



Research on mistreatment of older adults in Quebec:

summaries of scientific articles

Development and Validation of a Tool to Improve Physician Identification of Elder Abuse: The Elder Abuse Suspicion Index (EASI).

REFERENCE

Yaffe, M.J., Wolfson, C., Lithwick, M., & Weiss, D. (2008). Development and Validation of a Tool to Improve Physician Identification of Elder Abuse: The Elder Abuse Suspicion Index (EASI). *Journal of Elder Abuse and Neglect*, 20(3). 276-300.

TEXT TYPE

Format: Scientific article

Content: Tool development/validation

THEMES COVERED

Definition, extent of the phenomenon, forms of mistreatment at home, barriers to reporting, detection, role of the family physician.

GOAL OR RESEARCH QUESTION

The purpose of this study is to develop a brief tool which can be used by doctors to improve the detection of mistreatment situations toward their older patients.

PROBLEM

The prevalence of the phenomenon of mistreatment on older adults varies according to studies. A Canadian study revealed that it would affect four percent of seniors. Doctors have a key role in the detection of mistreatment since they see their older patients on average five times per year. However, the reporting rate of these professionals is estimated at only two percent.

METHODOLOGY

A literature review of on mistreatment of older adults has helped to generate a bank of 31 detection questions, which were subsequently reviewed within focus groups including doctors, nurses and social workers. Six issues were selected to form the detection tool of mistreatment called "*The Elder Abuse Suspicion Index*" (EASI). This tool was administered by 104 family doctors to 953 seniors without cognitive disorder in a context of outpatient care. Results were then compared to those of the "*Social Work Evaluation*" (SWE), a recognized protocol for the detection of mistreatment, subsequently administered to the participants.

RESULTS

Results suggest that the EASI tool showed a sensitivity of 0.47 and a specificity of 0.75. Moreover, the study reveals that this tool can be completed in less than two minutes. Furthermore, more than 97.2 percent of doctors participating in this study believe that this tool could have a real impact on their practice.

DISCUSSION

The proportion of positive responses collected by this tool corresponds to the results of more expanded inventories. The 11.6 percent of emotional, psychological and verbal abuse corresponds with the 1.4 percent - 28 percent identified in other studies, the 2.1 percent of physical or sexual abuse is comparable with the 0.5 percent - 2 percent in the literature, the 1.7 per cent of financial abuse comparable to 1.0 - 2.5 percent elsewhere, but the 1.1 percent of negligence is a little below the 2.0 percent -3.9 percent presented in previous studies. This research shows however some limitations, particularly as to results that cannot be generalized to the senior population as a whole and to the lack of standardized criteria to assess a situation of mistreatment.

CONCLUSION

In closing, this study is a first step in developing and validating a user-friendly tool which could raise awareness among doctors to the problem of mistreatment on older adults and to the importance of referring the victims to other professionals for a more detailed evaluation.

PRACTICE OR RESEARCH AVENUE

Results suggest that more research should be conducted on the use of the EASI tool among populations at risk. In addition, it is recommended to eliminate the questions about the frequency of abuse, given that they do not influence the sensitivity, as well as to examine the possibility of self-administrating the EASI questionnaire in the doctors' waiting rooms.

DRAFTING DATE

July 17, 2014

