Aging and Elder Abuse

National Association of Attorneys General

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Game plan

- Overview of aging and age-related changes
- Cognition and Dementia
- Forensic markers
Life span and Life expectancy
Life expectancy in the United States, 2016

- At birth: Male 76.1, Female 81.1
- At age 65: Male 83, Female 85.6
- At age 75: Male 86.2, Female 88
- At age 85: Male 91.4, Female 92.5

Life expectancy (in years)

Male | Female
--- | ---
76.1 | 81.1
83 | 85.6
86.2 | 88
91.4 | 92.5
The Number of Americans Ages 65 and Older Will More Than Double by 2060.

U.S. Population Ages 65 and Older, 1960 to 2060 (Millions)

Source: PRB analysis of data from the U.S. Census Bureau.
Prevalence of Multiple Chronic Conditions

Gender gap
Just over 100 million people have multiple chronic conditions, and 54 million of them are women.
Cognition and Dementia
Neurocognitive Disorders

• Mild Cognitive Impairments
• Dementias
AD brain changes start decades before symptoms show

Amnestic MCI: memory problems; other cognitive functions OK; brain compensates for changes

Cognitive decline accelerates after AD diagnosis

Normal age-related memory loss

Total loss of independent function

Birth 40 60 80 Death

Life Course

Healthy Aging  Amnestic MCI  Clinically Diagnosed AD

Source: National Institute on Aging, “Alzheimer’s Disease: Unraveling the Mystery”
Early Dementia

- Memory loss
- Confusion about the location of familiar places
- Taking longer to accomplish normal daily tasks
- Trouble handling money and paying bills
- Poor judgment
- Loss of spontaneity and sense of initiative
- Mood and personality changes
Aging Brain

- Some parts shrink (prefrontal cortex, hippocampus)
- Blood flow reduced
- Inflammation increases
Discrepancies between cognition and decision making in older adults (Han et al, 2015)

- *Cognition* was assessed using scores from neuropsychological testing

- *Decision making* was assessed using real-world scenarios (e.g. choosing between two mutual funds)
Cognition and Decision Making

• Discrepancies
  • Intact cognition with poor decision making
  • Decreased cognition without similar decrease in decision making
• Decision making and cognition can act as separate functions

Susceptibility to Scams
Summary Points

- Many people are more susceptible due to age-related changes in the brain
- Cognition and decision-making are closely related but not the same thing

Bad guys already know this stuff
Implications

- Determining capacity is even harder than we thought….. And we already thought it was pretty hard to do!
- Neuropsychological testing is very helpful for most and doesn’t give the full picture for all.
- What role might neuroimaging play in the (distant) future?
- Using this information to prevent and protect
Forensic Markers of Abuse and Neglect
Aging is accompanied by changes that make us susceptible to physical and emotional injury.
As age increases, so do the number of health, social, and psychological issues.

- Chronic Illnesses
- Medications
- Depression
- Dementia
- Quantity and quality of social support
Susceptibility

• Emotional

• Physical

• Cognitive

• More assistance is required
Usual & Common Changes

- Musculoskeletal system: Decrease in bone density
- Neurologic: Reaction time, Memory
- Integument: Thinner epidermis, Capillary fragility
- Sensory: Presbycussis, Macular degeneration, Cataracts
Pink Flags

- Implausible/vague explanations
- Delay in seeking care
- Unexplained injuries
- Inconsistent stories
- Sudden change in behavior
Context

• **Why** did these things happen: is it “*just because they’re old*”?  
• Most of the time, understanding the context is key to making a determination  
• Sometimes, though, it’s pretty darn obvious.
Pressure Sores

- Causes
  - Forces: Pressure, Friction, Shearing
  - Disruption of blood supply (i.e. nutrients) to the skin and underlying tissue

- Stages
  - (I-IV)
  - Unstageable
  - Suspected Deep Tissue Injury
Bruising
PART I: Accidental Bruising in Older Adults

Color of a bruise did not indicate its age. A bruise could have any color from day one.

• 90% of accidental bruises were on the extremities rather than the trunk, neck or head.

• Less than a quarter of older adults with accidental bruises remembered how they got them.

• Older adults taking medications that interfere with coagulation pathways were more likely to have multiple bruises, but the bruises did not last any longer.


This project was funded by Grant 2001-IJ-CX-KO14 from the Department of Justice (DOJ), Office of Justice Programs.
PART II: Bruising in Older Adults as Reported by Abused Elders

Key findings from this study:
• **Bruises were large.** More than half of older adults with bruises who had been physically abused had at least one bruise 5 cm (about 2 inches) in diameter or larger.

• Older adults with bruises who had been abused had more bruises in areas indicated in blue than older adults whose bruises were accidental.

• **90%** of older adults with bruises who have been physically abused can tell you how they got their bruises, and this includes many older adults with memory problems and dementia.

Indicators of Possible Neglect

• Malnourished
• Dehydrated
• Coated with fecal matter/ urine stained
• Inadequately clothed
• Untrimmed toenails, matted hair
• Bed sores (pressure sores)
Laboratory Findings

- Chemistry panel
  - Malnutrition, Dehydration
  - Electrolyte imbalances
- CBC (complete blood count)
  - Malnutrition
  - Anemia
- Medication levels
- Direct and indirect markers
Neglect: What I Look For

- Patient
  - Hygiene
  - Foot care
  - Skin condition
  - Medical issues that don’t get better despite prescribed treatment

- Caregiver
  - Lack of follow up
  - Missed appointments
  - Disengaged
  - Incompetent (physical, emotional, intellectual)
What I Consider

• Victim’s vulnerabilities
• Victim’s functional status (ADLs and IADLs)
• Caregiver’s capabilities and limitations
• Implausible explanations
• Pattern of prior use of health care system
• The totality of the information: need to put the puzzle pieces together
First Conversation with Medical Expert

- Give her clear, concise summary of facts
- What do you need expert to do?
- How much time will this take?
- Best guess regarding timeline
- Scheduling concerns
- Discuss which documents exist and which ones you should provide expert
The challenges

• There’s no single diagnostic test
• We’re not well-trained
  • Caregivers, APS, health care providers, coroners, detectives, prosecutors, judges
• We need more and better research

And yet we can and must do more
https://ncea.acl.gov/

http://eldermistreatment.usc.edu/

http://trea.usc.edu/

http://eagle.trea.usc.edu/