

# Elder abuse under-identified in US emergency departments

October 18 2016

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Elder abuse affects approximately 1 in 10 older adults in the United States and has far-reaching negative effects on physical and mental health. Victims of elder abuse, like other vulnerable populations, tend not to receive routine care from a primary care physician and often depend on the emergency department. With over 23 million emergency department visits by older adults annually, the emergency department is an important setting to identify elder abuse and initiate interventions to ensure patient safety and address unmet care needs.

In a new study published this week in the *Journal of the American Geriatrics Society*, a team of researchers from the University of North Carolina at Chapel Hill, University of California San Diego, and Weil Cornell Medicine used a nationally-representative dataset to estimate the frequency with which emergency providers make a formal diagnosis of [elder abuse](#). The answer: 1 in 7,700 visits.

"These findings indicate that the vast majority of victims of elder abuse pass through the emergency department without the problem being identified," said, Timothy Platts-Mills, MD, assistant professor of emergency medicine and co-director of the division of geriatric emergency medicine at the UNC School of Medicine and senior author of the study. Given the burden of this problem, this is a major missed opportunity. "Emergency physicians strive to make sure that for each patient who comes through the door, all serious and life-threatening conditions are identified and addressed. For elder abuse, EDs across the country are falling short."

Platts-Mills said that identifying elder abuse is challenging. Older adults who are physically frail or have cognitive impairment are vulnerable to injuries and may have difficulty caring for themselves.

"It can be very difficult distinguishing whether a bruise is from a fall or physical abuse, or whether poor hygiene is a result of a patient asking to be left alone or the result of overt neglect on the part of a care provider," Platts-Mills said. "But those difficulties don't change the reality that elder abuse is common, takes a tremendous toll on its victims, and is frequently missed."

Emergency departments are seeing increasing numbers of [older adults](#), and trying to meet the complex needs of these patients with increased physician training and access to social workers who can identify and address unmet care needs. Platts-Mills and his research team plan to improve the identification of elder abuse in the [emergency department](#) by developing and validating a screening tool designed for this setting.

Current practice in most emergency departments is to ask a single question about safety at home at the time of triage. The new tool will use several questions to inquire about different aspects of elder abuse including psychological abuse and neglect, and it will include a physical exam for patients with significant [cognitive impairment](#).

**More information:** Christopher S. Evans et al, Diagnosis of Elder Abuse in U.S. Emergency Departments, *Journal of the American Geriatrics Society* (2016). [DOI: 10.1111/jgs.14480](https://doi.org/10.1111/jgs.14480)

Provided by University of North Carolina Health Care

Citation: Elder abuse under-identified in US emergency departments (2016, October 18)

retrieved 31 January 2024 from <https://medicalxpress.com/news/2016-10-elder-abuse-under-identified-emergency-departments.html>

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