

First Suspicion Index Developed for Elder Abuse

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TUCSON, ARIZ. — Canadian researchers have developed and validated a user-friendly six-question index that can be used in the office to elicit suspicion of elder abuse in seniors who are cognitively intact.

The goal of the Elder Abuse Suspicion Index (EASI) is not necessarily to diagnose abuse but to quantify a level of suspicion

sufficient to justify referral to an appropriate community expert in elder abuse, Dr. Mark Yaffe said at the annual meeting of the North American Primary Care Research Group.

"Where we see the value of this tool is that it's easy enough to use that you can use it on repeated episodes with your patients or clients and see whether the responses you get [change]," said Dr. Yaffe, professor of family medicine at McGill University, Montreal.

Use of the index may also educate and sensitize physicians to elder abuse, which is associated with reduced survival in older adults, even after adjustment for other mortality risk factors. Prevalence rates in select developed countries vary widely, from 4% to 18%.

Dr. Yaffe and colleagues at McGill performed a literature review, categorizing items from known inventories into six themes. For each theme, they created one or two questions that were critiqued by fo-

cus groups of physicians, nurses, social workers, individual targeted seniors, and an international expert e-mail panel.

The six themes are risk; neglect; verbal, psychological, and emotional [abuse]; financial [exploitation]; physical and sexual [abuse]; and observational. To assess risk, the physician would ask the patient, "Over the last 12 months, have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?" For observational, the physician would consider the question: "Elder abuse may be associated with findings such as poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you [the physician] notice any of these today? In the last 12 months?"

The investigators approached 2,133 patients who spoke English or French, who were aged 65 years or older, and who

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were seeing their family physicians for any reason, of whom 906 met inclusion criteria, consented, and had EASI administered by 1 of 104 family physicians. A total of 875 patients answered at least five questions, and 663 under-

went a structured 90-minute interview with trained social workers. The patients' mean age was 75 years, 76% spoke English, and 43% reported that their health was good.

Among the 663 interview patients, 105 (16%) answered "yes" to at least one of the six questions, including the risk factor question; and 13% answered "yes" to one of the five questions associated with signs and symptoms of abuse. Social workers believed that 79 patients (12%) had been abused in the previous year.

Positive responses were elicited from 110 patients (17%) for risk; 7 (1%) for neglect; 77 (12%) for verbal, psychological, or emotional abuse; 11 (2%) for financial; 14 (2%) for physical or sexual abuse; and 19 (3%) for observational.

Specificity for the index was 77%, and sensitivity, 44%, which Dr. Yaffe acknowledged was low. But this represents a first attempt to develop a suspicion index for elder abuse, he said, and it's unclear what sensitivity should be expected, because it's difficult to have accurate sensitivity and specificity data for a condition that is not well defined. Physicians' reactions to EASI were generally positive. Among 72 of the 104 physicians surveyed, 96% reported that EASI was "somewhat or very easy" to use, 68% said it took less than 2 minutes to use, and 97% said it had "some" or "a big impact" on their practice.

The World Health Organization's Aging and Life Course unit has applied EASI in Australia, Brazil, Chile, Costa Rica, Kenya, Singapore, and Switzerland, and the index has cross-cultural content validity. ■

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