

Zerrin ERKOL¹
Nergis CANTÜRK²



CASE REPORT

THE PROBLEM OF ELDERLY PEOPLE WHO LIVE ALONE: AN ELDERLY NEGLECT CASE

ABSTRACT

Because of many concomitant chronic diseases, old age is a phase of life where elderly people become dependent on others for their self-care. Self-neglect and/or neglect of elderly people who live alone and cannot maintain a high quality of social, healthcare and psychiatric assistance is an important public problem. Sometimes the death of an elderly person is only noticed when a malodor spreads to the environment or maggots leave a house through the doorsill.

This article presents an elderly case whose death was only noticed after the putrefaction of her corpse, and a large part of the corpse had been eaten by rats. The aim of this article is to point out the problems elderly people who are living alone and prone to neglect, and some suggestions for the solution to this important problem.

Key Words: Aged; Elder Abuse; Autopsy.



OLGU SUNUMU

YALNIZ YAŞAYAN YAŞLILAR SORUNU: BİR YAŞLI İHMALİ OLGUSU

Öz

İleri yaşlar, birçok kronik hastalığın bir arada bulunması nedeniyle yaşlı kişilerin kişisel bakımları konusunda başkalarına bağımlı duruma geldiği bir yaşam dönemidir. Evde yalnız yaşayan, nitelikli sosyal, nitelikli sağlık ve psikiyatrik destek alamayan yaşlıların çevreleri tarafından ihmal edilmesi ve/veya kendi kendilerini ihmal etmeleri önemli bir halk sağlığı sorunudur. Zaman zaman bu yaşlıların ölümlerinden dahi ancak çevreye koku yayıldıktan, cesetteki kurtlar evin kapısının altından dışarıya çıkmaya başladıktan sonra haberdar olunabilmektedir.

Bu makalede yalnız yaşayan, ölümü vücudundaki çürüme ilerleyip yumuşak dokuların önemli bir kısmı ratlar tarafından kemirildikten sonra fark edilen yaşlı bir olgu sunulmuş, bu suretle yalnız yaşayan yaşlılar ve yaşlı ihmali sorununa ve bu önemli problemin çözüm önerilerine dikkat çekilmesi amaçlanmıştır.

Anahtar Sözcükler: Yaşlılık; Yaşlı İhmali; Otopsi.

İletişim (Correspondance)

Nergis CANTÜRK
Abant İzzet Baysal Üniversitesi Tıp Fakültesi
Adli Tıp Anabilim Dalı BOLU

Tlf: 0312 319 27 34
e-posta: nergiscanturk@yahoo.com

Geliş Tarihi: 05/06/2013
(Received)

Kabul Tarihi: 07/12/2013
(Accepted)

¹ Abant İzzet Baysal Üniversitesi Tıp Fakültesi
Adli Tıp Anabilim Dalı BOLU

² Ankara Üniversitesi Adli Bilimler Enstitüsü,
Kriminalistik Anabilim Dalı ANKARA



INTRODUCTION

Old age is part of the life cycle, the same as childhood, puberty, youth, and middle age (1). Advances in medical technology, improvements in quality of life, and the assumption of a more knowledgeable, and responsible attitude of individuals towards their health status have led to a prolongation of the human life span, and the proportion of elderly people over 65 years of age has increased (2). With old age, the decline in physical ability decreases the individual's accommodation to environmental circumstances and living conditions (3).

Elderly neglect is the failure of the caregiver to meet the needs of a dependent elderly by providing food, clothing, hygiene, medical care, housing, heating, safety, and economic support. Abuse can occur as physical, sexual, emotional, economical or psychological, or as self-neglect or elderly neglect by intimates (4). Generally abuse occur at home by family members. Self-neglect is an isolated lifestyle by an elderly person who is unable to meet his/ her basic needs to the point where it threatens his/her health and safety. Neglect can be exercised as intentional (active neglect) or non-intentional (passive neglect). Becoming suspicious is the key to making a diagnosis of abuse and neglect, and education is essential for their prevention (5).

Self-neglect and/or neglect by the relatives of elderly people who live alone and do not receive good quality of social, healthcare and psychiatric assistance is an important public problem. Elderly neglect is associated with morbidity and mortality of elderly people (6). Loneliness is one of the main indicator of well-being but it has been related with physical and mental health problems, emotional distress, depression, cognitive decline and poorer quality of life (7-9). The aim of this paper is to point out the problems of elderly people who are living alone and prone to neglect, and to suggestion some solutions to this problem.

CASE

An unmarried elderly woman who was living alone thanks to the financial and social support of her nephews and her neighbors. She was found dead in her home. Her corpse was in the sitting erect position in the middle of the scattered room. (Figure 1-2). Statements of the witnesses revealed that the deceased was 75- 80 years of age without any financial income or social security, and she had been seen alive 10- 20 days before. At that time she had a high fever and a bad cough, but refused to get medical aid.



Figure 1— Appearance of one foldout couch, two armchairs, and blankets, old clothes, rug, saucepan, plates on the furniture and the floor.



Figure 1— Appearance of the corpse in the sitting erect position in the middle of the room.

External physical examination of the head, face, and neck of the corpse demonstrated a scarce amount of soft tissue only on the lower part of her left cheek, back of her neck, and partially on the right side of her neck. Soft tissues of the head, big part of neck, right arm, both forearm and both hand regions were not detected at the external physical examination of the corpse. Loose skin tags on her neck, right armpit, and left elbow demonstrated indentations resembling dentition peculiar to rats, without any vital signs.

A diffuse and green discoloration was noted secondary to putrefaction on the abdomen and lower quadrant of the chest.

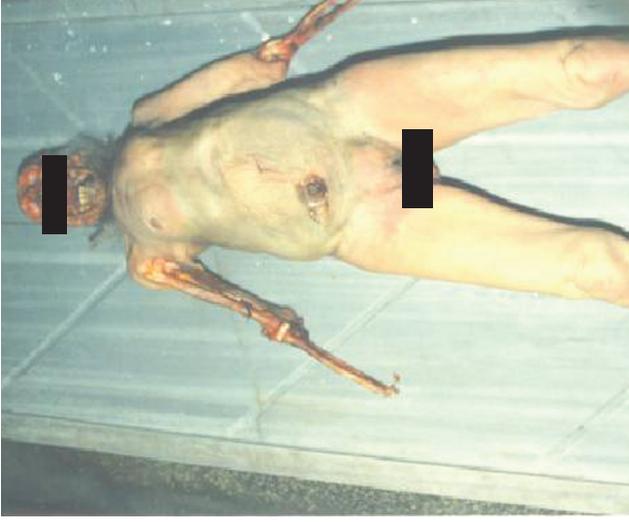


Figure 3— Appearance of the nude body of the deceased.

A skin defect on the lower right quadrant of the abdomen measuring 7x10 cm with an intestinal loop protruding out, and prolapsus of the uterine collum through the vaginal lumen were detected (Figure 3). On internal organ examination at the autopsy, the lungs had a hard consistency, and dirty-green purulent discharge oozed from cut sections. Although histopathological examination could not be performed because of decomposition of the organs, based on event scene findings, witness statements, and macroscopic autopsy findings, the cause of death was presumably respiratory insufficiency secondary to pneumonia.

CONCLUSION

Because of many concomitant chronic diseases, old age is a phase of life where elderly people become dependent on others for their self-care (3). During this phase of life, the elderly are adversely affected by cognitive insufficiency, immobility, imbalance, and insomnia (10). Elderly abuse is a kind of intra-familial violence, and abuse and neglect can be encountered in every socio-cultural and educational level, and every community. In line with the global increase in the elderly population, as an anticipated outcome, elderly people experience many challenging hardships in communities where non-governmental organizations and civil societies fail to meet their needs (5).

Loneliness is a complex concept that involves both psychological and social aspects (11). According to a study per-

formed in China, there is a correlation between the high loneliness score and the risk of elder abuse (7). Loneliness is related with emotional distress, depression, cognitive decline and poorer quality of life (7-9). Gender, social and cultural factors influence the experience of loneliness in older women (9). Our case was a 75-80 year old, unmarried woman dependent on others for her care and in the middle aged elder period. She did not have any children and had kept to herself, isolated from the community, since her youth. Being childless or living alone in elder age has not only health and life care problems, but also related with spiritual problems (12). Women make contact double social relationships more than wide and partially superficial relationships (9). Our case was a single, elder woman who was living alone. Although she has chronic diseases, she was neglected. She was socially isolated. Nurses are encouraged to understand personal perceptions of older women when providing care for these individuals (13). Older adults may benefit from group-based programs or friendship programs which gives social support and improve cognitive abilities (9). Unfortunately, our case hadn't any chance to take social support like these programs.

Since our patient did not have economic freedom, and suffered from health problems, she was prone to neglect and abuse. She had neglected her health, and had not searched for medical aid despite her complaints of high fever and a cough lasting for 10-20 days. Although she suffered from health problems, she had not been checked on frequently by her intimates, which supports our assumption that she was a neglected elderly. In the elder abuse, the presence of traumatic findings and the death caused by trauma increases the possibility of the evaluation of the case respect to the abuse. However, elder neglect may not be noticed due to the mask of his/her chronic disease (5). Our patient was found dead at home so it was considered a case of suspicious death; therefore, an autopsy was performed on her corpse. No traumatic changes were detected in her skeleton, and histo-pathological examination could not be performed because of bodily decomposition.

A human corpse can be attacked by various species of animals such as ants, insects, rats, fish and crabs (14). In our case, even though signs of decomposition were in an advanced stage, notched wound edges without ecchymotic and inflammatory changes, in addition to large amounts of rat feces found in the scene of the event, suggested that the tissue losses were caused by rats during the postmortem period. Our case was not noticed at the time of death, and thus her corpse was attacked by rats in her home during the postmortem peri-



od, and her corpse was not found before large areas of tissue loss were created on her body. This situation is the dramatic outcome of her loneliness and negligence.

The supporting interference strategy must be developed by evaluating the elder's demand and choice. The atmosphere must be prepared in which the elderly can establish the social relationships and, elder's attendance must be facilitated and encouraged (15). Within the context of the social state, healthcare and social services required for the elderly should be integrated (16). However, the training of young, adult or even elderly people in supportive measures directed at the elderly and their families are important so as to prevent cases of elder abuse and neglect. Elderly people, especially those living alone at home, should either be transported to nursing homes or they should be entitled to sustained or periodic supportive healthcare services within the framework of the modern social state by governmental financing. It should be remembered that, gerontology interested with elderly health which encompassing is including social welfare, psychology, environment and social systems; and geriatrics (2). The multidisciplinary team work can make a significant impact on quality of elders life (5).

**This case report has been presented as a poster presentation in the 2nd National Congress of Forensic Sciences organized between May 13-16, 1996 in Bursa, Turkey and in the 2nd International Annual Meeting of the Balkan Academy of Forensic Sciences held between the dates June 3-6, 2004, Serres-Greece*

REFERENCES

1. Arpacı F. Different Aspects of Old Age. Turkey Association of Retired Workers Education and Culture Publications. Ankara, Turkey 2005, pp 1-136. (in Turkish).
2. Arai H, Ouchi Y, Yokode M, et al. Toward the realization of better aged society: messages from gerontology and geriatrics. *Geriatr Gerontol Int* 2012;12(1):16-22. (PMID:22188494).
3. Kurt G, Beyaztas FY, Erkol Z. The problems of aged people and the life satisfaction. *Journal of Forensic Medicine* 2010;24(2):32-9. (in Turkish).
4. Gökçe-Kutsal Y, Bal S. Women's Health and Old Age, In: Akin A. (Ed). *Gender, Health and Women*. Hacettepe University Hospitals Press, Ankara, Turkey, 2003, pp 191-208. (in Turkish).
5. Jayawardena KM, Liao S. Elder abuse at end of life. *J Palliat Med* 2006;9(1):127-36. (PMID:16430352).
6. Papaioannou ES, Riih   I, Kivel   SL. Self-neglect of the elderly. An overview. *Eur J Gen Pract* 2012;18(3):187-90. (PMID:22640528).
7. Dong X, Simon MA, Gorbien M, Percak J, Golden R. Loneliness in older Chinese adults: A risk factor for elder mistreatment. *J Am Geriatr Soc* 2007;55(11):1831-5. (PMID:17944895).
8. Cacioppo JT, Hughes ME, Waite LJ, Hawkley LC, Thisted RA. Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. *Psychol Aging* 2006;21(1):140-51. (PMID:16594799).
9. Beal C. Loneliness in older women: a review of the literature. *Issues Ment Health Nurs* 2006;27(7):795-813. (PMID:16849264).
10. Linardakis M, Smpokos E, Papadaki A, Komninos ID, Tzanakis N, Philalithis A. Prevalence of multiple behavioral risk factors for chronic diseases in adults aged 50+, from eleven European countries-the SHARE study (2004). *Prev Med* 2013;57(3):168-72. (PMID:23707812).
11. Murphy F. Loneliness: a challenge for nurses caring for older people. *Nurs Older People* 2006;18(5):22-5. (PMID:16827061).
12. Li Y. A perspective on health care for the elderly who lose their only child in China. *Scandinavian Journal of Public Health* 2013;41(6):550-2. (PMID:23740862).
13. Cheng CY. Living alone: the choice and health of older women. *J Gerontol Nurs* 2006;32(9):16-23; quiz 24-5. (PMID:16972605).
14. Z Soysal, SM Eke, AS Cagdir. Artifacts in Forensic Autopsy Cases, In: Soysal Z, Eke SM, Cagdir AS. (Eds). *Forensic Autopsy*. Istanbul University Printing Office and Film Center, Istanbul, Turkey 1999, pp 673-707. (in Turkish).
15. Grenade L, Boldy D. Social isolation and loneliness among older people: issues and future challenges in community and residential settings. *Aust Health Rev* 2008;32(3):468-78. (PMID:18666874).
16. Telatar TG, Ozcebe H. Increasing quality of life of elderly. *Turkish Journal of Geriatrics* 2004;7(3):162-5.