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Geriatric Depression Scale and forms of violence against the elderly

The baby boom generation is getting old, therefore, more and more elderly people have to be cared for in their homes, and incidences of abuse of the elderly is rising. However, the number of reported incidents of abuse and neglect of older people does not match the number of cases discovered and treated. The physical, psychological and social circumstances of old age make an old person particularly susceptible to such manifestations of social pathology as violence – aggression and abandonment – neglect known as abuse, ill-treatment or mistreatment (Eng. abuse + neglect = mistreatment).

In J. Streulan's handbook, violence and aggression are defined as 'behaviour directed at a person to inflict suffering on the person who is then motivated to avoid suffering' (1). The American Medical Association defines cruelty and neglect of the elderly as 'an act or omission that can cause harm or a risk to the health and well-being of an old person (2).

Many forms of abuse against seniors are reported, for instance, the guardian's neglect, or deliberate (active) or unintentional (passive) neglect of the physical and psychological needs of a senior person, such as failure in providing adequate clothes, food, shelter, medical care, hygiene and social interactions (3). This type of violence occurs in 58.5 per cent of cases of mistreatment of the elderly (4).

Physical violence is defined as 'an intentional use of physical force resulting in injury'. Another definition points out that these are actions taken consciously with the intention to cause physical pain or injury. Forms of physical violence include slaps, punches, pushing, hitting with various objects, bruising, force-feeding and moving a person on a bed or a wheelchair to an uncomfortable position. This type of violence constitutes 15.7 per cent of cases of violence according to the literature.

Psychological violence is defined as exerting pressure on a person through threats or behaviour of a similar type, 'or conscious actions taken with the intention to cause psychological pain, injury or fear'. The consequences of such behaviour are symptoms such as fear, depression, stress, suicidal thoughts, cases of self-destructive behaviour and lowered self-esteem. Examples of psychological violence are continuous verbal abuse, threats, insults, humiliating and childish statements, scoffing, etc. According to the authors quoted, this type of violence constitutes 13.5 per cent of all the cases, although it seems that psychological abuse accompanies other types of violence, hence the number should have been much higher.

Sexual abuse is defined as 'an unwanted sexual contact.' Nevertheless, many writers give a more complex definition that takes into account not only physical contact but also 'suggestive conversations', touching and caressing against the person's will (3). Examples of such behaviour are forced sexual intercourse with a person able or unable to take part in a sexual act. Regarding the

incidence of sexual violence, the numbers are frequently quoted together with data concerning other types of abuse, most often with psychological violence. The authors 'add up' the data supporting their decision with the fact that it is difficult to disclose information on this type of violence, i.e. psychological violence, because the data are not specific, and data on sexual violence are difficult to calculate since people are reluctant to admit the fact that they are victims of such behaviour. Another obstacle is the victims' old age.

Another form of violence is material abuse, or 'improper disposal of an old person's resources in order to obtain personal profit or gain. It can manifest itself in stealing money and forcing an old person to transfer money or property (5).

Often, acts of violence against the elderly are committed by members of their family, i.e. spouses – 58 per cent of cases, children – 24 per cent; however, sons prevail over daughters. Children often use psychological violence and neglect their parents, while spouses are responsible for physical violence (3, 6).

The risk factors are as follows: • interdependency of the person using violence and the victim, e.g. housing and financial dependency; this occurs along with physical and financial violence • various types of addiction and mental illness of the person causing the violence; this occurs along with physical and financial violence • perception and consciousness disorders of the victim, dementia and behavioural problems; they occur along with neglect • the family's social isolation, neglect and financial violence • stress in the family; every stressful and emergency situation in the family can contribute to a higher incidence of all forms of violence • previous incidents of violence in the family increase the possibility of pathology occurring in all of its variations (3).

Among all the medical specializations it is family doctors who should play a crucial role in discovering the negative phenomena and be ready to respond to them.

Violence towards the elderly is an essential part of differential diagnostics of numerous geriatric syndromes such as depression, dementia, collapses, bedsores, etc.

Ill-treatment of the elderly is related to decreasing quality of life and life-shortening which are likely to have been caused since people do not follow the doctor's recommendations, and factors such as malnutrition, bad physical condition or stress (7).

The aim of this paper was to assess the occurrence of depression in people over 65 years of age, having basic health care and with whom a doctor and/or a community nurse has discovered any form of abuse.

MATERIAL AND METHODS

The study included 613 patients and lasted from 1 September 2004 to 28 February 2005, and was carried out on the premises of 11 non-state healthcare institutions, in Lublin Voivodeship.

Patient selection for the study: 65 years of age and older, patients under the supervision of a community nurse and a family doctor, patient's medical records are complete, including patient's community health record sheet (so it includes details of patient's social, economic and family situation, financial standing and housing conditions – a standard document in Poland), discovered and documented any form of abuse in the past.

As a research method a survey questionnaire prepared by the researchers themselves was used (taking into consideration risk factors of the phenomenon; prepared on the basis of available literature), standard patient's community health record sheet, analysis of medical documentation of basic health care, patient's hospital record sheet, Geriatric Depression Scale – a short form. It is the most commonly used screening scale of self-evaluation of depression used in old age, and which can

be characterized by high sensitivity (85%) and specificity (68%). Due to the search for abuse risk factors for the elderly all elements of the scale were analyzed separately. The data were analyzed statistically using the Data Mining program.

RESULTS

Description of the studied population. The percentage of patients in each age range was as follows: 49.9% – patients between 65 and 75 years of age, 37% – patients between 76 and 85, and 13% – patients over 85. As regards the level of education the largest number of patients were primary school graduates – 66.6%, vocational school graduates – 16.6%, secondary school graduates – 9.8%, university graduates – 1.5%, and uneducated patients – 3.3%.

Among the studied abused victims 76.2% needed other people's care. The most common reason for abuse was old age (R54 according to ICD) – 46.1%, degenerative diseases of kinetic system (M19) – 1.3%, paralysis and hemiplegia (G81) – 1.7%. The remaining 51% constituted different syndromes, dementia, Alzheimer's disease and terminal cancer conditions.

The forms of abuse diagnosed in patients included active neglect – 42% patients, passive neglect – 48.6%, physical abuse – 54.6%, financial exploitation – 74.5%, sexual abuse – 4.6%, psychological abuse – 91.5%. Based on this data it can be stated that psychological abuse coexisted with any other form of elder abuse. Only 8.5% cases constituted passive neglect. The elderly were most often abused by their family members – 67.9% cases, their caregivers – 15.6% or other persons.

No statistically important correlations between education level and the forms of abuse were found. It can be stated, though, that the abuse concerned almost only persons with lower education level.

The study results explicitly point to the fact that depression occurred in nearly every patient who was a victim of abuse. All patients obtained at least 5 points. It is shown in Table 1. The table shows that over half of the patients are not satisfied with their life (54.4%), patients who changed their lifestyle and dropped their interests (69.5%), patients leading an empty life (60.5%), which is overwhelmed by boredom (52.2%), bad mood (50.9%), fear that something bad is going to happen to them (66.2%), feeling of unhappiness (61.7%), helplessness (74.1%), reluctance to leave home (64.1%), subjective problems with memory (52.4%), aversion to modern life (67%), lack of self-esteem (53.3%), lack of vitality (76.3%), impression that one is in a hopeless situation (59%), and feeling of worse luck in life (71.6%). A particular attention is drawn by the large percentage of expressions regarding the feeling of helplessness, lack of vitality, feeling of having worse luck in life.

The problem of depression of the elderly is very often not recognized and underestimated due to a wrong belief that the symptoms of depression are a natural consequence of ageing. These disorders in persons over 65 year of age determined in epidemiological studies occurred with 15 – 30% frequency. In the course of somatic diseases the frequency of depression syndrome may increase even up to 45% (2). In the United States there are 31 million persons over 65 years of age, and approximately 5 million suffer from depression (5).

Depression in elderly patients is characterized by the coexistence of somatic diseases, e.g. post-stroke conditions (25–48%), coronary disease (8–44%), cancer (1–40%), Parkinson's disease (4–90%) and Alzheimer's disease (20–40%) – a wide range of frequency is a result of different study methods (2, 4). Unfortunately, no correlations between the phenomenon of elder abuse and depression were found in the literature, although such correlations seem self-evident. It is still difficult to diagnose abuse of the elderly and the diagnosis is often delayed, hence help is also delayed. The family doctor is the one who may suspect that his elderly patient may be suffering from abuse. Detailed patient's

history, tests including a range of scales such as: ADL, Geriatric Depression Scale, short scale of cognitive functions – MMS (Fostein), taking patient's history repeatedly at patient's house constitute necessary elements in the recognition of this phenomenon (7).

Table 1. Geriatric Depression Scale (short version – 15 features)

1. Are you basically satisfied with your life? Yes 39.9% (245) No* 54.4% (332).
2. Have you dropped many of your activities and interests? Yes* 69.5% (426) No 25.3%(155).
3. Do you feel that your life is empty? Yes* 60.5% (371) No 33.8% (204).
4. Do you often get bored? Yes* 52.5% (322), No 41.35% (253).
5. Are you in good spirits most of the time? Yes 42.4% (260) No* 50.9% (312).
6. Are you afraid that something bad is going to happen to you? Yes* 66.2% (406) No 27.9% (171).
7. Do you feel happy most of the time? Yes 31.1% (191) No* 61.7% (378).
8. Do you often feel helpless? Yes* 74.1% (454) No 19.7% (121).
9. Do you prefer to stay at home rather than going out and doing new things? Yes* 64.1% (393) No 27.7% (170).
10. Do you feel that you have more problems with memory than most people? Yes* 52.4% (321) No 41.4% (252).
11. Do you think it is wonderful to be alive now? Yes 25.6% (157) No* 67.0% (411).
12. Do you feel pretty worthless the way you are now? Yes* 53.3% (327) No 40.3% (247).
13. Do you feel full of energy? Yes 16.1% No* 76.3%.
14. Do you feel your situation is hopeless? Yes* 59.9% (362) No 34.4% (211).
15. Do you think that most people are better off than you are? Yes* 71.6% (439) No 22.2% (136).

Obtaining at least 5 answers marked with an asterisk* points to the possibility of depression occurrence. The answers to each question in the scale do not always total 100% of patients, due to the fact that some patients suffer from dementia or Alzheimer's disease and it was not possible to obtain full information.

CONCLUSIONS

1. Abuse risk factors for persons over 65 years of age include: old age, low education level and the need to be taken care of by others due to old age or ailments connected with old age.

2. Nearly all patients obtained more than 5 points in the short form of the Geriatric Depression Scale – these points suggest the possibility of the occurrence of depression.

3. The study does not answer the question if depression is an abuse risk factor or its consequence.

4. Drawing doctors' attention to the problem of elderly abuse and to the importance of routine application of thorough geriatric tests using scales, may contribute to detection and prevention of this pathology.

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SUMMARY

Physical and psychosocial determinants of old age make the elder particularly susceptive to social pathology such as abuse–aggression, abandonment–neglect, described as maltreatment, harassment or mistreatment. This paper points to the usefulness of a well-known Geriatric Depression Scale while searching for elder abuse risk factors. The data analysis shows that the risk factors, next to age, low education level, total dependence of the elderly patient on other persons, should also include depression.

Depresja a formy przemocy wobec osób starszych

Fizyczne i psychospołeczne uwarunkowania starości czynią seniora szczególnie podatnym na takie przejawy patologii społecznej, jak przemoc–agresja, opuszczenie–zaniedbanie, określane mianem nadużycia, znęcania się czy maltretowania (ang. *mistreatment*). Praca wskazuje na przydatność powszechnie znanej Geriatrycznej Skali Depresji w poszukiwaniu czynników ryzyka przemocy wobec osób starszych. Analiza danych wykazała, że do czynników ryzyka należy zaliczyć oprócz wieku, niskiego wykształcenia, całkowitej zależności pacjenta seniora od osób innych – depresję.