line: 1-800-665-6565
Protection for Persons in Care: 1-866-840-6366
NEW BRUNSWICK
Department of Social Development Adult Protection: 1-866-444-8338
Chimo Helpline: 1-866-307-9025
NEWFOUNDLAND AND LABRADOR
Regional Health Authorities - St. John's: 709-752-6975
Royal Newfoundland Constabulary - St. John's: 709-729-8000
Seniors Resource Centre: 1-800-561-5599
NORTHWEST TERRITORIES
Family Violence Crisis Line: 1-867-727-7777
Seniors Information Line: 1-800-661-6978
Regional Health & Social Services - Yellowknife: 867-873-7777
NOVA SCOTIA
Seniors Abuse Line: 1-877-833-2327
Seniors Info Line: 1-800-672-0065
Adult Protection/Protection for Persons in Care: 1-800-725-7225
NUNAVUT
Seniors Support Line: 1-866-692-8080
Seniors Safety Line: 1-866-692-8080
Long-Term Care Action Line
Retirement Home Complaint:
PRINCE EDWARD ISLAND
Adult Protection Services
PEI Family Violence Prevent
Seniors Secretariat - Office
QUEBEC
Ligue Aide Aide Aide: 1-800-353-2827
Centre d'aide aux victimes des agressions
SASKATCHEWAN
24-Hour Abuse Line: 1-800-661-6978
Victim Services: 1-800-286
Abused Women's Info Line:
TERRITORIES
Seniors' Services/Adult Pr
Victim Services/Family Vio

Resources on Elder Abuse:
https://www.elder.gc.ca/
October 2020
Harm to Seniors?

Experience with the EASI-sa suggests none

No obvious negative effects of screening: Moyer VA. Annals of Internal Medicine 2013: U.S. Preventative Services Task Force on Screening for intimate partner violence, and abuse of elderly or vulnerable adults.
Unknowns (doctors)

EASI Pocketcard delivered to 24,000 CanadianFPs.

What is the uptake of EASI by doctors?

If used, how? Screening? Case finding?

There is evidence that it improves education and sensitization........, but no data as to whether it alters MD behavior or reporting.

?? follow-up by NICE
Unknowns (nurses)

Use by RNs in ERs in Toronto:
(Janice Du Mont, Mark Yaffe, et al proposal not funded → new submission)

Use by RNs in large community practice in US mid-west urban setting: some interest by practice clinicians; no interest by the corporation to have research on this topic
EASI Use by Social Workers

Validation in Spain of a Spanish version of EASI administered by SWs in health and social service centres: sensitivity of 51%; specificity of 95%
(Our data: 47% and 75%)

**Supported Care Settings (1)**

Raw, non-published data:

Jan. 2012-March 2013 EASI used in unstructured way with EHR of new admissions to 27 Alberta centers for assisted living; supportive living; long term care; dementia care cottages.

17/179 (9.5%) had a positive on Q.2-6 (23 did not answer at all)

<table>
<thead>
<tr>
<th>Care Settings</th>
<th>FP Ambulatory (18.4% +)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect: 2.2%</td>
<td>(0.9%)</td>
</tr>
<tr>
<td>Psychological / Emotional: 2.8%</td>
<td>(11.4%)</td>
</tr>
<tr>
<td>Financial / Material: 1.1%</td>
<td>(1.7%)</td>
</tr>
<tr>
<td>Physical / Sexual : 0.6%</td>
<td>(1.9%)</td>
</tr>
<tr>
<td>Clinician findings: 2.8%</td>
<td>(2.4%)</td>
</tr>
</tbody>
</table>
Conclusion

EASI DOES IT....

More research needed.