

What Dental Students Need to Know About Elder Abuse

As a dental student encountering older patients, you will be in a unique position to help prevent and detect elder abuse.

What is elder abuse?

Elder abuse (EA) is an intentional act or failure to act that causes or creates a risk of harm to an older adult. Common types of elder mistreatment include physical, sexual, emotional/psychological, or financial abuse, neglect, or self-neglect. Multiple forms of mistreatment can co-occur.

Did you know?



1 in 10 community-dwelling older adults experiences abuse every year.



1 in 3 older adults with cognitive impairment experiences abuse.



Only 1 in 24 cases of elder abuse is reported.



Elder abuse has significant medical, mental health, financial, and social impacts.



Elder abuse occurs across all cultures, contexts, and communities.



Older adults who are abused have a **3x higher risk of death** compared to those who have not been mistreated.

Signs of Elder Abuse

Since individuals experience harm in different ways, look for atypical changes in the following domains.



Physical

- Malnutrition, dehydration, or unexplained weight loss
- Sudden mental status changes unrelated to advancing dementia
- Uncontrolled pain despite pharmacological treatment
- Uncontrolled conditions such as hypertension, heart failure, asthma, or diabetes
- Inadequately explained bruises, lacerations, abrasions, fractures, or pressure ulcers
- Injury to genital area or unexplained sexually transmitted infections



Psychological/Emotional

- Unusual changes in behavior or sleep
- Increased fear or anxiety
- Isolation from friends or family or withdrawal from normal activities



Financial

- Unpaid bills and fraudulent signatures on financial documents
- Unusual or sudden changes in spending patterns, will, or other financial documents



Social

- Patient discomfort in the presence of family member/caregiver
- Caregiver resistance to the patient being seen alone
- Caregiver is disengaged, inattentive, overly anxious, or hovering
- Caregiver expresses frustration, anger, or burden related to caregiving



Environmental

- Unsanitary living conditions or unsafe environment
- Evidence of self-neglect, including poor diet, poor hygiene, and unattended medical needs



Oral/Maxillofacial Indicators (rule out other common causal factors)

- Fractures of teeth, jaws, and related structures
- Poorly maintained or ill-fitting dentures
- · Long-term use of fractured dentures
- Poor denture hygiene, including excessive plaque
- Atypical orofacial lesions and oral cavity trauma

- · Traumatic injury to head or neck area
- Palatal petechiae
- Avulsed or loose teeth
- Rampant decay or untreated periodontitis
- Radiographic results inconsistent with history

Related Concerns Within the Dentist/Patient Relationship

- · Delays between dental injury or disease and assessment
- · Noncompliance with medication, appointments, or instructions
- Medical/dental history from patient and caregiver differ



Risk Factors of Elder Abuse



Older adult

- Medical or mental health conditions and/or cognitive impairments
- Frailty and/or functional deficits
- Social isolation
- Stress and poor coping mechanisms



Trusted other

- Economic and/or emotional dependency
- Substance abuse
- Stress and poor coping mechanisms



Context

- Lack of social support, connectedness, or access to community resources
- Cultural norms
- · Quality of relationship

Mandated Reporting

Health care professionals may be legally required to report known or suspected abuse. Know your state's requirements and how to make a report.

Screening

Screening instruments may assist professionals in identifying the risk or presence of abuse. Screening must be tailored to the setting, population, and used in combination with observation and expert evaluation. For example, the Elder Mistreatment Screening and Response Tool (EM-SART) is a brief tool used in emergency departments, and includes the following questions:

- Has anyone close to you harmed you?
- Has anyone close to you failed to give you the care that you need?
- · Has anyone tried to force you to sign papers or use your money against your will?

Documentation of Elder Abuse

- · Physical markers of maltreatment
- Social, contextual, psychological, and financial signs of abuse and neglect
- Communications, conduct, or attitudes that signal suspected abuse



Tip: Use the <u>Geriatric Injury Documentation Tool</u> and <u>Bruising in Older Adults</u> to help identify and document indicators of abuse.

Intervention Strategies

- Provide tailored responses
- Consult with the older adult about their goals and preferences
- · Collaborate with interdisciplinary professionals to treat, safety plan, and reduce harm

Reporting Resources

In cases of imminent harm, report to law enforcement. Report abuse in the community to Adult Protective Services. Report concerns in facilities to the Long-Term Care Ombudsman. Local reporting and community resources can be accessed through Eldercare Locator at 1-800-677-1116 or visit eldercare.acl.gov.

Additional Steps You Can Take

- Read professional literature and/or conduct research regarding elder abuse
- Develop an elder abuse assessment tool for dentists
- · Publish case reports about elder abuse detected by dental practitioners
- Participate in a local elder abuse multidisciplinary team or in a local, state, or Tribal coalition or network addressing elder abuse
- Participate in or organize activities to raise awareness of elder abuse





Special thanks to Ellis Fields, DDS, for his contribution to this fact sheet.





Don't stand by, stand up to elder abuse. You can make a difference.

For more information, visit ncea.acl.gov.

