

# Which chronic diseases in older adults increase the risk of elder mistreatment and why?

Wong, R. T., Cafferky, B. M., & Alejandro, J. P. (2021). Chronic disease and elder mistreatment: A meta analysis. *International Journal of Geriatric Psychiatry*.

## Summary

More than before in history, the global population of people aged 65 and older represents one of the largest age groups and is estimated to reach a total of 1.5 billion persons by 2050. Many older adults live with chronic diseases such as diabetes, dementia, and heart disease, conditions that increase their health care utilization and need for family caregiving support. Poor physical health and high caregiver burden are associated with increased risk of elder mistreatment (EM). Little is known, however, about the relationship between specific chronic diseases and EM. Researchers in the Department of Psychology at Loma Linda University conducted a meta-analysis to establish empirical benchmarks of the link between chronic disease and EM to improve understanding of EM and the well-being of older adults worldwide.<sup>1</sup>

# Method

A systematic and comprehensive literature review was conducted, followed by statistical meta-analysis. Inclusion criteria were studies published from 1950 to 2019, with subjects over age 55, written in English, and featured quantitative chronic disease data linked to the outcome of elder abuse and/or neglect. From the large pool of studies identified, 48 met eligibility criteria. A total of 12 chronic disease risk markers were ordered into four large categories for analysis: endocrine disease, heart disease, neurological disease, and other chronic diseases, which yielded 178 effect sizes linked with EM. The relationships between the risk markers and EM were analyzed and compared.



#### Results

- All of the chronic disease risk markers were linked with a heightened risk of EM.
- The neurological disease category had a significantly stronger link as compared with other risk markers, followed by endocrine and heart diseases.
- Neurological diseases had a notably stronger link to emotional abuse than the other chronic diseases classification, and endocrine diseases had a markedly stronger link to neglect than heart disease.
- The strongest risk marker within the neurological disease category was stroke, followed by dementia, Parkinson's disease, and Alzheimer's disease in decreasing order.
- The strongest risk marker for EM in endocrine diseases was diabetes, followed by obesity.
- For heart disease, the strongest correlation was with cardiovascular disease, followed by hypertension.

# **Key Takeaways**

- Chronic disease is associated with an increased risk of EM.
- Neurological disease had a significantly stronger correlation with EM than other chronic diseases.
- Increased functional dependence and poor health associated with certain chronic diseases may heighten caregiver burden, a risk factor for EM.

## **Implications for Practice**

Though chronic disease in aggregate is associated with higher risk of EM, this study demonstrated that neurological disease is especially correlated with EM when compared to other chronic diseases such as heart and endocrine disorders. The study also suggests reasons why certain chronic diseases are more strongly linked to elder mistreatment. The findings can help inform caregivers, clinicians, and healthcare providers in the care of older adults, especially those with neurological disorders. Policies and programs that expand resources for isolated older adults, opportunities for caregiver respite, and support groups, may help reduce the risk of EM for older people with chronic diseases. Future research may focus on determining whether the severity or frequency of EM is linked to the stage of the chronic disease.





This research translation was completed for the National Center on Elder Abuse and is supported in part by a grant (No. 90ABRC0002-01-00) from the Administration on Aging, U.S. Department of Health and Human Services (HHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or HHS policy.

Special thanks to Keck School of Medicine of USC Department of Family Medicine Resident Justin Bui, MD, for his work on this translation and Parham Khalili, MD for his support and contributions.