Editor’s view

Abuse of older people

Two papers in this issue investigate different aspects of the abuse of older people. The first paper reports the results of a prevalence study from Ireland (pp. 98–103). The investigators performed face-to-face interviews with a nationally representative sample of 2,021 community-dwelling older people. The overall prevalence of reported abuse in the past year was 2.2%, which is broadly comparable with previous data from the UK. The prevalence of the different categories of abuse was financial 1.3%, psychological 1.2%, physical abuse 0.5%, neglect 0.3% and sexual abuse 0.08%. There was a higher risk of abuse in subjects with low income, impaired physical or mental health and poor social support, but only social support and mental health were significant independent predictors of abuse. In 50% of cases the perpetrators of the abuse were sons or daughters, with other relatives and spouses or partners making up 24 and 20%, respectively. The characteristics of the perpetrators of abuse included unemployment, alcohol addiction and physical and mental health problems. The authors conclude that preventing the escalation of abuse will depend on how societies deal with the general welfare of older people and support the integrity and well-being of the wider family unit. At an individual level, it is important that health and social care professional are more aware of the types of abuse of older people and of the characteristics of both the abused and abuser.

Studies may underestimate the prevalence of abuse in older people, because of the reluctance of victims to participate in research or report it to investigators. It has also been suggested that the research setting and the methods used to investigate the prevalence of abuse may influence the results. The second paper from Portugal compares the participation and results of studies of the prevalence of abuse in older people assessed at home with those interviewed at a research centre (pp. 70–75). This cohort is part of a larger multinational study (ABUEL; http://www.abuel.org), investigating the prevalence and type of abuse of older people in countries across Europe. The investigators recruited 450 community-dwelling people aged between 60 and 84 years, of whom 300 were randomly assigned to interview at home and 150 to assessment in a university hospital. The participation rate was comparable in the group allocated to home interview (67.0%) and in the research centre group (70.7%), as was the prevalence of reported abuse in the past year at 28.8 and 31.4%, respectively. These results suggest that the setting of the interview has no influence either on participation or the estimated prevalence of abuse in older people. The reasons for the higher prevalence of reported abuse of older people in Portugal than in other countries such as the UK and Ireland are unclear, but hopefully the ABUEL Study may help to answer this.

Urinary incontinence and falls

Urinary incontinence and falls are two of the ‘Geriatric Giants’, first described over 40 years ago by Bernard Isaacs. Both of these conditions are common in older people, where they cause significant morbidity, institutionalisation and health and social service expenditure. A research paper in this issue explores the association between different types of urinary incontinence and falls in older people (pp. 35–40). The authors have analysed data from 5,474 people aged 70 years or more living in the community, who completed a postal questionnaire as part of the Leicestershire Medical Research Council Incontinence Study. The majority (57%) of the study participants were women and 27.7% were aged 80 years or older. Overall, 26.7% of the subjects admitted to inadvertent urinary leak and 35.3% reported falls in the past year, both of which were more common in women than men. There was an association between urge and stress incontinence and falls, and a positive relationship between the risk of falls and the volume of urine lost. Falls were associated with the presence of urinary symptoms (bladder pain, pain on micturition and having to strain to pass urine), limitations in physical function and poorer quality of life. Although previous studies have shown the association between urinary incontinence and urge incontinence and falls, this paper demonstrates a relationship between stress incontinence and falls, which the authors speculate may reflect a general alteration in striated muscle physiology in older people. With the increasing sub-specialisation within Geriatric Medicine, it is important that we remember the strong association between the ‘Geriatric Giants’ and maintain a broad generalist approach to their management.

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