

Part Two: Assessing Capacity, Beyond The Basics

Bryan Kemp, Ph. D.
Center of Excellence in Elder Abuse and Neglect
UC Irvine Program in Geriatrics

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Cognitive Assessment

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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.**

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Using Information To Make Decisions (Appreciating)

logic
reasoning
judgment
planning
organizing
consequences
insight

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

What's The "Correct" Method?

You can prove it in court.

You are clinically sure.

All methods can work well.

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Sources Of Information To Help Determine Capacity

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

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Interview Plus Screening Instruments Approach

Good For In The Home

Holds Up In Court

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Tips (con't)

Pay attention to function:
Instrumental Activities of Daily Living

- driving
- bill paying
- shopping
- chores
- appointments
- emergencies

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Activities of Daily Living

- eating
- dressing
- toileting
- grooming
- bathing
- mobility

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Limits Of The Folstein

Doesn't assess executive functions

Doesn't assess reading comprehension

Doesn't assess long-term memory

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Supplementing The Folstein With Other Measures

Executive Functions

Reading Comprehension

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

The Folstein Mini-Mental State Examination

Orientation

5 _____ What is the (year) (season) (date) (day) (month)?

5 _____ Where are we (state) (county) (town) (hospital) (floor)?

Registration

3 _____ Name three objects: one second to say each. Then ask the patient all three after you have said them. Give one point for each correct answer. Repeat them until he learns all three. Count trials and record number.

Attention and Calculation

5 _____ Begin with 100 and count backward by 7 (stop after five answers). Alternatively, spell "world" backward.

Recall

3 _____ Ask for the three objects repeated above.

Language

2 _____ Show a pencil and a watch and ask the patient to name them.

1 _____ Repeat the following: "No ifs, ands, or buts."

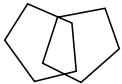
3 _____ A three-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor."

1 _____ Read and obey the following: (show written item)

1 _____ Write a sentence.

1 _____ Copy a design (complex polygon).

30 _____



CLOSE YOUR EYES

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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.

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.

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

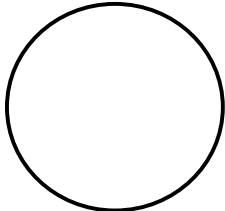
Proverbs: iron _____ bird _____ house _____ monkey _____

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

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

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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.

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Where Different Items Fit

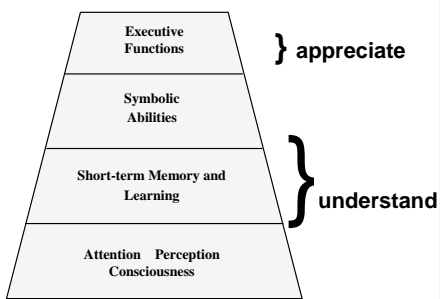
- Attention:** Orientation items, reverse 7's, reverse WORLD, registration, reverse months
- Short-term Memory:** Recall of three items, recall of paragraph
- Long-term Memory:** Social history
- Symbolic abilities:** Language, following command, pentagons, write a sentence, reading comprehension
- Executive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

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

A Hierarchical Model of Mental Abilities

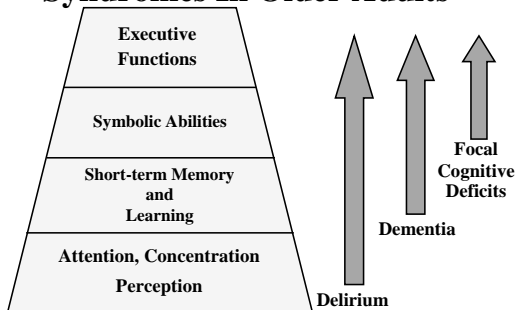


Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

How Common Cognitive Syndromes Fit This Model

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Common Cognitive Impairment Syndromes In Older Adults



Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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.

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Causes Of Delirium: Medical Illnesses

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

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Causes Of Delirium: Drugs

- Psychotropics
- Psychoactives
- OTCs
- OTBs

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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).

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Dementia Is A Cognitive Syndrome Caused By Over 50 Illnesses

Dementia Itself Is Not The Illness

It's What The Illness Causes

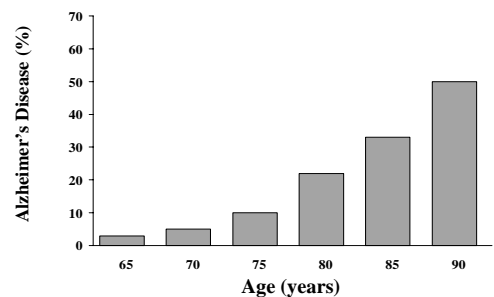
Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Common Causes of Dementia

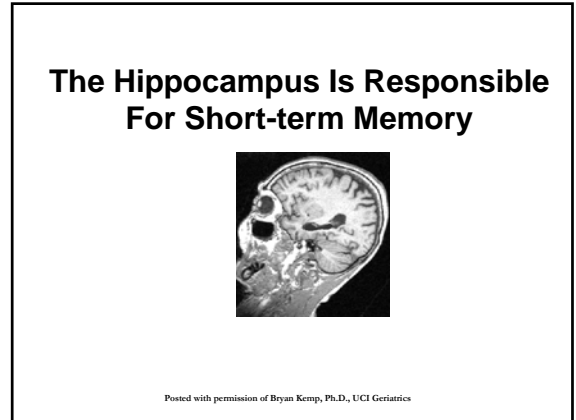
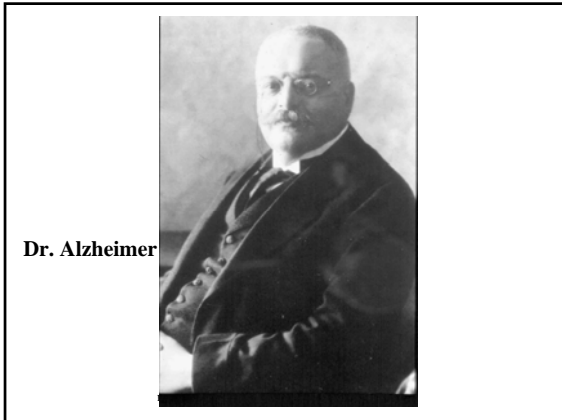
- Alzheimer's disease
- Vascular dementia
- Fronto-temporal dementia
- Frontal dementias
- Parkinson's disease
- Alcoholism

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Prevalence of Alzheimer's Disease



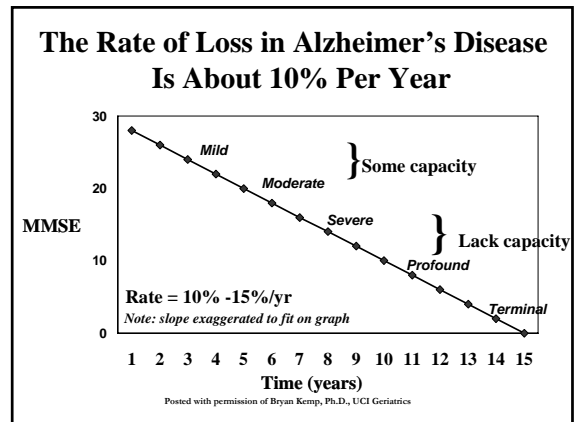
Adapted from Herbert L.E. et al., 1995. JAMA, 273:1354-1359.
Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics



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.

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics



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%

Source: Hirschman, et al., *J Ger Psych and Neurol*, 2004, 12, 55-60.

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Focal Cognitive Deficits

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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.

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Brain Trauma

Structural damage to brain due to trauma.

Can occur in various regions.

Differential affect on capacity.

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Other Conditions

Mild Cognitive Impairment

An Adult With Mental Retardation

Cognitive Impairment Due To Depression or Psychosis

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Mild Cognitive Impairment

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Developmental Disability

Low IQ

Friendly

Listen to authority

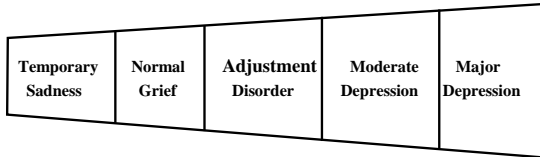
Emotional incapacity common

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Depression

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

The Family of Depressive Disorders



Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

The Core Features of Depression

Mood: sad, irritable or apathetic

Thinking: hopeless, guilty, meaningless

Physiology: energy, sleep and metabolism

Behavior: functional and interpersonal

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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 breakdown of biological machinery and the need for medication.

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Assessing Depression

Rule In By Interview and tests

Rule Out By:

Medical exam

Drug profile

Neurological exam

Other psychiatric conditions

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Psychosis

Delusions

Hallucinations

Agitation

Not real decisions

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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.

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

Assessing Capacity Is Basically The Same In All Populations.

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

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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?

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics

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?

Posted with permission of Bryan Kemp, Ph.D., UCI Geriatrics