

## Biological Spread of Geriatric Assault in the Head and Neck Region in Police Hospital, Benin City, Nigeria

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**Abstract:** The median age of the world's population has been on the increase since the past two decades, resulting in increased numbers of person aged, greater or equal to 65 years. This growing number of older adults increased demands on the public health system and medical and social services and will have a major impact on the organization and delivery of health care. A non-confidential cumulative data for 1051 patients with assault related injuries treated in the emergency department of Police Hospital, Benin City catchment location in Nigeria within a period of one year was studied. Result: Out of 1051 assault victims, geriatric population was 30 (2.84%) with 18 females (1.713%) and 12 males (1.141%). 65-70 years old 20 (1.903%) range were more affected (Table I), major assault mechanism per victim was blunt objects 20 (1.900%) (Table II), with an anatomic spread of 18 (1.713%) to the head/neck area (Table III) out of 18 (1.713%) to the head/neck 6 (0.571%) was on the forehead. In Conclusion: We conclude that there is the need for a deliberate policy on geriatric care and its introduction into our medical training as this will prepare the products of our medical schools for further and future task of geriatric care.

**Key words:** Biological Spread • Geriatric Assault • Head And Neck

### INTRODUCTION

The median age of the world's population has been on the increase since the past two decades, resulting in increased numbers of person aged, greater or equal to 65 years. This growing number of older adults increased demands on the public health system and medical and social services [1] and will have a major impact on the organization and delivery of health care. Of particular importance will be the shift from acute to chronic illness and the likely growing shortage of healthcare markers [2]. In physical assault related injuries the head and neck is most involved [3]. This physical assault was defined as behaviors that threaten, attempt, or actually inflict physical harm [4]. This is similar to the definition in the National Family Violence Survey [5], violence against women in Canada Survey [6] and conflict tactics scale [7]. This includes, throwing something that will hurt, push, grab, or shove, pulling the hair, slap or hit, kick or bite, choke or attempt to drawn, hit with object, beating up, threats with gun, knife, use gun or knife and any other weapon [8]. However, most studies on assault related

injuries represent the burden of trauma due to firearms in the developed world. The pattern of assault leading injuries may differ in developing countries due to cultural and socio-economic factors. Zargoret al [5] showed that male were more affected and with penetrating trauma, while women are with blunt objects. Injuries of upper extremities were more followed by head neck areas. The commonest mechanism of assault was sharp objects [5]. Most studies of assault are on developed countries. In developing countries cultural and socio-economic dynamic makes documentation difficult. Geriatric assault documentation is sparse. The objective of this study is to review records of geriatric assault in a Police Hospital in Nigeria.

### MATERIALS AND METHODS

A non-confidential cumulative data for 1051 patients with assault related injuries treated in the emergency department of Police Hospital, Benin City catchment location in Nigeria within a period of one year was studied. This record contains age, gender, occupation,

time lapse before presentation to the hospital, type of assault, weapons used, clinical finding by police pathologist. The number of victims of assault will be determined within an established age range. In addition, the number of major assault site as documented will be established ignoring attendant minor ones. The main implement of assault, anatomic distribution in the body will be established and specifically in the head/neck region.

## RESULTS

Number of assault victims 1051. Genetic population 30 (2.854%), 18 females (1.713%) and 12 males (1.141%).

Table 1: Percentage Geriatric Assault Victims

S/N	Age Range	Number of Victims	%
1.	65-70	20	1.903
2.	71-80	5	0.476
3.	81-90	4	0.381
4.	91-100	1	0.095
Total		30	2.854

Table 2: Major Assault Mechanism per Victim

S/N	Implement	Number	%
1.	Human bite (Teeth)	3	0.285
2.	Blunt objects (Head butt, stone, wood, iron rod, shoe, tuber of yam, broom sticks, bunch of keys, gun butt, horse whip, cable wire, cooling stove, wheel spanner, screw driver, pliers, belt, harmer, fist).	20	1.900
3.	Sharp objects (Razor, knife, broken bottle, shovel, finger nails, axe, scissors)	7	0.666
Total		30	2.854

Table 3: Anatomic Distribution of Assault Sites

S/N	Traumatic Region	Number of Major Assault Site per Person	%
1.	Head/Neck	18	1.713
2.	Upper Limb	6	0.571
3.	Trunk	4	0.381
43	Lower Limb	2	0.190
Total		30	2.854

Table 4: Head/Neck Distribution of Assault Site

S/N	Parts of Head/Neck	Number of Major Assault Site per Person	%
1.	Forehead	6	0.571
2.	Eyes/Eye lid	4	0.381
3.	Mouth	5	0.476
4.	Nose	2	0.190
5.	Ears	1	0.095
Total		18	1.713

Out of 1051 assault victims, geriatric population was 30 (2.84%) with 18 females (1.713%) and 12 males (1.141%). 65-70 years old 20 (91.903%) range were more affected (Table I), major assault mechanism per victim was blunt objects 20 (1.900%) (Table II), with an anatomic spread of 18 (1.713%) to the head/neck area (Table III) out of 18 (1.713%) to the head/neck 6 (0.571%) was on the forehead.

## DISCUSSION

African population is ageing, just like the rest of the world but the continent's governments are badly equipped to handle the growing number of older people. The percentage of people over 65 years has grown to 3.6% according to African Development Bank report [9]. The purpose of life is to be happy, make others happy, grow gracefully and die with dignity. Violence truncates the dream incidence of assault is on the increase and could be due to ever increasing population, unemployment, low wages, declining capacity to cope with prevailing situation; drug addiction, prevailing economic, social and political environment, availability of weapons and long delay in the justice delivery system [10]. In the geriatrics, especially in Africa, cultural idiosyncrasies may be at play. Our socio-cultural settings in general permit the co-interaction of diverse beliefs [11]. The custodians of ancestral norms are the older adults [12 and 13]. This cultural hybridization permits the interpretation of events in different forms. Of importance is the intervention of the ageing in all the important life situations, female geriatric assault was more. In some African setting elderly women are sometimes "identified" as witches. They undergo assault and torture [14]. Most victims were from ages 65-70 years representing 1.903% of all assault victims, with blunt objects as most used assault implements 1.9%. Anatomic spread of the affected persons in head/neck was (1.713%) and the least number of persons were affected in the limbs (0.19%). In the head/neck out of the 1.713% of affected persons; (0.571%) assault was on their forehead. These findings are consistent with Oberoi et al and Buchade and Molute studies [11,12]. This is tandem with Coelho et al findings [13]. These studies were on general assault cases irrespective of age. In contrast, our study is on geriatric population. United Nations [14] has shown concern over ageing population, that it has major social and economic consequences. In a number of developing countries, poverty is high among older persons, sometimes higher than that of the population, especially in countries with

limited coverage of social security systems. While people are living longer lives almost everywhere, the prevalence of non-communicable diseases and disability increase as populations age. The head/neck are the most important part of the body, it is not surprising that it is the site of choice for attack. These geriatric population need protection, especially where blunt objects are universally reachable and forehead most vulnerable in a frail population. Attack on the forehead can be life threatening especially at this age, or at best cause permanent derangement of frictions, that may cause psychological morbidity. We conclude that there is the need for a deliberate policy on geriatric care and its introduction into our medical training as this will prepare the products of our medical schools for further and future task of geriatric care.

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