**Part Two: Assessing Capacity, Beyond The Basics**

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**Cognitive Assessment**

**Review: Processing Information (Understanding)**
1. Attention, concentration, orientation
2. Short-term memory: visual, auditory
3. Learning ability
4. Long-term memory and retrieval
5. Language: comprehension and fluency
6. Reading, writing, arithmetic
7. Fund of knowledge: current events and basic understanding.

**Using Information To Make Decisions (Appreciating)**
- logic
- reasoning
- judgment
- planning
- organizing
- consequences
- insight

**Methods To Assess Capacity: All Work Well In The Appropriate Situation**
The clinical interview
Screening instruments
Interview plus screening instruments
Neuropsychological and other test batteries

**What’s The “Correct” Method?**
You can prove it in court.
You are clinically sure.
All methods can work well.
### Sources Of Information To Help Determine Capacity

- Assess client/patient
- Medical records
- Prescribed medicines
- Functional status
- Statements of others

### Where Do You Set The Bar? High or Low?

- What are the elements of the decision?
- Is it a change from previous decisions?
- Does it affect everyday safety and functioning?
- What is the complexity and substance of the documents or action?

### Interview Plus Screening Instruments Approach

- Good For In The Home
- Holds Up In Court

### Tips: Focus On The Interview

- Gives you history
- Gives you information on thinking
- Establishes rapport
- Allows you to examine other issues (e.g., depression)
- Less likely to get kicked out
- Allows for observation of function

### Tips (con’t)

- Pay attention to function:
  - Instrumental Activities of Daily Living
    - driving
    - bill paying
    - shopping
    - chores
    - appointments
    - emergencies

- Activities of Daily Living
  - eating
  - dressing
  - toileting
  - grooming
  - bathing
  - mobility
Limits Of The Folstein

Doesn’t assess executive functions

Doesn’t assess reading comprehension

Doesn’t assess long-term memory

Supplementing The Folstein With Other Measures

Executive Functions

Reading Comprehension

The Folstein Mini-Mental State Examination

Observation
1. What is the present (month, date, year)?
2. Where are you now (county, town, hospital)?
3. Name three objects on the table and ask the patient to name them.

Fabrication
4. Some three objects are needed in the kitchen. They ask the patient all three after you have said them. Give no clues for each correct answer. Report them and the items all right. Count right and wrong.

Attention and Calculation
5. Write a design (complex polygon). Copy it.
6. Copy a design (complex polygon).
7. Write a sentence.
8. Read and obey the following: (show written item) __ 1 __

Recall
1. A three-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor."
2. Repeat the following: "No ifs, ands, or buts."
3. Show a pencil and a watch and ask the patient to name them.
4. Language: Ask for the three objects repeated above.
5. Recall: Ask the patient to repeat the three.

Sequencing numbers: 2, 4, 8, 16, ____

Proverbs: iron _____ bird _____ house _____ monkey _____

Similarities: salt-pepper _____ arm-leg _____ north-west _____ table-chair _____

Everyday Issues: emergency _____ driver’s license _____ out of gas _____

Instructions: Have person read the paragraph aloud. When they are through, immediately ask them for the major theme of the paragraph, as many details as they can recall from the paragraph and which country was closest to where this likely occurred. Later, (about 5 minutes) ask them the same questions. You may also ask other kinds of questions, for example, have them define certain words or state how many non-women passengers there were.

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Clock Drawing Test

Instructions: Tell the person to pretend that this circle is a clock. Have them put numbers on the clock face. After they complete that, have them place the hands at 7:30. Score qualitatively for proper location of numerals and for placement of hands.

The American liner *New York* struck a mine near Liverpool Monday evening. In spite of a blinding snowstorm and darkness, the sixty-eight passengers, including 18 women, were all rescued though the boats were tossed about like corks in the heavy sea. They were brought into port the next day by a British steamer.

Let’s Now Sort Those Items According To Type Of Item

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Where Different Items Fit

Attention: Orientation items, reverse 7's, reverse WORLD, registration, reverse months
Short-term Memory: Recall of three items, recall of paragraph
Long-term Memory: Social history
Symbolic abilities: Language, following command, pentagons, write a sentence, reading comprehension
Executive functions: Clock, sequencing numbers, similarities, proverbs, insight

Now Let's Re-arrange Those Mental Abilities So We Can Relate Them To Different Cognitive Syndromes

A Hierarchical Model of Mental Abilities

Executive Functions
Symbolic Abilities
Short-term Memory and Learning
Attention Perception Consciousness

Appreciate
Understand

How Common Cognitive Syndromes Fit This Model

Common Cognitive Impairment Syndromes In Older Adults

Executive Functions
Symbolic Abilities
Short-term Memory and Learning
Attention, Concentration Perception

Delirium
- Delirium is an acute onset (i.e., hours or days) disturbance of cognition that greatly impairs attention and causes confusion, disorientation and misperception.
- 95% of deliria are caused by an underlying medical illness or a drug.
- People who are delirious lack capacity.
- A person with dementia can develop a superimposed delirium.
- A delirium is an URGENT medical situation.

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Causes Of Delirium: Medical Illnesses

- Infections
- Heart disease
- Diabetes
- Thyroid disease
- Cancers
- Electrolyte imbalances
- Dehydration

Causes Of Delirium: Drugs

- Psychotropics
- Psychoactives
- OTCs
- OTBs

Dementia

Dementia is an acquired impairment of short-term memory and at least two other elements of cognition, which interferes with everyday occupational and social functioning, without clouding of consciousness (i.e., not delirious).

Dementia Is A Cognitive Syndrome Caused By Over 50 Illnesses

Dementia Itself Is Not The Illness

It’s What The Illness Causes

Common Causes of Dementia

- Alzheimer's disease
- Vascular dementia
- Fronto-temporal dementia
- Frontal dementias
- Parkinson's disease
- Alcoholism

Prevalence of Alzheimer’s Disease

Adapted from Herbert L.E. et al., 1995. JAMA, 273;1354-1359.
The Hippocampus Is Responsible For Short-term Memory

Five Stages of Dementia
Mild: decrements in STM, naming, spatial, LTM good.
Moderate: decrements in STM, learning, comprehension, symbolic abilities, some judgments. LTM good.
Severe: major decrements in STM, learning, comprehension, executive functions, greatly impaired. LTM fair to poor.
Profound: unable to recognize familiar people, confusion, old memories, no reasoning.
Terminal: little or no communication, difficulty ambulating, little recognition, reflex level.

The Rate of Loss in Alzheimer’s Disease Is About 10% Per Year

Medical Decision Making and Level of Dementia
At what level of dementia do families typically take over making medical decisions?

- Mild (MMSE 24-20): 41%
- Moderate (MMSE 19-12): 69%
- Severe (MMSE 12-5): 95%


Focal Cognitive Deficits
### Stroke

Brain damage to a region of the brain due to a lack of oxygen secondary to a lack of blood supply.

Can affect various parts of the brain.

Differential affect on capacity.

### Brain Trauma

Structural damage to brain due to trauma.

Can occur in various regions.

Differential affect on capacity.

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### Other Conditions

**Mild Cognitive Impairment**

**An Adult With Mental Retardation**

**Cognitive Impairment Due To Depression or Psychosis**

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### Developmental Disability

**Low IQ**

**Friendly**

**Listen to authority**

**Emotional incapacity common**

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### Depression
The Family of Depressive Disorders

Temporary Sadness  Normal Grief  Adjustment Disorder  Moderate Depression  Major Depression

The Core Features of Depression

Mood: sad, irritable or apathetic
Thinking: hopeless, guilty, meaningless
Physiology: energy, sleep and metabolism
Behavior: functional and interpersonal

Content v. Process Symptoms

Content refers to what the person experiences.
Process refers to the symptom's intensity, duration, changeability and quality

The number of process symptoms equates to the breakdown of biological machinery and the need for medication.

Assessing Depression

Rule In By Interview and tests
Rule Out By:
- Medical exam
- Drug profile
- Neurological exam
- Other psychiatric conditions

Assessing Psychosis

- Psychosis may be a primary disorder or secondary to other conditions as dementia.
- In late life most hallucinations are visual, in early life most hallucinations are auditory.
- In late life most delusions are threats against self, security, or possessions.
- Questions must be asked that begin with safe and subtle items such as, “do your eyes play tricks on you?” or “how are you getting along with the neighbors?” and progress to more definitive and diagnostic questions.
Assessing Capacity Is Basically The Same In All Populations.

However, You Have To Adjust The Level Of Assessment To Match The Person

How Do you Determine The Capacity Of A Deceased Person?

1. Medical records
2. Prescription history
3. Known decline rates (of AD and IVD)
4. Functional status
5. Statements of others

Case Examples
Fred lives alone. There is concern he is self-neglecting. When you visit him, the house is very warm but he has a sweater on. He is unkempt and there is food spilled on the counters, rat droppings on the floor and medications in disarray. He says “I like it this way; why are you bothering me?” Before you get kicked out, you are able to determine that Fred is disoriented to time, can’t register three words, is confused about who you are, can’t tell you how he will get his next meal and then thinks you are his long-lost cousin.

What is your working diagnosis?
What do you do?
Does he have capacity?

Case Examples (con’t)
Mary is 68 years old. She has had a stroke to her left hemisphere and has right-sided paralysis. She has an expressive aphasia; she understands but cannot express herself verbally very well.

How would you assess her capacity?