

Geriatric Trauma Patients and Firearm Ownership: Planning for Cognitive Decline

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Background/Objective: It's estimated that roughly 13 million older adults will suffer from dementia in the United States by 2050 and over 30% of adults ≥65 years own a firearm. There is a lack of information on the attitudes of older adult firearm owners in the Midwest regarding management of firearms and dementia. The study's aim was to survey geriatric trauma patients about firearm ownership, storage, and planning for cognitive decline.

Methods: Patients were approached for study participation if they were admitted to the trauma service at an urban academic level I trauma center, aged ≥60 years, and own or live with a firearm. Participants were approached in person and if they agreed to participate, an anonymous survey was conducted during their admission. Our primary outcome was rate at which participants would consider having a planning conversation following survey participation if they had not already done so. Results were analyzed for thematic trends.

Results: Over the study, 50 patients were approached with 19 (38%) meeting inclusion criteria. Of the eligible participants, 10 (~53%) were successfully enrolled. There was an equal male-to-female participation rate with an age range of 61-85 years. Twenty percent (n=2) of participants had previous conversations with family members about firearm management and dementia. After survey participation, 70% (n=7) of participants intended to have planning conversations. A theme of giving firearm responsibility to others emerged in response to prompting participant's biggest concern of firearm management and dementia.

Conclusion and Potential Impact: Sixty percent (n=6) of participants expressed a desire to have new planning conversations with family after survey participation, which met the primary outcome of the study. Further work to assess barriers to study participation is ongoing. These results have the potential to better inform educational interventions for adult firearm owners to guide conversation and outline available resources.