

CLINICAL VIGNETTE

Financial Exploitation in an Elderly Male

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Technological advances create issues for our aging population. The number of California residents over 60 years of age are predicted to increase faster than any other age cohort through 2030 and may comprise one quarter of the state's population.¹ As older adults are not "digital natives", they remain uniquely vulnerable to digital threats of abuse and exploitation without explicit assistance from their support systems, including the health care teams.²⁻⁴

Clinical Scenario

A single octogenarian male with type 2 diabetes mellitus, hypertension and lumbar spinal stenosis presented for routine primary care follow-up. His physician administered the Montreal Cognitive Assessment (MoCA) where he scored 25 out of 30 indicating mild cognitive impairment with marked impairment in delayed recall. The patient was fully independent in all activities of daily living but acknowledged increased difficulty in performing some tasks including using the computer, accessing the electronic medical record for appointments and occasional forgetfulness in performing chores and paying bills on time.

An FDG-PET (fluorodeoxyglucose-positron emission tomography) showed hypometabolism in the posterior parietal and cingulate cortices in a pattern suggestive of early Alzheimer's disease. Reversible dementia labs including vitamin B12 levels, TSH, vitamin D, HIV, and RPR had been checked within the past year and were all unremarkable, as was the patient's physical examination. On additional questioning, the patient reported he had been financially scammed via social media and lost \$120,000. He had a three-year long-distance relationship with a woman to whom he had given his entire savings. She told him she was trying to get her inheritance in New York and texted the patient requesting money to pay for legal fees. She promised to pay it back after receiving the inheritance. Unfortunately, the money was not repaid, and he was left bankrupt, unable to pay for food.

Discussion

This case illustrates elder abuse which may cause tangible or intangible losses to individuals in terms of savings, dignity, and independence. Legal and healthcare costs are also affected.⁵ This type of abuse affects victims across all socio-economic strata. Awareness of elder abuse in the United States has increased and parallels the growth in older Americans. The

prevalence of elder abuse continues to be far greater than reported.⁶ An international survey of elder care providers reports significant demand for assistance in abused older adults who do not meet qualifications for adult protective services. Experts believe more research is needed to develop and validate tools to assess the problems of elder abuse and other forms of victimization including ageism and fraud.^{6,7}

A 2011 survey of the elderly in New York reported a high prevalence of physical, verbal, as well as financial abuse.⁸ A more recent study reported the prevalence of elder mistreatment had increased with the COVID-19 pandemic, with more elderly stressed and isolated in their homes. More than 20% of the study participants reported elder abuse, an increase of nearly 85% from prevalence estimates before the pandemic.⁹ Financial strain was associated with increased risk of abuse (OR: 1.08, 95% CI: 1.02–1.14). Elderly patients using social media to ward off loneliness and isolation are vulnerable to technology-based scams where the perpetrators are often not identified and the money never recovered.⁵

This raises a question of the need for increased screening of elderly patients with cognitive impairment.

The Interview for Decisional Abilities (IDA) tool was developed by geriatricians to evaluate elderly patients' ability to make decisions and appreciate risk.¹⁰

Elements could be included in geriatric care assessments of vulnerable adults to identify potential mistreatment.

The IDA interview focuses on 3 fundamental aspects of particular problems or risks. With regard to financial abuse:

1. Does the patient recognize that financial exploitation occurs?
2. Does the patient think that this could be happening to them?
3. Can the patient identify a plan to address the situation including potential risks and benefits?

Depending on the complexity of medical conditions, patients with cognitive impairment or dementia may still possess sufficient comprehension to handle these questions and be afforded every opportunity to make their own decisions. Someone who demonstrates comprehension of the three questions during the IDA interview may be able to make independent decisions,

which could include a decision not to address the problem. Someone unable to demonstrate that understanding needs a more comprehensive evaluation, including consultation with family members or social service agencies. Severe cases may lead to guardianship or conservatorship.

A six-year study found that older adults who were given a diagnosis of mild cognitive impairment also increasingly struggled with diminished financial skills.¹¹ Yet, financial capacity has been largely neglected in dementia ethics and clinical research. Issues of financial incapacity emerge frequently in patients with dementia and commonly present ethical and clinical challenges for clinicians treating these patients.¹² Physicians are increasingly being asked by families to assess financial capacity issues, and their actions can have a substantial impact on the financial and psychological well-being of patients and family members.

The American Bar Association and American Psychological Association published a handbook for judges and psychologists which provides useful guidelines for evaluating financial competency.¹³ The financial industry regulating authority (FINRA) has online courses regarding financial exploitation of older adults which describe how a financial firm can place a temporary hold on transactions and disbursement when it believes exploitation is involved, and allows financial institutions to ask investors for a trusted contact person to consult in the event of suspected exploitation.¹⁴

Advocates who work with victims of financial fraud believe the best methods use a client-centered approach.¹⁵ Providers should communicate with compassion, manage expectations, assess other safety concerns that arise from financial fraud, and prevent further victimization. Addressing victims' mental health is also imperative as most suffer from depression, anxiety, or trauma which makes it more difficult to address their abuse.

Resolution of the Case

In our patient, several steps were taken to help him beyond his immediate medical needs to ensure his wellbeing. He was referred for neuropsychological evaluation as well as social work evaluation to connect him with caregiver support programs and other community resources. These allayed his anxiety and depression. Finally, his case was presented to Adult Protective Services. Unfortunately, the financial loss was not recoverable, and the perpetrator was never identified.

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