

Elder Self-Neglect

Elder self-neglect (ESN) is an older person's inability, due to a physical condition, mental impairment, or diminished capacity, to perform essential self-care tasks, obtain goods or services, or manage finances.

ESN is believed to **impact 18.4% to 29.1%** of older adults within the community, though estimates understate actual prevalence.



Signs may appear gradually in multiple ways, including the refusal, failure, or inability of older adults to provide themselves with adequate food, water, clothing, shelter, medication, and safety. Additional signs include:

- Unsanitary living conditions and/or hoarding
- Untreated medical, mental health, or physical conditions
- Refusal of medical and social interventions



Risk Factors associated with ESN vary based upon context, sociodemographic factors, health-related conditions, and/or psychological characteristics. They may include:

- Medical, mental health, functional, or cognitive impairment
- Older age and/or being male and/or separation or divorced
- Substance use
- Fewer social networks and social engagement
- Limited economic resources and lower education level
- Resistance to receiving care from others



Ageism and elder self-neglect

Internalized ageism, or negative self-perceptions of aging, is associated with poor mental and physical health and may place older adults at an increased risk of ESN.



The impact of elder self-neglect

Adversities include physical, psychological, and cognitive impairments, increased health care and service utilization, nutritional deficiency, higher mortality, and poor quality of life. ESN often co-occurs with, and is associated with increased risk for, abuse, neglect, and exploitation. The economic impacts of ESN are also significant and include costs associated with repeated adult protective services investigations, reduced income and productivity of family members caring for a loved one, and decreased employment opportunities for elders experiencing self-neglect.



Interventions

Addressing ESN requires an understanding of the older adult, their biopsychosocial needs, decisional capacity, and their preferred resolutions, and concurrence.

- A combination of medical care, medication, therapies, social services, counselling, and case management may reduce factors associated with ESN and support wellness
- Multidisciplinary team efforts (e.g., medical and mental health professionals, social service agencies, legal service providers, discharge planners, and faith supports), can facilitate early detection
- Strength-based approaches that respect and support the older person's autonomy and resilience are essential
- Direct interventions such as transportation, technology, and support may increase social connection
- Indirect interventions such as volunteerism may offer a sense of community, and meaning making in later life