

FINANCIAL DECISIONS AND DEMENTIA

Most older individuals manage their own financial and business affairs. One-third of older citizens live alone. Alzheimer's disease and other dementias afflict parts of the brain that control memory, communication, calculation skills and other functions essential to conducting business and performing money transactions. Hearing and visual impairment are common in the elderly and make business transactions even more difficult. Alzheimer patients can forget to pay bills, sometimes pay bills twice, make calculation mistakes in balancing the check book, and fail to understand verbal or written instructions provided by banks or other financial institutions. Most Alzheimer patients deny symptoms of the disease and attempt to hide intellectual impairments. Alzheimer victims are easy prey for unscrupulous businessmen and thieves because of their intellectual limitations from the disease. Alzheimer's disease is a progressive disorder and patients will get worse -- not better. Mildly demented patients who may be able to manage their business can develop delirium (i.e., temporary confusion) from medications or illness and temporarily make poor business decisions. Dementia patients retain the authority to transfer moneys and property unless otherwise specified by the court. Unwise financial decisions are difficult to reverse if made by dementia victims who manage their own business.

Families who suspect that an older relative has dementia should seek a clinical evaluation. Many causes of confusion in elderly are reversible and every dementia patient deserves one careful, competent examination to exclude treatable causes of confusion. A simple test for intellectual function, like the Folstein Mini-Mental Status Examination, is the minimum screen for dementia. The test requires 15 - 20 minutes to administer and is available in mental health centers. Patients who score below 16 on the Folstein Mini-mental Status Examination should not transact business, control the checkbook, or be expected to pay bills in a timely fashion unless evaluated by an expert. These responsibilities should be assumed by family or guardian unless the patient has been evaluated by a neuropsychiatrist/neuropsychologist and considered capable of conducting his/her business. Patients who score between 16 and 20 are probably incapable of conducting business and need further evaluation. Patients

who score above 20 may be able to manage their business affairs but need periodic re-evaluation (i.e., every six months) and close assistance. Patients who are unable to dress themselves or perform other basic daily function as a consequence of dementia are incapable of conducting business for themselves.

Psychiatric complications are frequent in dementia. Patients with delusions, hallucinations or significant behavioral disturbances should not conduct business without assistance. Irritable, impulsive patients or those with delusions about the family may make harmful financial or legal decisions that do not reflect the victim's genuine intent. These patients should be evaluated by a psychiatrist, neurologist or geriatrician to determine their ability to manage business affairs. A Competency Assessment Clinic is available at the UAB Alzheimer Center -- (205) 934-2334.

Confused, elderly patients should not be deemed permanently incapable of making business or financial decisions without an evaluation. Depressed or delirious patients may have reversible disorders and only require temporary protection of the court. Some patients are exploited by family members or others and these older citizens should retain evaluated.

The assessment of financial or legal competency for any citizen requires input from family, health professionals and the probate system. A minimum competency determination includes structured testing like the Folstein Mini-Mental Status Examination (MMSE) or other cognitive screening and assessment of the patient's mental state (e.g., depression, delusions, and hallucinations). Patients in the early stages of dementia may need more sophisticated testing performed to determine competency. Patients should disease progression and to determine when the patient can no longer manage business affairs. Family should carefully monitor patients on a daily or weekly basis to avoid bad decisions made by delirious or depressed patients. Intellectual function may fluctuate and some patients become markedly more confused with new medication or medical problems (e.g., pneumonia). All dementia patients require careful monitoring to avoid financial mistakes during periods when confusion is much worse.

Concerned family members should first discuss the situation with the older person and spouse. Family should explain their desire to protect the patient and spouse. A team approach where the patient and family are included in decision-making will lessen the embarrassment and resistance of the patient. The family

should use a flexible approach and allow the patient to control those business areas with low, etc). Health care professionals should encourage the patient to seek assistance with managing finances. Patients who are resistive or delusional may require action involving the clinicians, family and court. The family attorney, legal assistant from the Area Agency on Aging, and Adult Protective Services from the Department of Human Resources are useful resources in protecting the financial security of Alzheimer patients. Financial competency ranges from management of complete business transactions to paying the monthly bills or keeping money at home. Actions can range from controlling the checkbook to legal guardianship. The decisions should be made by family, spouse, and when possible, patient and legal representatives in the community. The probate office can also provide additional information on these matters. Family or friends can explain that health problems, sensory impairment and other "physical" problems necessitate assistance for the patient. Family can focus on the patient protecting a spouse by safeguarding assets. Patients who insist on leeching money or checks can be given small amounts of cash or invalid checks. Banks should be notified to avoid unintentional withdrawals.

Patients must be treated with dignity and respect despite their intellectual losses. Older citizens worry about loss of autonomy and oftentimes find these situations embarrassing or humiliating. Family, friends, health care providers and legal offices should be sensitive to the feelings and concerns of the Alzheimer patient.

REMEMBER:

Alzheimer's disease destroys the brain; however, the soul and humanity of the person are intact. Loss of dignity and self-respect can be as painful to the Alzheimer patient as it is to individual with intact intellectual ability.