The world's elderly: Another aspect

In addition to some of the dental aspects of aging discussed in last month's editorial, there is a sociologic reality that is laid unrelentingly upon the dentist's shoulder when patients of any age are seen. That reality is contained in the responsibility we have to complete a *comprehensive* evaluation of our patients. Some of those comprehensive findings disquiet us and leave us agitated about how to best handle what our inquiries have unearthed.

Suppose you have just completed an annual examination on one of your favorite patients, an 86-year-old woman. Suppose further that you and your dental staff all remark later at the surprising deterioration she has undergone since the last office visit 8 months ago, when she was so excited about moving in with her daughter and her family.

In addition to your patient being unusually withdrawn and passive, her daughter, who accompanied her, seemed sullen and hostile. Attempts to converse were met with silence or short answers. The patient's oral hygiene, once impeccable, was very poor. Ulcerated left buccal mucosa opposite a newly fractured premolar was noted, and 3 parallel, finger-length bruises were evident on the external left cheek. The patient and daughter tersely claim these conditions were the results of an accidental fall. What's happening here? What would you do next?

Elder mistreatment by family and caregivers is an emerging problem. It is an issue most of us would rather avoid, but since we are responsible for the health and well-being of our patients, we cannot lay it aside. In fact, there are reports from societies around the world indicating increases in family violence toward all relationships–child, spouse, and elder abuse. Each culture has its own ethical and moral standards, but few practice deliberate mistreatment and abuse of others as a publicly proclaimed policy. How can we be sure? How, when, and to whom do we voice our concerns?

Understanding the elements of abuse, either physical or psychological, is the first step in meeting our responsibilities as oral health care providers. Publicizing the problem and exposing the components of that problem for open scrutiny is a step toward community education. Creation of an interdisciplinary team to help handle the cases is the precursor to actual intervention.

Cautious and sensitive intervention on behalf of the patient is the most difficult step, but it is our obligation to manage or co-manage all the contributing factors of our patients' conditions to the extent possible. This includes the caring, nonjudgmental confrontation of the problem with all those involved.

There are many levels of cause and management. Self-neglect is the most common problem among elders, and the management of that condition requires encouragement for the patient and often assistance from a daily caregiver.

Involving others in meeting an individual's needs is often the root of stress, and stress is usually the trigger of abusive behavior. Caretakers often feel overburdened, and the most common form of caretaker failure is caretaker neglect. It is often then just a matter of time before the stress builds and escalating abuse patterns occur. It is important for attending doctors to understand the issues from both sides of the equation and to act in the best interests of the patient.

There are criteria for the assessment of abuse potential when elderly live at home. Discrete inquiries about the following key issues can help the astute clinician in this assessment:

1. Do the patient's needs exceed the families' ability to meet them?
2. Does the patient's primary caregiver express frustration in meeting those needs?
3. Does the primary caregiver exhibit other signs or symptoms of stress?
4. Is there a history of violence in the family?
5. Does the patient, caregiver, or other member(s) of the family abuse drugs or alcohol?
6. Are other pressures present in the family dynamic, such as illness, marital problems, financial need, job security, or other family member needs?

Learn all you can about this growing problem. Discuss it with your colleagues, and build a resource network that will provide the necessary support for all of the family during tumultuous times. Education, open discussion, and community support services do help.

We do want to help our older patients and their family members enjoy "the best (which) is yet to be."

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