

# Comparison of the pattern of elderly abuse in Hong Kong before and after the COVID-19 pandemic

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*To the Editor*—We have previously published our observations on changes to the pattern of elderly abuse in 2020 (during the coronavirus disease 2019 [COVID-19] pandemic) compared with the pre-pandemic period.<sup>1</sup> There was a proportionate increase in physical abuse with the spouse as perpetrator. With the publication of additional data by the Social Welfare Department, we have obtained further data relating to elder abuse between 2014 and March 2022 (n=4293).<sup>2</sup> We compared data reported during the COVID-19 pandemic from 2020 to March 2022 (n=996) with pre-pandemic data (from 2014 to 2019, n=3297). The abuse methods and identity of perpetrator were compared using Chi squared statistics. The data are summarised in the Table.

There was proportionately more physical

abuse (71.6% vs 65.9%,  $\chi^2=11.0774$ ,  $P=0.009$ ) but less financial abuse (8.2% vs 16.2%,  $\chi^2=39.4716$ ,  $P<0.001$ ) during the pandemic compared with the pre-pandemic period. Regarding the perpetrators, there were proportionately more spouses (64.8% vs 54.7%,  $\chi^2=31.8566$ ,  $P<0.001$ ). There was no difference in the pattern of elderly abuse or identity of perpetrators within the COVID-19 pandemic period (ie, 2020 to March 2022).

We continued to observe proportionately more physical abuse with the spouse as perpetrator during the pandemic. It is likely the initially low vaccination uptake among older adults and COVID-19 outbreak meant the older adults were more likely to remain at home. There were insufficient opportunities for recreational activities or social support. A spouse,

TABLE. Elder abuse data in Hong Kong comparing pandemic (2020-March 2022) with pre-pandemic period (2014-2019)<sup>2</sup>

	2022 (Jan-Mar)	2021	2020	After pandemic <sup>†</sup>	Before pandemic <sup>‡</sup>
<b>Types of abuse</b>					
Physical	58	324	331	713*	2174*
Psychological	6	46	49	101	326
Neglect	0	2	0	2	15
Financial	5	31	46	82*	534*
Abandonment	0	1	0	1	5
Sexual	0	13	10	23	70
Others	0	0	0	0	0
Multiple abuse	7	34	33	74	173
Total	76	451	469	996	3297
<b>Perpetrators</b>					
Son	10	58	58	126	365
Daughter	6	20	12	38	109
Son-in-law	0	4	5	9	31
Daughter-in-law	1	4	8	13	87
Spouse	53	302	290	645*	1802*
Grandchildren	1	5	3	9	40
Relative	0	14	22	36	104
Friend/neighbour	1	10	20	31	263
Unrelated user living with victim	0	0	5	5	25
Domestic helper	2	23	37	62	295
Agency staff providing service to victim	2	2	4	8	75
Others	0	9	5	14	101
Total	76	451	469	996	3297

\*  $P<0.05$

† 2020 to March 2022

‡ 2014 to 2019

often the only cohabitee, had more opportunities to inflict abuse. Government and social welfare organisations should be alerted to this change.

#### Author contributions

All authors contributed to the drafting of the letter and critical revision for important intellectual content. All authors approved the final version for publication and take responsibility for its accuracy and integrity.

#### Conflicts of interest

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# Observations of a locum doctor working at the Asia World Expo Community Treatment Facility

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*To the Editor*—To combat the fifth wave of the coronavirus disease (COVID) pandemic, the Hospital Authority re-opened the Community Treatment Facility at the Asia World Expo (AWE) in January 2022 to help alleviate the burden on hospitals.

Clinical mindset while working at a makeshift hospital requires some modification. For instance, the threshold at which to transfer a deteriorating patient must be lower, since the AWE is not equipped to care for ill patients. For example, there is no piped oxygen supply. Since oxygen cylinders can provide support for only a limited duration when used in high-flow mode, and oxygen concentrators cannot support flow of more than 4 L/min, resuscitation is more difficult at the AWE.<sup>1</sup> In the author's experience, a patient with SaO<sub>2</sub> <94% on room air already warrants serious consideration for transfer to another unit.

The choice of therapeutics such as intravenous antibiotics will depend not only on the patient's susceptibility but also on ease of use so that workload for nurses is minimised. An antibiotic that can be injected once daily is preferable to a 12-hourly option; and an antibiotic that can be directly injected intravenously is preferable to one that needs pre-dilution with normal saline.

Cough is a prevalent complaint amongst patients attending the treatment facility at the AWE. Chinese herbal medicine provides good symptomatic relief and was welcomed by many patients. For patients with a history of benign prostate hyperplasia, the author will first consult the Chinese Medicine team to establish whether

any herbal medicine has the ingredient ephedra alkaloid (麻黃).<sup>2</sup> The latter contains ephedrine and may aggravate lower urinary tract symptoms.<sup>3</sup> The author learnt from the Chinese Medicine team that the cough remedy '止嗽散合獨參湯加減' contains only a small amount of ephedra, and is safe for use in patients with lower urinary tract symptoms.

Setting up the AWE has been complex with many logistical issues. The administration responsible for the setting up of AWE should be commended for their effort.

#### Author contributions

The author contributed to the drafting of the letter and critical revision for important intellectual content. The author approved the final version for publication and takes responsibility for its accuracy and integrity.

#### Conflicts of interest

The author has disclosed no conflicts of interest.

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