

Assessment of Older Adults with Diminished Capacity

<p>Dementia is a general term for a medical condition characterized by a loss of memory and functioning. Primary degenerative dementias are those with disease processes that result in a deteriorating course, including Alzheimer's Disease, Lewy Body Dementia, and Frontal Dementia (each associated with a type of abnormal brain cell).</p>			
Condition	Etiology	Symptoms	Treatability
Alzheimer's Disease (AD)	Most common type of dementia, caused by a progressive brain disease involving protein deposits in brain and disruption of neurotransmitter systems	Initial short-term memory loss, followed by problems in language and communication, orientation to time and place, everyday problem solving, and eventually recognition of people and everyday objects. In the early stages, an individual may retain some decisional and functional abilities.	Progressive and irreversible, resulting ultimately in a terminal state. Medications may improve symptoms and cause a temporary brightening of function in the earlier stages.
Frontal or Frontotemporal Dementia (Pick's disease is example)	Broad category of dementia caused by brain diseases or small strokes that affect the frontal lobes of the brain	Problems with personality and behavior are often the first changes, followed by problems in organization, judgment, insight, motivation, and the ability to engage in goal directed behavior.	Early in their disease, patients may have areas of retained functional ability, but as disease progresses they can rapidly lose all decisional capacity.
Diffuse Lewy Body Dementia (DLB)	A type of dementia on the Parkinson Disease spectrum	DLB involved mental changes that precede or co-occur with motor changes. Visual hallucinations are common, as are fluctuations in mental capacity	This disease is progressive and there are no known treatments. Parkinson medications are often of limited use.
Jacob-Creutzfeldt Disease	A rare type of progressive dementia affecting humans that is related to "mad cow" disease.	The disease usually has a rapid course, with death occurring within two years of initial symptoms. These include fatigue, mental slowing, depression, bizarre ideations, confusion, and motor disturbances, including muscular jerking, leading finally to a vegetative state.	There is no treatment currently and the disease is relentlessly progressive.
Delirium	A temporary confused state with a wide variety of causes, such as dehydration, poor nutrition, multiple medication use, medication reaction, anesthesia, metabolic imbalances, and infections.	Substantially impaired and attention and significant decisional and functional impairments across many domains. May be difficult to distinguish from the confusion and inattention characteristic of dementia.	Often temporary and treatable. If untreated, may progress to dementia. It is important to rule out delirium before diagnosing dementia. To do so, a good understanding of the history and course of functional decline, as well as a full medical work-up, are necessary.
Stroke or Cerebral Vascular Accident (CVA)	A significant bleeding in the brain, or a blockage of oxygen to the brain.	May affect just one part of the brain, so individuals should be carefully assessed to determine their functional and decisional abilities	Some level of recovery and improved function over the first year; thus, a temporary guardianship might be considered if the stroke is recent.

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Parkinson's Disease (PD)	Progressive brain disease that initially affects motor function, but in many cases proceeds to dementia.	PD presents initially with problems with tremors and physical movement, followed with problems with expression and thinking, and leading sometimes to dementia after a number of years.	PD is progressive, but motor symptoms can be treated for many years. Eventually, the medications ineffective and most physical and mental capacities are lost. Evaluation of capacity must avoid confusion of physical for cognitive impairment.
Vascular Dementia	Multiple Strokes that accumulate and cause dementia	Functional strengths and weaknesses may vary, depending on the extent and location of the strokes	May worsen if cardiovascular disease continues to cause progressive impairment.
Vascular Cognitive Impairment	Multiple infarcts that cause cognitive impairment	Functional strengths and weaknesses may vary, depending on the extent and location of the strokes	May remain stable over time if underlying cardiovascular heart disease is successfully managed.
Coma	A state of temporary or permanent unconsciousness	Minimally responsive or unresponsive, unable to communicate decisions and needs substitute decision maker	Often temporary; regular re-evaluation required
Persistent Vegetative State (PSV)	A state of minimal or no responsiveness following emergence from a coma.	Patient is mute and immobile with absence of all higher mental activity. Cannot communicate decisions and requires a substitute decision maker for all areas	Cases of PSV usually lead to death within a year's time.
Developmental Disorders (DD), including mental retardation (MR)	Brain-related conditions that begin at birth or childhood (before age 18) and continue throughout adult life. MR concerns low-level intellectual functioning with functional deficits that can be found across many kinds of DD, including autism, Down syndrome, and cerebral palsy.	Functioning tends to be stable over time but lower than peers. MR is most commonly mild. Some conditions such as Down Syndrome may develop a supervening dementia later in life, cause in decline in already limited decisional and functional abilities.	Not reversible but everyday functioning can be improved with a wide range of supports, interventions, and less restrictive alternatives. Individuals with DD have a wide range of decisional and functional abilities and thus, require careful assessment by skilled clinicians.
Traumatic Brain Injury (TBI)	A blow to the head that usually involves loss of consciousness	Individuals with mild and moderate TBI may appear superficially the same as before the accident, but have persisting problems with motivation, judgment, and organization. Those with severe TBI may have profound problems with everyday functioning.	Usually show recovery of thinking and functional abilities over the first year, thus a temporary guardianship should be considered if the injury is recent.
Bipolar Disorder (often called manic depression)	A psychiatric illness characterized by alternating periods of mania and depression	May affect functional and decisional abilities in the manic stage or when the depressed stage is severe.	Can be treated with medication, but requires a strong commitment to treatment on the part of the individual. Varies over time; periodic re-evaluation needed.

Condition	Source	Symptoms	Treatability
Major Depression	A very common psychiatric illness	Sad or disinterested mood, poor appetite, energy, sleep and concentration, feelings of hopelessness, helplessness and suicidality. In severe cases, poor hygiene, hallucinations, delusions, and impaired decisional and functional abilities	Treatable and reversible, although in some resistant cases electroconvulsive therapy (ECT) is needed.
Schizophrenia	A chronic brain-based illness	Hallucinations and delusions, poor judgment, insight, planning, personal hygiene, interpersonal skills. May range from mild to severe. Impact on functional and decisional abilities is variable.	Many symptoms can be successfully treated with medication. Capacity loss may occur when patients go off their medication.
Alcoholic Dementia	A fairly common form of dementia, caused by long-term abuse of alcohol, usually for 20 years or more. Alcohol is a neurotoxin that passes the blood-brain barrier.	Memory loss, problem-solving difficulty, and impairments of visuospatial function are commonly found in patients with alcohol dementia.	Alcohol dementia is partially reversible, if there is long-term sobriety—cessation of use. There is evidence to suggest that some damaged brain tissue may regenerate following extended sobriety, leading to modest improvements in thinking and functioning.

Adapted from *Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists*. (Appendix G). Published by the American Bar Association Commission on Law and Aging and the American Psychological Association.