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Research Article

Elder Orphans Hiding in Plain Sight: A Growing Vulnerable Population

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Abstract

Adults are increasingly aging alone with multiple chronic diseases and are geographically distant from family or friends. It is challenging for clinicians to identify these individuals, often struggling with managing the growing difficulties and the complexities involved in delivering care to this population. Clinicians often may not recognize or know how to address the needs that these patients have in managing their own health. While many such patients function well at baseline, the slightest insult can initiate a cascade of avoidable negative events. We have resurrected the term *elder orphan* to describe individuals living alone with little to no support system. Using public data sets, including the US Census and University of Michigan's Health and Retirement Study, we estimated the prevalence of adults 65 years and older to be around 22%. Thus, in this paper, we strive to describe and quantify this growing vulnerable population and offer practical approaches to identify and develop care plans that are consistent with each person's goals of care. The complex medical and psychosocial issues for elder orphans significantly impact the individual person, communities, and health-care expenditures. We hope to encourage professionals across disciplines to work cooperatively to screen elders and implement policies to prevent *elder orphans* from hiding in plain sight.

1. Introduction

It is common for physicians who provide care to older adults to encounter an *elder orphan* in their office, hospital, or an emergency room, but they do not recognize them as such or identify the risks related to this. We define *elder orphans* as aged, community-dwelling individuals who are socially and/or physically isolated, without an available known family member or designated surrogate or caregiver. This demographic, those aging alone with limited support, is expected to increase as the United States population continues to age and people live in the community with more chronic illnesses. Recent national media reports have also brought attention to this growing problem [1–3]. Thus, we strive to raise awareness of the concept of aging alone without an available caregiver and introduce the term *elder orphan* to more clearly define this vulnerable population and identify these individuals as high risk in an effort to call to action health-care providers, government agencies, and general public to address their needs and minimize preventable illness. We also provide guidance on how to screen and care for an individual who may be at risk for being an *elder orphan*.

Below, two case scenarios are described which underscore the concepts and risks involved with *elder orphans*. These cases highlight the crucial need to identify members of this population in order to prevent medical crises.

Case 1 (Ms. H. M.). Ms. H. M. is a 92-year-old widow living in her home with her 65-year-old son with cerebral palsy, who is dependent upon her. She has managed to live at home with little help for many years. Over the past few months, however, she noticed that her function is declining; she is becoming unable to drive or even do many household chores. Moreover, because of a growing lethargy, she is finding it more difficult to even cook and clean. A fiercely independent woman, she has attempted to hire aides, but she promptly lets them go because of difficulty supervising them.

