

Radiologic and physical findings identify elder abuse

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Radiologists in Toronto have begun to identify a pattern of injuries that may be indicative of elder abuse, according to a study presented today at the annual meeting of the Radiological Society of North America (RSNA).

According to lead researcher Kieran J. Murphy, M.D., F.R.C.P.C., F.S.I.R., interim radiologist-in-chief at University Health Network in Toronto, Canada, only 2 percent of physical elder abuse is reported by clinicians.

"Unlike cases of child abuse, there is very little information available on this subject," Dr. Murphy said. "It's a much neglected area."

To aid radiologists in identifying potential cases of elder abuse, Dr. Murphy conducted a literature review and searched databases for elder abuse cases to locate radiologic evidence of the types of injuries found in abuse victims over 60 years old.

An analysis of more than 1,100 cases revealed that the most frequent injuries among abused elderly were [physical trauma](#) to the face; dental trauma; subdural hematoma, which is collection of blood in the space between the outer layer and middle layers of the covering of the brain; eye and larynx trauma; rib fractures and upper extremity injuries.

The analysis also revealed that elderly victims of abuse were most often in a home setting being cared for by non-professionals.

"In the cases we reviewed, the abused elderly were often socially isolated, depressed and unkempt," Dr. Murphy said. "The caregivers were not only financially dependent on the [elderly person](#) in their care, they were often dealing with their own substance abuse problem."

Compared to [older adults](#) who were accidentally injured, the abused elderly patients were more likely to have brain, head and neck injuries. Autopsy studies revealed that subdural [hemorrhages](#) were the cause of death in one-third of [elder abuse](#) cases.

"[Radiologists](#) need to be aware of the pattern of injuries frequently seen in the abused elderly," Dr. Murphy said. "More importantly, we need to integrate the physical and radiological findings with the social context of the patient to help identify those at risk."

Provided by Radiological Society of North America

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