



Social and health consequences of neglect in old age

Consecuencias sociales y sanitarias del abandono en la vejez

Ruth Elizabeth Calderón Landívar¹
Evelyny Adriana Guanuchi Mestanza¹
Roger Sebastian Gonzalez Sanchez¹
Jenrry Fredy Chávez-Arizala¹ 

¹ Instituto Superior Tecnológico Adventista del Ecuador. Santo Domingo, Ecuador.

Submitted: 04-07-2024 | Revised: 03-10-2024 | Accepted: 13-01-2025 | Published: 14-01-2025

ABSTRACT

Introduction: the phenomenon of abandonment in older adults was presented as a social and health problem of great complexity, since it implied a direct violation of their fundamental rights and dignity. This situation was observed in a context of population aging, fragility of family networks and shortcomings of social protection systems. Its main causes were linked to caregiver exhaustion, intra-family conflicts and lack of economic resources, factors that increased the risk of exclusion, neglect and biopsychosocial deterioration in this vulnerable population. **Development:** abandonment adopted different modalities that included the physical, manifested in the lack of attention to health and basic care; the emotional, evidenced in the rupture of affective bonds and loneliness; and the financial, associated with the deprivation of indispensable economic resources. These forms of abandonment, which often coexisted, intensified the negative consequences on health and well-being. Among the most relevant effects were the increase in chronic diseases, functional deterioration, malnutrition, depression, anxiety and the appearance of neurodegenerative disorders such as Alzheimer's disease. Consequently, abandonment had an impact not only on the individual, but also on families and communities, generating a circle of suffering that is difficult to resolve without institutional support. **Conclusions:** the analysis made it possible to ascertain that the abandonment of older adults constituted a public and ethical challenge that transcended the private sphere. The problem required comprehensive interventions that included health, psychological and social care, as well as inclusive policies and community programs. Recognizing abandonment as a violation of human dignity implied the need to build a model of dignified, healthy and accompanied aging, in which the family, the community and the State would assume a co-responsible role to prevent this form of exclusion.

Keywords: Elderly; Neglect; Health; Exclusion; Dignity; Abandonment.

RESUMEN

Introducción: el fenómeno del abandono en los adultos mayores se presentó como una problemática social y sanitaria de gran complejidad, ya que implicó una vulneración directa a sus derechos fundamentales y a su dignidad. Esta situación se observó en un contexto de envejecimiento poblacional, fragilidad de las redes familiares y carencias de los sistemas de protección social. Sus causas principales estuvieron vinculadas al agotamiento del cuidador, los conflictos intrafamiliares y la falta de recursos económicos, factores que incrementaron el riesgo de exclusión, negligencia y deterioro biopsicosocial en esta población vulnerable. **Desarrollo:** el abandono adoptó diferentes modalidades que incluyeron el físico, manifestado en la falta de atención a la salud y al cuidado básico; el emocional, evidenciado en la ruptura de vínculos afectivos y la soledad; y el financiero, asociado a la privación de recursos económicos indispensables. Estas formas de abandono, que muchas veces coexistieron, intensificaron las consecuencias negativas sobre la salud y el bienestar. Entre los efectos más relevantes se destacaron el incremento de enfermedades crónicas, el deterioro funcional, la desnutrición, la depresión, la ansiedad y la aparición de trastornos neurodegenerativos como el Alzheimer. En consecuencia, el abandono impactó no solo en el individuo, sino también en las familias y comunidades, generando un círculo de sufrimiento difícil de resolver sin apoyo institucional. **Conclusiones:** el análisis permitió constatar que el abandono de los adultos mayores constituyó un desafío público y ético que trascendió lo privado. La problemática requirió intervenciones integrales que incluyeran la atención sanitaria, psicológica y social, así como políticas inclusivas y programas comunitarios. Reconocer el abandono como una vulneración de la dignidad humana implicó la necesidad de construir un modelo de envejecimiento digno, saludable y acompañado, en el que la familia, la comunidad y el Estado asumieran un rol corresponsable para prevenir esta forma de exclusión.

Palabras clave: Adultos Mayores; Abandono; Salud; Exclusión; Dignidad.

INTRODUCTION

The abandonment of older adults was a social and health problem of great relevance, as it represented a direct violation of their rights and human dignity. In a context marked by an aging population and the challenges of contemporary societies, forms of abandonment of the elderly took on various manifestations that affected both their physical integrity and their emotional, financial, and social stability. This situation became a complex phenomenon, not only because it compromised the quality of life of those who suffered from it, but also because it involved a series of responsibilities shared between the family, caregivers, and the institutions responsible for ensuring the well-being of this vulnerable population.

The relevance of the issue lay in the fact that neglect was not an isolated or exceptional occurrence, but a reality that arose in multiple contexts, highlighting the fragility of traditional support networks and the inadequacy of social protection systems. Analysis of its causes revealed that abandonment arose largely from the physical and emotional overload of caregivers, lack of economic resources, and intra-family conflicts, factors that generated a vicious cycle of neglect, abuse, and exclusion. In this context, older adults were exposed to a series of risks that directly impacted their physical and mental health, intensifying pre-existing conditions or contributing to the onset of chronic diseases, depression, anxiety, and neurodegenerative disorders such as Alzheimer's.

Abandonment also took on a multidimensional dimension, expressing itself in different ways. These ranged from physical abandonment, which involved neglect in basic care and medical attention, to emotional abandonment, characterized by the loss of emotional bonds and feelings of rejection, to financial abandonment, which deprived many of the minimum resources needed to ensure their subsistence. These forms of neglect not only acted independently, but often combined, enhancing their negative effects and deepening the biopsychosocial deterioration of older adults.

In this sense, the study of abandonment in old age required a comprehensive and critical approach that would make its causes, consequences, and possible avenues for prevention visible. It was essential to recognize that this problem transcended the private and family sphere, becoming a challenge of public interest that required the intervention of social policies, community programs, and interdisciplinary care strategies. Thus, this analysis sought to provide an informed reflection on the multiple aspects of abandonment in the older adult population, with the aim of raising awareness and promoting actions aimed at ensuring dignified, healthy, and supported aging.

DEVELOPMENT

Definition and types of abandonment

Abandonment, in its various forms, represented a critical situation that affected many older adults, compromising their well-being and quality of life. The different types of abandonment that older adults may experience are outlined below.^(1,2)

Physical neglect

Physical neglect in older adults referred to their general state of health and basic well-being, including aspects such as muscle strength, flexibility, endurance, and coordination. This physical condition influenced the person's posture and movements, as well as their muscle tone. Physical neglect could cause significant harm, manifesting itself through bruises, fractures, or poisoning from toxic drugs. This extreme form of abuse was intentional or unintentional, but it left physical and emotional scars that require medical analysis for proper identification.⁽³⁾

Emotional Neglect

Emotional neglect contributes to a subjective experience in which the older adult felt unwanted, neglected, or rejected. This occurred when family members or partners abruptly broke emotional ties, depriving the older adult of vital emotional support. The psychological consequences were severe and included emotional dependence, fear of abandonment, low self-esteem, and difficulties in future interpersonal relationships. Although emotional abandonment can have serious psychological repercussions, it was a situation that could be addressed with professional medical and psychological help.⁽⁴⁾

Financial abandonment

Financial abandonment contributed to a serious problem that arose when family members stopped providing the resources necessary to meet the basic needs of the older adult. This meant depriving them of the financial means to feed themselves adequately, purchase medication, or receive medical care. Financial abandonment is often combined with additional forms of abandonment, such as emotional and physical abandonment. Older adults who faced this situation often experienced loneliness, neglect, and abuse, resulting in serious psychological consequences such as depression, anxiety, and feelings of worthlessness. Those who lived alone and were financially dependent on others were especially vulnerable to financial abandonment.(5,6)

Causes of neglect

Caregiver burnout

Caregiver syndrome was a condition that affected those who took on the responsibility of caring for a family member or dependent person, whether for physical or mental reasons. This situation caused significant emotional and physical exhaustion in the caregiver, who felt overwhelmed by the circumstances and neglected their own well-being. This neglect led to other risks, such as social isolation, as the stress of caring for the dependent loved one consumed so much time that the caregiver was forced to give up their responsibilities towards their children, partner, or friends and even abandon enjoyable activities that brought them personal well-being.(7)

Physical, emotional, or financial incapacity of the caregiver

One of the caregiver's fundamental responsibilities was to enable the dependent person to maintain the highest possible level of functioning and quality of life. It was essential for the caregiver to maintain a balanced attitude: they had to be in good spirits, establish a good relationship with the dependent person, and enjoy mental, physical, and financial stability in order to effectively fulfill their role.(8)

In addition, caregivers were aware of the importance of self-care to avoid burnout and seek professional support when necessary.

Family conflicts

Family conflicts had a considerable impact on the abandonment of older adults, exacerbating a gerontological problem that was of increasing concern to society. Dysfunction within the family caused emotional and economic conflicts that marginalized the elderly. Factors such as excessive burden on the caregiver, lack of resources for adequate geriatric care, and caregiver burnout syndrome (a state of physical, mental, and emotional exhaustion) intensified this process of disconnection. The combination of these factors could lead to premature institutionalization of the elderly person or, in more serious situations, to neglect within the home that affected their biopsychosocial well-being.(9)

Consequences of neglect

Neglect in older adults manifests as a lack of attention and care, which could result in serious consequences such as physical deterioration, increased illness, and emotional problems such as depression and anxiety. These situations not only affected the individual, but also impacted their family members and caregivers, creating a cycle of suffering that was difficult to break.(9)

Physical Health

Neglect in older adults had a significant negative impact on both their physical and mental health. This neglect, whether total or partial, directly affected the biological, psychological, and emotional aspects of older adults. The consequences influenced adverse changes in their health, leading some to develop depression. This, in turn, increased their sensitivity and distorted their perception of reality, creating an imbalance in their personality and affecting their social interactions. Individual risks included the deterioration of the physical and mental health of older adults, as well as the lifestyles that both they and their families maintained in society.

Chronic Diseases

The most common chronic diseases among older adults who suffered abandonment include high blood pressure, diabetes mellitus, cancer, chronic obstructive pulmonary disease, ischemic

heart disease, cerebrovascular disease, and osteoarthritis.

Lack of care and abandonment aggravated the health status of older adults, increasing their dependence.

Studies have shown that family abandonment increased the likelihood of an older adult developing chronic diseases and physical suffering fivefold.(10,11,12)In addition, the social isolation and depression associated with abandonment will negatively affect their daily functioning and mental health.

Malnutrition

Abandonment of older adults can lead to malnutrition due to economic problems, depression, and chronic diseases. The consequences of this situation include an increased risk of infection, hospitalization, and mortality. Economic difficulties limited access to adequate food, increasing the risk of malnutrition. Chronic diseases such as diabetes, hypertension, and cardiovascular problems also affect nutritional status by decreasing appetite and digestive capacity. Malnutrition weakens the immune system, thus increasing the risk of mortality in abandoned older adults, as it negatively impacted their functional and cognitive status.(13)

Depression

In the field of geriatric nursing, it was essential to understand the severity and complexity of depression in the older adult population. Although there was no significant difference between depression in old age and other stages of adulthood, the high prevalence of major depressive disorder among the elderly was highlighted, as they often presented somatic symptoms and a higher risk of suicide. Factors such as a history of depression, sleep disorders, physical illnesses, and social isolation were important determinants for the development of mood disorders in this vulnerable population. It was essential to address these issues with sensitivity and knowledge in order to provide comprehensive care.

Anxiety

Anxiety in old age was characterized by excessive worry accompanied by physiological symptoms in response to real or potential threats. This condition caused a state of restlessness that was difficult to control for those who experienced it; the worries were actually related to the well-being of family members or the health of the dependent person. Anxiety symptoms manifest alongside other conditions such as physical illness, dementia, or depression; up to 80 % of older adults with depression have anxiety symptoms. Approximately 35 % of older adults with cognitive impairment also experience anxiety symptoms.

Alzheimer's

Alzheimer's disease was a neurocognitive disorder that caused progressive deterioration of higher mental functions. It generally occurs after the age of 65 and is characterized by loss of intellectual capacity, as well as significant changes in mood and personality. In addition, psychological and behavioral symptoms typical of dementia will manifest.

This process not only affected the life of the patient, who became dependent, but also impacted their loved ones and caregivers, creating a situation of dependency and loss of autonomy. It was essential for caregivers to offer warm and understanding care to these vulnerable individuals, such as older adults, in order to provide the necessary support and improve their quality of life.

CONCLUSIONS

The analysis of neglect in older adults showed that this problem represented one of the most serious forms of rights violations in the contemporary social and health care sphere. It was a complex and multidimensional phenomenon, whose manifestations ranged from physical and emotional neglect to deprivation of economic resources, with direct consequences on the deterioration of physical health, psychological balance, and quality of life of those who suffered from it. This picture showed that neglect could not be interpreted solely as an individual or family failure, but rather as a reflection of structural deficiencies in social, community, and institutional support systems.

The causes identified—including caregiver burnout, lack of material resources, emotional limitations, and family conflicts—highlighted the need to rethink the role of family and society in

relation to aging. It became clear that, in the absence of adequate prevention and support measures, a vicious cycle of neglect, abuse, and exclusion was created, increasing the risks of chronic disease, depression, anxiety, malnutrition, and functional dependence. The study also showed that abandonment not only impacted older adults individually, but also had repercussions on the family and community environment, generating dynamics of shared suffering that were difficult to resolve without comprehensive interventions.

In this sense, reflection on abandonment revealed that it was a challenge that transcended the private sphere and became a public issue. In response, it became essential to coordinate responses at different levels: the family as the primary care unit, the community as a support network, and the state as the guarantor of inclusive and effective social policies. Thus, addressing abandonment required interdisciplinary strategies that included both health and psychological care and the strengthening of economic assistance and social support programs.

Finally, recognizing abandonment as a violation of human dignity meant making an ethical and social commitment to building a model of dignified, healthy, and supported aging. Bringing this issue to light made it clear that guaranteeing the protection of older adults is not an act of charity, but a collective responsibility that ensures social cohesion and respect for fundamental rights. Only through the integration of solid public policies, sustainable community practices, and a social culture oriented toward intergenerational respect will it be possible to prevent abandonment and promote a full, active, and valued old age.

REFERENCES

1. Jiménez Jiménez ME. El abandono familiar y su incidencia en el envejecimiento activo de las personas mayores [tesis de grado]. Loja: Universidad Nacional de Loja; 2023. Disponible en: https://dspace.unl.edu.ec/jspui/bitstream/123456789/28246/1/Mariux%20Elizabeth_%20Jim%C3%A9nezJim%C3%A9nez.pdf
2. Leoni R, Turín M. La soledad y la calidad de vida relacionada con la salud entre los adultos mayores. *Curr Psychol*. 2025. Disponible en: <https://link.springer.com/article/10.1007/s12144-025-07355-4>
3. Chao Y, Meng Ting L. Maltrato a los ancianos y angustia psicológica entre los adultos mayores chinos estadounidenses. *J Elder Abuse Negl*. 2020 Sep;32(5-6):429-43. Disponible en: <https://www.tandfonline.com/doi/full/10.1080/08946566.2020.1814180>
4. Elsevier Inc. ¿Cómo podemos mejorar la atención de la salud mental de los adultos mayores? *Int Psychogeriatr*. 2024. Disponible en: [https://www.intpsychogeriatrics.org/article/S1041-6102\(25\)00078-X/fulltext](https://www.intpsychogeriatrics.org/article/S1041-6102(25)00078-X/fulltext)
5. Fernández L, Rosmery E, Bances M. Abandono familiar y calidad de vida en adultos mayores atendidos en el puesto de salud Yuracyacu-Chota-2023. Chota: Universidad Nacional Autónoma de Chota; 2023. Disponible en: <https://repositorio.unach.edu.pe/items/5b9f016a-a5d9-4a6c-8b6a-a2c57545ac76>
6. Irwin A, Orense C, Ponce N, Zimmerman F, Tsuana Y. Asociación entre el gasto gubernamental en servicios sociales y el uso de atención médica entre adultos mayores de bajos ingresos. *Health Affairs Scholar*. 2025 Jan 1;3(1). Disponible en: <https://academic.oup.com/healthaffairsscholar/article/3/1/qxae181/7951064?login=false>
7. Jarquín Hernández V. 50 razones para asistir a psicoterapia. Quito: Letame Grupo Editorial; 2023. Disponible en: https://www.google.com.ec/books/edition/50_razones_para_asistir_a_psicoterapia/yr_FEAAAQBAJ?hl=es&gbpv=0
8. Carrasco M, Marianne B. Manual de geriatría. Santiago de Chile: Ediciones UC; 2021. Disponible en: https://www.google.com.ec/books/edition/Manual_de_geriatr%C3%ADa/HIA_EAAAQBAJ?hl=es&gbpv=0
9. Ruiz Tras Castro RR. La soledad en las personas mayores. Madrid: Editorial Dykinson; 2023. Disponible en: https://www.google.com.ec/books/edition/La_soledad_en_las_personas_mayores/evj_EAAAQBAJ?hl=es&gbpv=0
10. Morales Morgado EM. Interculturalidad, inclusión y equidad en educación. Salamanca: Ediciones Universidad de Salamanca; 2023. Disponible en: https://www.google.com.ec/books/edition/Interculturalidad_inclusi%C3%B3n_y_equidad_e/PVGuEAAAQBAJ?hl=es&gbpv=0
11. Peris C. Revista Estudios Paraguayos 2017. Asunción: Universidad Católica de Asunción; 2018. Disponible en: https://books.google.com.ec/books?id=ONNSDwAAQBAJ&dq=Corte+transversal+sobre+el+abandono+del+adulto+mayor&hl=es&source=gbs_navlinks_s
12. Plencovich MC, Bacco S. ¿Cómo elaborar trabajos de investigación en traductología? Buenos Aires: Colegio de Traductores Públicos de la Ciudad de Buenos Aires; 2024. Disponible en: https://www.google.com.ec/books/edition/C%C3%B3mo_elaborar_trabajos_de_investigaci%C3%B3n/TdoJEQAAQBAJ?hl=es&gbpv=0
13. Medina Rey JM, Trueba I, García Cebolla JC. Haciendo realidad el derecho a la alimentación en España. Madrid: Ediciones Encuentro; 2018. Disponible en: https://www.google.com.ec/books/edition/Haciendo_realidad_el_derecho_a_la_alimen/835xDwAAQBAJ?hl=es&gbpv=0

FUNDING

None.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTIONS

Conceptualization: Ruth Elizabeth Calderón Landívar, Evelyng Adriana Guanuchi Mestanza, Roger Sebastian Gonzalez Sanchez, Jenrry Fredy Chávez-Arizala.

Data curation: Ruth Elizabeth Calderón Landívar, Evelyng Adriana Guanuchi Mestanza, Roger Sebastian Gonzalez Sanchez, Jenrry Fredy Chávez-Arizala.

Formal analysis: Ruth Elizabeth Calderón Landívar, Evelyng Adriana Guanuchi Mestanza, Roger Sebastian Gonzalez Sanchez, Jenrry Fredy Chávez-Arizala.

Research: Ruth Elizabeth Calderón Landívar, Evelyng Adriana Guanuchi Mestanza, Roger Sebastian Gonzalez Sanchez, Jenrry Fredy Chávez-Arizala.

Methodology: Ruth Elizabeth Calderón Landívar, Evelyng Adriana Guanuchi Mestanza, Roger Sebastian Gonzalez Sanchez, Jenrry Fredy Chávez-Arizala.

Project management: Ruth Elizabeth Calderón Landívar, Evelyng Adriana Guanuchi Mestanza, Roger Sebastian Gonzalez Sanchez, Jenrry Fredy Chávez-Arizala.

Software: Ruth Elizabeth Calderón Landívar, Evelyng Adriana Guanuchi Mestanza, Roger Sebastian Gonzalez Sanchez, Jenrry Fredy Chávez-Arizala.

Supervision: Ruth Elizabeth Calderón Landívar, Evelyng Adriana Guanuchi Mestanza, Roger Sebastian Gonzalez Sanchez, Jenrry Fredy Chávez-Arizala.

Validation: Ruth Elizabeth Calderón Landívar, Evelyng Adriana Guanuchi Mestanza, Roger Sebastian Gonzalez Sanchez, Jenrry Fredy Chávez-Arizala.

Visualization: Ruth Elizabeth Calderón Landívar, Evelyng Adriana Guanuchi Mestanza, Roger Sebastian Gonzalez Sanchez, Jenrry Fredy Chávez-Arizala.

Writing – original draft: Ruth Elizabeth Calderón Landívar, Evelyng Adriana Guanuchi Mestanza, Roger Sebastian Gonzalez Sanchez, Jenrry Fredy Chávez-Arizala.

Writing – review and editing: Ruth Elizabeth Calderón Landívar, Evelyng Adriana Guanuchi Mestanza, Roger Sebastian Gonzalez Sanchez, Jenrry Fredy Chávez-Arizala.