Neuropsychological predictors of self-neglect in cognitively impaired older people who live alone.
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Source
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Abstract

OBJECTIVE:
The authors examined the accuracy of certain neuropsychological tests in the prediction of harm resulting from self-neglect in cognitively impaired seniors who lived alone.

METHODS:
The study included 130 participants, aged 65 and older, who scored less than 131 on the Dementia Rating Scale. Neuropsychological tests were administered at baseline, resulting in eight predictive scores. Informants and primary care physicians provided information about harm that occurred to the participants during the 18-month prospective follow up. An incident was defined as harmful if it occurred as the result of self-neglect or disorientation and resulted in physical injury or property loss or damage and required emergency interventions. Proportional hazard regression analysis was conducted to examine the predictive relationship between the eight neuropsychological tests and time to incident harm with age, sex, education, the Charlson Comorbidity Index, and the Mini-Mental State Examination included in the model as covariates.

RESULTS:
Twenty-seven participants experienced harm during the 18-month follow-up period. A proportional hazards model indicated that three neuropsychological tests, which measured recognition memory, executive functioning, and conceptualization, were independent risk factors for harm.

CONCLUSIONS:
These findings provide insight into why harm occurred in these cognitively impaired elders who lived alone. They also support the ecologic validity of these tests and suggest directions for the development of intervention strategies for harm prevention.

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[PubMed - indexed for MEDLINE]
Self-neglect: adaptation of a clinical tool to the practice of the medical examiner.

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Source
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Abstract
Self-neglect is the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently. It is the most common allegation reported to Adult Protective Services agencies throughout the United States. Unfortunately, it seems that most medical examiners and their teams are not trained appropriately on self-neglect and forget to ask pertinent questions and document relevant observations. The most important aspect of self-neglect for the medical examiner is to recognize the diagnosis to avoid confusion with other forms of elder abuse, particularly neglect from a third party. In this context, a self-neglect scale could be a useful tool to assist the death investigation team. In the clinical field, a self-neglect severity scale was developed by the Consortium for Research in Elder Self-Neglect of Texas. It is here proposed that a self-neglect severity scale for medical examiners should be developed, to assist the investigative team in assessing these common cases. This scale is developed by modifying the clinical scale to adapt it to the particular needs of death investigation. This scale can help the medical examiner and his team in approaching these deaths in a systematic and comprehensive way.

PMID: 20938322
[PubMed - indexed for MEDLINE]
Is pain a significant factor in elder self-neglect?

Pickens S, Burnett J, Naik AD, Holmes HM, Dyer CB.

Source

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Abstract

PURPOSE:

Pain is a worldwide health concern leading to cognitive impairments, depression, and decline in activities of daily living when poorly controlled. Self-neglect is also a serious public health issue being the most common allegation reported to Adult Protective Services (APS). The purpose of this analysis is to determine whether self-reported pain is associated with validated cases of self-neglect compared with matched controls.

METHODS:

This is a cross-sectional study of 80 (APS) validated cases of self-neglect aged 65 years and older and 80 control participants recruited from a geriatric clinic at Harris County Hospital District. Control participants were matched for age, race, gender, and zip code. Both groups were administered the Wong-Baker FACES rating scale and the Mini-Mental State Examination in their homes by a geriatric nurse practitioner and a research assistant.

SUMMARY OF RESULTS:

Self-reported pain was noted in 43% of the self-neglect group compared with only 28% in the control group ($X^2 = 3.85, df = 1, p = .05$). This difference became non-significant after stratifying for MMSE scores of 19 or greater ($X^2 = 3.38, df = 1, p = .066$). The self-neglecting elderly also reported significantly higher levels of pain compared with the matched controls ($t = 2.5, df = 143, p = .014$). This mean difference remained significant after stratifying by MMSE scores of 19 or greater ($t = 2.6, df = 124, p = .009$).

CONCLUSION:

The data provide preliminary support for the relationship between self-reported pain and elder self-neglect. Research is needed to determine whether pain is a causal or associated factor in self-neglect and whether therapeutic intervention can improve the syndrome of self-neglect.

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17972659
[PubMed - indexed for MEDLINE]
Perceptions and views of self-neglect: a client-centered perspective.
Day MR, Leahy-Warren P, McCarthy G.

Source
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Abstract
Aging populations and chronic illness increase vulnerability of older people for self-neglect, which is a serious public health issue. Many referrals received by Elder Abuse Services (EAS) in Ireland are categorized as self-neglect. The aim of the research was to observe and describe the living circumstances of a purposive sample of eight older people who were deemed self-neglectful by senior case workers. An exploratory descriptive research design was used. The themes that emerged were early life experiences and lifestyle, disconnectivity, vulnerability, frugality, and service refusal. The majority of participants were content so decisions to live in this way must be respected.

PMID: 23289418
[PubMed - indexed for MEDLINE]
Self-neglect in older adults: a primer for clinicians.

Pavlou MP, Lachs MS.

Source

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Abstract

Self-neglect in older adults is an increasingly prevalent, poorly understood problem, crossing both the medical and social arenas, with public health implications. Although lacking a standardized definition, self-neglect is characterized by profound inattention to health and hygiene. In light of the aging demographic, physicians of all specialties will increasingly encounter self-neglectors. We outline here practical strategies for the clinician, and suggestions for the researcher. Clinical evaluation should include attention to medical history, cognition, function, social networks, psychiatric screen and environment. The individual's capacity is often questioned, and interventions are case-based. More research is needed in basic epidemiology and risk factors of the problem, so that targeted interventions may be designed and tested. The debate of whether self-neglect is a medical versus societal problem remains unresolved, yet as health sequelae are part of the syndrome, physicians should be part of the solution.

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[PubMed - indexed for MEDLINE]
PMCID: PMC2585676
Severe self-neglect: an epidemiological and historical perspective.

Poythress EL, Burnett J, Naik AD, Pickens S, Dyer CB.

Source

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Abstract

Older adults with severe self-neglect have multiple deficits in various social, functional and physical domains, and often live in squalor. These individuals often present with poor personal hygiene, domestic squalor and hoarding which results in a threat to their own health as well as personal and public safety. Severe self-neglect occurs along a continuum with older adults often having cognitive and affective disorders compared with younger individuals presenting with psychiatric illnesses. In cases of severe self-neglect with hoarding, evidence has shown this behavior occurs in diverse social strata and not among the wealthy and professionals alone as believed earlier. Due to the multiple conditions associated with severe self-neglect, this population will require an interdisciplinary, multidimensional approach to reduce morbidity and mortality rates including nursing home placement. Research on this group has been limited and is rarely described in the medical and nursing literature. Future research is needed to provide practitioners with effective screening instruments and interventions on cases of severe self-neglect.

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[PubMed - indexed for MEDLINE]
The prevalence of elder self-neglect in a community-dwelling population: hoarding, hygiene, and environmental hazards.

Dong X, Simon MA, Mosqueda L, Evans DA.

Source

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Abstract

OBJECTIVE:

To examine the prevalence of self-neglect and its specific behaviors in a community-dwelling population of older adults.

METHOD:

A population-based cohort study conducted between 2007 and 2010 rated participant's personal and home environment, particularly with regard to hoarding, personal hygiene, house in need of repair, unsanitary conditions, and inadequate utility. Prevalence estimates were presented across health-related variables of health status, physical function, and cognitive function.

RESULTS:

There were 4,627 older adults (1,645 men and 2,982 women). Prevalence of self-neglect in older adults increased with lower health status in both men (4.7% in very good/excellent health, 7.9% in good health, and 14.9% in fair/poor health) and women (4.5% in very good/excellent health, 7.9% in good health, and 10.6% in fair/poor health). For those with ≥3 Katz impairments, the prevalence of self-neglect in older adults was 12.8% in men and 13.8% in women. For those with MMSE (Mini-Mental State Examination) ≤20, the prevalence of self-neglect in older adults was 18.8% in men and 13.6% in women.

DISCUSSION:

Self-neglect was clearly prevalent among older adults, especially among those with lower health status and physical and cognitive function.

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[PubMed - indexed for MEDLINE]
Self-neglect and cognitive function among community-dwelling older persons.

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Abstract

OBJECTIVE:

Elder self-neglect is a common public health issue, but it is unclear to what degree it is associated with cognitive function. This study aimed to examine the cross-sectional association between self-neglect and cognitive function.

METHODS:

Chicago Health and Aging Project (CHAP) is a population-based epidemiological study conducted in a geographically defined community in Chicago (N = 8698); we identified 1094 CHAP participants who had self-neglect reported to social services agency, which assessed the self-neglect severity. Cognitive function was assessed using the Mini-Mental State Examination (MMSE), the Symbol Digit Modalities Test (Perceptual Speed), and both immediate and delayed recall of the East Boston Memory Test (Episodic Memory). An index of global cognitive function scores was derived by averaging z-scores of all tests. Linear regression models were used to assess the association of self-neglect severity and cognitive function.

RESULTS:

Self-neglect was associated with poorer cognitive function. After adjusting for confounders, self-neglect was associated with lower global cognitive function (parameter estimate[PE] = -0.367, standard error[SE] = 0.026, p < 0.001), lower MMSE (PE = -2.592, SE = 0.182, p < 0.001), episodic memory (PE = -0.288, SE = 0.032, p < 0.001), and perceptual speed (PE = -5.428, SE = 0.444, p < 0.001). In addition, higher self-neglect severity scores were associated with lower global cognitive function (PE = -0.008, SE = 0.003, p = 0.014). Greater self-neglect severity was not correlated with worse performance on MMSE, but was correlated with worse performance on episodic memory (PE = -0.008, SE = 0.003, p = 0.010), and perceptual speed (PE = -0.131, SE = 0.042, p = 0.002).

CONCLUSION:

Self-neglect is associated with lower global cognitive function, episodic memory and perceptual speed. Future studies are needed to examine the temporality of these associations.

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[PubMed - indexed for MEDLINE]
Neuropsychological predictors of dependency in patients with Alzheimer disease.

Sarazin M, Stern Y, Berr C, Riba A, Albert M, Brandt J, Dubois B.

Source

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Abstract

OBJECTIVE:

To determine whether specific cognitive deficits can predict the progression of Alzheimer disease (AD).

METHODS:

Two hundred fifty-two patients with AD enrolled in the Predictors Study were followed at 6-month intervals for up to 4.5 years with neurologic, cognitive, and psychiatric examinations. Neuropsychological functions were assessed by the Modified Mini-Mental State Examination (mMMSE). Items of mMMSE were divided into five cognitive domains: temporospatial orientation, short-term memory, long-term memory, language, and visuoconstructive functions. Loss of autonomy was assessed by both the Dependency Scale (DS) and the Equivalent Institutional Care (EIC) rating. Cox proportional hazards models, adjusted for age, sex, estimated duration of illness at entry into the study, and presence of extrapyramidal signs and behavioral disturbances, were used to determine the predictive value of each neuropsychological domain on dependency outcomes.

RESULTS:

Global mMMSE, temporospatial orientation, and short-term memory scores were associated with a greater relative risk of moderate or severe dependency. The visuoconstructive score predicted the development of severe dependency. Long-term memory and language scores were not predictive of the EIC or DS endpoints.

CONCLUSIONS:

The presence of certain neuropsychological deficits at a patient's initial visit, such as short-term memory, temporospatial orientation, and constructive apraxia, predict more rapid dependency in patients with Alzheimer disease. Neuropsychological items have different weights in term of predictive power, and these effects are independent of the influence of age and disease duration at baseline.

PMID: 15781821
[PubMed - indexed for MEDLINE]

Source
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Abstract

OBJECTIVES:

To identify risk factors for harm due to self-neglect or behaviors related to disorientation in cognitively impaired seniors who live alone that can be used in primary care.

DESIGN:

Inception cohort followed prospectively for 18 months.

SETTING:

Participants were referred by their primary care physicians and community service agencies or were patients of several medical units of a large teaching hospital.

PARTICIPANTS:

One hundred thirty-nine community-residing participants, aged 65 and older who scored less than 131 on the Dementia Rating Scale and lived alone.

MEASUREMENTS:

Baseline Mini-Mental State Examination (MMSE); a social resources questionnaire; presence of chronic obstructive pulmonary disease (COPD), cerebrovascular disease, diabetes mellitus, Charlson Comorbidity Index, and medication use were examined as predictors of incident harm. Informants and primary care physicians provided information about the nature of any harm at 3-month intervals over an 18-month period. An incident of harm was included if it occurred as the result of self-neglect or behaviors related to disorientation, resulted in physical injury or property loss or damage, and required emergency community interventions.

RESULTS:

Based on the consensual agreement of four raters, 21.6% had an incident of harm. The proportional hazards model was highly significant (P<.001) and supported by bootstrapping estimates. Four variables were significantly predictive of time to incident harm: perception of fewer social resources, poorer performance on MMSE, presence of COPD, and presence of cerebrovascular disorders.
CONCLUSION:

Predictors of incident harm can be identified in the primary care setting and provide direction for the early identification of those at highest risk. Validation of findings with a new cohort is necessary.

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Comment in


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Predictors of self-neglect in community-dwelling elders.

Abrams RC, Lachs M, McAvay G, Keohane DJ, Bruce ML.

Source

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Abstract

OBJECTIVE:

The study assessed the contribution of depressive symptoms and cognitive impairment to the prediction of self-neglect in elderly persons living in the community.

METHOD:

Data were drawn from the New Haven Established Populations for Epidemiologic Studies of the Elderly cohort, which included 2,812 community residents age 65 years and older in 1982. The principal outcome examined was the incidence of self-neglect, corroborated by the state's investigation, during 9 years of follow-up (1982-1991).

RESULTS:

Among the 2,161 subjects included in the analysis, 92 corroborated cases of self-neglect occurred from 1982 to 1991. The prevalence of clinically significant depressive symptoms at baseline (score $\geq$16 on the Center for Epidemiologic Studies Depression Scale [CES-D]) was 15.4%, and the prevalence of clinically significant cognitive impairment (four or more errors on the Pfeiffer Short Portable Mental Status Questionnaire) was 7.5%. Subjects with clinically significant depressive symptoms and/or cognitive impairment were more likely than others to experience self-neglect. Clinically significant depressive symptoms and cognitive impairment remained significant predictors of self-neglect in a multivariate model that included age, gender, race, and income. A final model for self-neglect constructed with stepwise selection of risk factors included depressive symptoms and cognitive impairment, as well as male gender, older age, income less than $5,000 per year, living alone, history of hip fracture, and history of stroke.

CONCLUSIONS:

Elderly individuals living in the community who experience clinically significant depressive symptoms and/or cognitive impairment may be at risk for the development of self-neglect and may become candidates for intervention.

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12359679

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