

Abuse of any kind can do irreparable harm to a patient's physical and psychological health, destroy social and family ties and lead to devastating financial loss. Older victims, in particular, have been shown to die earlier than those who have not been abused. The following article is the third in a series of stories designed to shed light on the escalating and often-overlooked global issue of elder abuse and neglect — physical, sexual, emotional and financial. Our aim is to increase provider awareness and improve the detection and management of at-risk geriatric patients.

By [Ronan Factora, MD](#)

The ultimate goal of most geriatricians is to help their patients live as independently as possible for as long as they can. Unfortunately, monetary limitations and declining financial literacy can threaten this ability and cause significant stress in the lives of older adults. By closely monitoring patients' functional status and possible financial concerns, geriatricians can recognize the clues that put patients' independence at risk – and in doing so, slow the physical and cognitive decline that often plagues those who've been victimized.

Retirees have become frequent targets of opportunists who view them as easy prey. In fact, financial exploitation has become the most common form of reported elder maltreatment in the U.S. In fact, national [surveys](#) show that roughly 5% of older adults have encountered some form of financial fraud – a prevalence that rivals that of heart attacks and high blood pressure in geriatric patients. Considering the ubiquity of hypertension, one has to wonder how many cases of financial abuse are missed in everyday practice.

Identifying red flags

Many physicians report receiving little, if any, formal training in elder abuse, particularly when compared to the amount of instruction most receive in the detection of child abuse and domestic violence. Despite this educational gap, there are several red flags that can help providers identify those who are most at risk of exploitation.

Older persons who are socially isolated; are suffering from bereavement, depression or mental illness; or have a history of alcohol or drug abuse may be especially vulnerable. Any new impairments in a patient's ability to perform the basic activities of daily living and changes in appearance or hygiene should prompt a closer look, as should the presence of a family member or caregiver who seems overly protective or domineering.

Patients who have been diagnosed with mild cognitive impairment are more inclined to engage in risk-taking behavior; as this impairment advances to clinical dementia, the danger escalates even further. Older individuals are often seduced by phishing emails and lottery or sweepstake scams, many of which are specifically designed to target seniors. Other forms of exploitation involving real estate "opportunities," investments, insurance and even romantic relationships are equally pervasive.

Unfortunately, adults suffering from dementia can be easily manipulated into providing personal financial information to strangers or callers masquerading as friends or family. Those who are coaxed into divulging their credit card, Social Security, and bank account numbers to a fraudster can deplete their assets overnight. In addition, it is not uncommon for at-risk geriatric patients to withdraw large amounts of cash only to misplace it or leave the monies in unsecured areas.

Making connections

By taking a proactive stance, physicians can help facilitate discussions with patients that enable them to plan for a sound financial future. We can protect older adults by remaining attuned to subtle differences in their behavior and suggesting they seek financial guidance when and if necessary. In many cases, we can connect patients with supportive community resources, some of which can help formalize the assignment of responsibilities in the form of financial powers of attorney or a conservator. Among the most reliable organizations are:

- [National Center on Elder Abuse](#) provides links to additional state directories, including helplines, hotlines and elder-abuse prevention resources in all 50 states and the District of Columbia.
- [National Academy of Elder Law Attorneys](#) (703.942.5711) offers a directory of lawyers who specialize in durable powers of attorney, conservatorships, estate planning, elder abuse and other concerns.
- [National Adult Protective Services Association](#) provides information aimed at improving the quality of services for victims of elder mistreatment, including links to reporting hotlines by state.
- [AARP's Scams and Fraud website](#) provides up-to-date “fraud watch” data on the most current financial scams. The organization also offers a variety of victim support resources.

The consequences for victims of financial exploitation can be long lasting – and in many cases, compromise their ability to pay for food, medications and housing. All too often, physicians encounter the ramifications of financial exploitation only after the monetary damage is done – typically in the form of progressive weight loss, uncontrolled chronic illness, recurrent emergency department visits and hospitalizations. The risk factors that brought the patient to this point may be more apparent in hindsight.

Being proactive

As when addressing many of the other geriatric syndromes encountered in clinical practice, a proactive and collaborative approach to dealing with this problem can be effective in identifying, investigating and, when necessary, prosecuting financial exploitation.

It's incumbent on all of us – from bank tellers to pharmacists to hospital volunteers – to step up and protect older adults from the scammers who target them. As physicians, we can encourage our communities to see financial exploitation for what it is: a growing concern that can have devastating consequences for individuals and society.

Although older victims are statistically unlikely to report fraud to the police, every state in the U.S. specifies mandated reporters who are tasked with alerting local authorities to suspicions of elder abuse. Many people, including clinicians, mistakenly – and perhaps dangerously – believe that proof of abuse is required before a report can be filed. In truth, a complaint may be submitted based on suspicion alone, assuming it is made in good faith.

Once the investigative process is underway, adult protective services will collaborate with healthcare providers, attorneys and law enforcement to determine the report's veracity.

What providers can do

Beyond providing competent, compassionate care to individual patients and understanding the resources available for those at risk, physicians can help draw attention to financial abuse by discussing the growing problem with their trainees – and each other. By participating in didactic sessions and workshops with colleagues, we can further increase our knowledge and awareness of this important topic.

Providers can also help patients cope with the noneconomic costs of fraud by addressing the psychological distress that often accompanies financial exploitation. By earning the trust of those who've been victimized, physicians can help them overcome the isolation and self-doubt that frequently ensues.