Elder Self-Neglect: An overview.

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Key Points

Elder self-neglect is broadly defined as the inability or refusal to provide basic self-care and self-protection. (National Center on Elder Abuse, 2011) It is the most common referral to Adult Protective Services (APS) nationwide. The majority of these cases occur in persons 65 years of age or older.

Elder self-neglect is a significant risk factor for mortality independent of medical, social, functional and cognitive problems common in older adults. (Lachs, 1998)

The most recent mortality study reports a 6-fold increase in the odds of mortality within the first year of older adults being reported to APS for self-neglect and a subsequent 2-fold increase in the odds of mortality for the remaining 11 year follow-up compared to non-neglecting older adults. (Dong et al., 2009)

One study by Burnett et al., 2004 reports that elder self-neglecters (91%) have had contact with their primary care physicians within a 3-month period of an APS investigation.

Despite receiving medical care self-neglecters often present with poor hygiene (Dyer et al., 2007), poor medication adherence (Turner et al., 2012), unsanitary living, depression, isolated living, untreated medical conditions (Burnett et al., 2006), decubitus ulcers (Burnett et al., In Press), poor nutritional status and cluttered living environments. More extreme cases often have associated mental health issues.

Four types of elder self-neglect have been detected which include Global Self-Neglect, Environmental Self-Neglect, Financial Self-Neglect and Physical and Medical Self-Neglect. (Burnett et al., 2012)

For further information please see our app titled:

Elder Abuse and Mistreatment (2013)
Author: Nasiya Ahmed, MD, John Halphen, MD, and Kathleen Pace Murphy, PhD, MS, GNP-BC

References


