

## Cohort study

# Older people identified by social services to be at risk of abuse have higher rates of hospitalisation

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Commentary on: Dong X, Simon MA. Elder abuse as a risk factor for hospitalisation in older persons. *JAMA Intern Med* 2013;173:911–17.

## Implications for practice and research

- Community dwelling older people who experience abuse are at a greater risk of hospitalisation, even after adjusting for potential confounders.
- Nurses can proactively work in screening, prevention of and intervention in elder abuse and also to reduce hospitalisation episodes for older people experiencing abuse.
- Further research should focus on replicating the analysis in similar data sets in other jurisdictions and evaluating the impact of prevention and early intervention strategies in vulnerable populations of older people related to hospitalisation rates.

## Context

Elder abuse is a major challenge in contemporary societies. Community based studies indicate a prevalence range between 2% and 18.4% in older people with mental capacity.<sup>1–3</sup> This figure rises substantially in the older people suffering from dementia.<sup>4</sup> This study by Dong and Simon identifies that older people with suspected or confirmed elder abuse are at a greater risk of hospitalisation, even when figures are adjusted for covariates. This risk remains significant when examining the subtypes of elder abuse reviewed in the study.

## Methods

The study used data of participants recruited from the Chicago Health and Aging Project (CHAP), in the period 1993–2010 (n=6674). Analysis revealed a subset of 106 reports of elder abuse. Annual hospitalisation records were also examined from the Centre for Medicare and Medicaid Services. The study has extracted information of the individual participants on covariates, such as demographics, cognitive and physical function, education, self-reported medical conditions and psychosocial factors. Analysis involved a descriptive report of covariates and independent variables (reported elder abuse, confirmed elder abuse and elder abuse subtypes). The Poisson regression method was used for analysis to elicit annual rates of hospitalisation for all CHAP participants. The study

also provided four different models of analysis to identify relationships within varying potential confounders in elder abuse and within subtypes as well as interaction term analysis to investigate related hospitalisation rates.

## Findings

Within the sample, those with elder abuse reports were more likely to be female, black older adults and those with lower education levels. Those with elder abuse reports experienced increased hospital admissions while risk of admission was further increased in confirmed elder abuse cases and where two or more elder abuse subtypes were identified. There was no difference between the potentially associated factors between elder abuse and hospitalisation in reported and confirmed cases or within abuse subtypes.

## Commentary

This is the first epidemiological-based study to consider elder abuse and its subtypes in relation to prospective hospital admissions of community-dwelling older people. The use of secondary data from the CHAP and Medicare and Medicaid services facilitated the comparison of hospitalisation in older people with and without elder abuse reports. The Poisson regression model is particularly apt for this study's use of integer data (count-type data) as opposed to applying linear or logistic regression analytic approaches. In using multiple modelling perspectives, the study excluded the influence of a number of variables related to the risk of hospitalisation. Within the study, older people with elder abuse reports were shown to have a greater independent risk of hospitalisation. These findings are significant in terms of targeting clinical practice related to increased screening and monitoring to prevent and identify elder abuse. Nurses and other healthcare professionals can develop early elder abuse intervention and amelioration strategies to prevent hospitalisations and consequently, reduce hospital costs and the experience of morbidity. This is of particular importance in caregiver neglect, which demonstrated a potential stronger correlation to hospitalisation. As neglect occurs over a period of time, nurses need to engage in careful monitoring in relation to the older person's health and welfare. This is imperative to identify decline which progressively cumulates in neglect.

As elder abuse is a challenge in many countries,<sup>4</sup> it is likely that these findings have generalisability to other countries. However, although the subtype of sexual abuse is included, it appears that there were no instances of this abuse subtype within the CHAP sample and therefore findings relate to psychological abuse, physical abuse, caregiver neglect and financial exploitation.

Competing interests None.



## References

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