

Education and awareness key to helping physicians address elder abuse

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Elder abuse is common, affecting an estimated 5%-10% of seniors; raising awareness among physicians is key to helping address the issue, according to a review in *CMAJ (Canadian Medical Association Journal)*.

Although there is little evidence on screening for [elder abuse](#) and effective interventions, there should not be inaction on the part of health care professionals.

"Despite the lack of robust evidence to support recommendations, clinicians still need an approach to this relatively common problem," writes Dr. Xuyi Mimi Wang, a geriatric medicine fellow at McMaster University, Hamilton, Ont. with coauthors. "We encourage physicians to be aware of potential risk factors and clinical manifestations of elder abuse while recognizing the limitations of the research in this area."

Elder abuse can include physical, psychological and sexual abuse as well as financial exploitation and neglect. It is associated with admission to hospital or a long-term care facility, reduced quality of life and death.

Several tools can help physicians and other health care providers screen for elder abuse:

- Elder Abuse Suspicion Index, a two-minute, six-question questionnaire
- Indicators of Abuse Screen, a detailed checklist of problems that requires a home visit from a trained health care provider

- Elder Assessment Instrument, a Likert-scale checklist intended for varied clinical settings
- Brief Abuse Screen for the Elderly, which can be used by trained health care providers (not necessarily physicians).

Only the Elder Abuse Suspicion Index has been validated in primary care settings.

The authors suggest that physicians and other health care professionals should be alert to the possibility of elder abuse. In assessing suspected elder abuse, they should first determine the patient's decision-making capacity for any proposed interventions, communicate their concerns and educate the patient about elder abuse, and refer the patient to local resources such as homecare agencies, seniors day programs, respite care, shelters, police and other legal services.

"Elder abuse is probably best considered as a syndrome, similar to the other "geriatric giants" such as falls and frailty, given its complexity. The best intervention strategy at this time appears to be education targeted at increasing awareness of elder abuse among [health care](#) professionals, analogous to the incorporation of child abuse training into the medical school curriculum," the authors conclude.

More information: *Canadian Medical Association Journal*,
www.cmaj.ca/lookup/doi/10.1503/cmaj.141329

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