

Understanding Self-neglect and its Causes

According to gerontology experts at Webster University in St. Louis, MO, self-neglect, if included statistically as a form of elder abuse, represents the highest percentage of cases of elder abuse. In fact, the Public Policy Institute of AARP estimates that self-neglect represents 40 to 50 percent of cases reported to states' Adult Protective Services.

Unfortunately, these statistics fail to take into account the fact that self-abusers do not fit a uniform profile. There are many factors which may lead one to self-neglect and the subsequent intervention necessary for each is unique.

Potential Factors Leading to Self-Neglect

Long-Term Chronic Self-Neglect: These individuals have engaged in self-neglecting behaviors periodically or consistently throughout adulthood. Thus, the pattern of self-neglect is not unique to old age. Often times, the individual may have an undiagnosed and/or untreated mental health problem. The problem may escalate when paired with physical impairment, social isolation, malnutrition, substance abuse, cognitive impairment, and/or limited financial recourses. Often times these individuals may be resistant to intervention as prior experiences with intervention (voluntary and/or involuntary) have not been positive and perhaps experienced as harmful. Therefore, interventions must begin small with a high degree of respect for the elder and their decisions. As trust increases, so can the amount of intervention or help provided.

Dementia: The vast majority of older adults are not suffering from any form of dementia. However, those who may be in the early stage of dementia (e.g. Alzheimer's Disease, Multi-Infarct Dementia) may be undiagnosed and susceptible to self-neglect. Clearly, the first step for intervention is diagnosis and appropriate medical treatment.

Illness, Malnutrition, & Overmedication: Many illnesses (e.g. low grade infections, endocrine imbalance) may result in dementia-like symptoms. If left untreated, these symptoms may interfere with the older adult's ability to care for themselves. For a variety of reasons, an older adult may be malnourished (poor nutrition, physiological changes). One of the symptoms of malnutrition, particularly in older adults, is dementialike symptoms. In addition, overmedication (a common problem in old age due to overprescription of medications and/or age-related changes in the older person's physiology) may also result in dementia-like symptoms and associated self-neglect. Again, diagnosis and appropriate medical treatment is imperative.

Depression: Depression can be an issue for older adults much as it can be for individuals of any age. While there are a broad range of symptoms for depression, two symptoms are particularly relevant: difficulty maintaining self-care and dementia-like symptoms.

The good news is there are many readily available treatments for depression for older adults.

Substance Abuse: Substance abuse can also be an issue for older adults. Some older adults suffer from long-term addictions and disorders that accompany such addictions. Thus, not only may the older person self-neglect as a direct result of the addiction but they may also self-neglect as a function of the disorder. In addition, some older adults develop substance abuse problems in old age possibly in response to depression, stress, loss, or anxiety. They may also develop a substance abuse problem as a result of over-prescription of medicines (e.g. Valium, Xanax) by their physician. Therefore, the substance abuse by itself, the underlying cause of the substance abuse, and/or the often accompanying dementia-like symptoms may result in self-neglecting behavior.

Poverty: Many older adults live on the edge financially. Clearly, many of these individuals are forced to choose between food, housing, and medication. From the outside looking in, it may appear that the individual is choosing to self-neglect (e.g. he/she neglects to take their heart medication or may be undernourished) when in fact, they simply can't afford to adequately care for themselves. Therefore, intervention must take the form of increased dependence on social service for those who qualify in the form of rental subsidies, food stamps, low cost health care, etc.

Isolation: As life satisfaction decreases, the risk for self-neglect increases. Isolation is a risk factor for all forms of elder abuse. Intervention entails the creation of trust, increased involvement of the older adult in the community, and the creation of social supports.