

Legal Issues and Aging

A Neuropsychological Formulation

ARCC Neuropsychology
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Are decision-making capacity and competency the same?

- Competency is a legal term ruled on by a judge
- Decision-making capacity is assessed by clinicians

Definition of Incompetency in Illinois

- The Illinois Power of Attorney Act defines an incompetent person as, "Any person who, because of insanity, mental illness, mental retardation, old age, physical incapacity, or imperfection or deterioration of mentality, is incapable of managing his person or estate and any person who, because of gambling, idleness, debauchery, or the excessive use of intoxicants or drugs, so spends or wastes his estate as to expose himself or his family to want or suffering."

Lack of decision-making capacity is indicated when:

- Capacity to communicate choice is impaired
- Impaired capacity to understand relevant information
- Capacity to comprehend a situation and its consequences is impaired
- Impaired capacity to rationally manipulate information

3 Requirements for protective action

1. the existence of diminished capacity (insight and awareness of deficits)
2. a risk of substantial harm (including emotional factors)
3. an inability to act adequately in one's own interest.

How can a clinician determine capacity?

- MMSE & Clinical Interview
 - The Mini Mental Status Examination can both under- or over-identify frontal lobe and memory problems
- Neuropsychological screenings are recommended by the American Academy of Neurology
 - Abnormal screenings may help lead to early detection and intervention
 - Normal screen may provide reassurance for the "Worried Well"
- Annual screening for symptomatic individuals over the age of 65

NeuroCognitive Assessment

- The study of brain behaviors using normative standards and psychological testing procedures
- Identify current level of cognitive functioning. Allows for multiple measure which may be associated with a delirium or new baseline
- Establish decisional ability
 - Competency to make personal decisions
 - Manage medications
 - Operate a motor vehicle
 - Manage finances
 - Guide ones own medical care
 - Refusing of services
 - Demanding discharge

Clinical Evaluation

- Diagnostic interview with the patient and loved ones
 - Review history to assist in making the differential diagnosis
 - Determine appropriate testing battery to measure brain function
- Neurocognitive Testing
 - Short-term memory & verbal learning
 - Working memory
 - Logical memory
 - Delayed recall
 - Logical memory
 - Confrontational naming
 - Frontal lobes executive functioning
 - Left frontal lobe skills of abstract categorization and verbal reasoning
 - Right frontal lobe skills of complex sequencing
 - Procedural memory

The measurement of brain function

Functional levels are prescriptive

- It identifies what the patient needs.
- Adaptive accommodations in order to effectively survive in their environment
- Maximize their quality of life

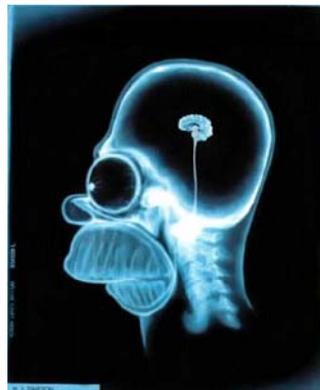
A complementing combination

Neuroimaging

- Display space occupying lesions

Neurocognitive testing Produces a taxonomy of the brain behaviors and can detect abnormalities that are not visible on neuroimaging

- Compares them to age and education based norms.
- Gives information about cognitive abilities (not just memory)



Diagnostic process

- Medical history
- Physical examination and laboratory tests
- Personal interviews with patient and family members (social history)
- Memory screening
- Neuroimaging
- Based on progression of symptoms over time, a diagnosis is made and care planning and treatment begin

Conditions that lead to organic changes

- Drug intoxication
- Depression
- Head Injury
- Parkinson's Disease
- Huntington's Disease
- Vascular Dementia (Small Vessel Disease)
- Metabolic Dementia
- Lewy Body Disease
- Normal pressure Hydrocephalus
- Pick's Disease
- Persisting Alcohol dementia

Frontal Lobe Functions

- Executive Functions
 - Sustained attention
 - Goal directed behavior
 - Working memory
 - Impulse control and response inhibition
 - Verbal fluency
- | | |
|--|--|
| <ul style="list-style-type: none">• Left Frontal Lobe• Abstract categorization• Expressive language• Verbal Reasoning | <ul style="list-style-type: none">• Right Frontal lobe• Judgment• Planning• Complex sequencing• Non-verbal reasoning |
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When does memory loss begin

- Memory Loss affects nearly $\frac{1}{4}$ of those over age 65
 - At age 2 the brain is about 85% developed
 - Around age 16 the brain is fully developed
 - Around age 25 the brain begins to deteriorate.
 - Around age 85 the brain has deteriorated about 15%.

Normal Aging

- Slowed processing speed
 - The ability to process new information
- Decreased working memory
 - The ability to process and manipulate new information
 - Critical for encoding information
- Sustain recall previously learned information
 - Wisdom
 - Book smarts
- Decreased cognitive flexibility and logical thinking
 - Street smarts

Issues of Aging

- Losses
 - Friends, retirement & financial
- Bereavement
 - Anger, denial, anger/guilt, depression & acceptance
- Physical decline
 - Mobility, vision, hearing, arthritis, pain, deconditioning, & shortness of breath

Feedback for Patient and Family Care Planning

- Care planning
 - Home modification and adaptation
- Future planning
 - Legal
 - Financial
 - Family intervention and care
- Safety
 - Driving
 - Medication management
 - Nutrition
 - Assisted living care
- Early intervention
 - Medications

Treatment development and training

- Educate caregivers about an individual's strengths
- Provide feedback about effective and ineffective strategies
- Identify cognitive weakness which create an increased frustration for the individual and increased resistance for caregivers
- Help caregivers with acceptance of the changes the loved one has undergone

Thank You

For additional questions and consultations
please feel free contact us at (630) 424-8900.

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