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Criminals Diagnose Dementia Faster Than Doctors Do!

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Objectives

- 1. Define early onset dementia and how to identify it in your clients
- 2. Understand why increased risk of fraud before diagnosis
- 3. Specific steps to address abuse

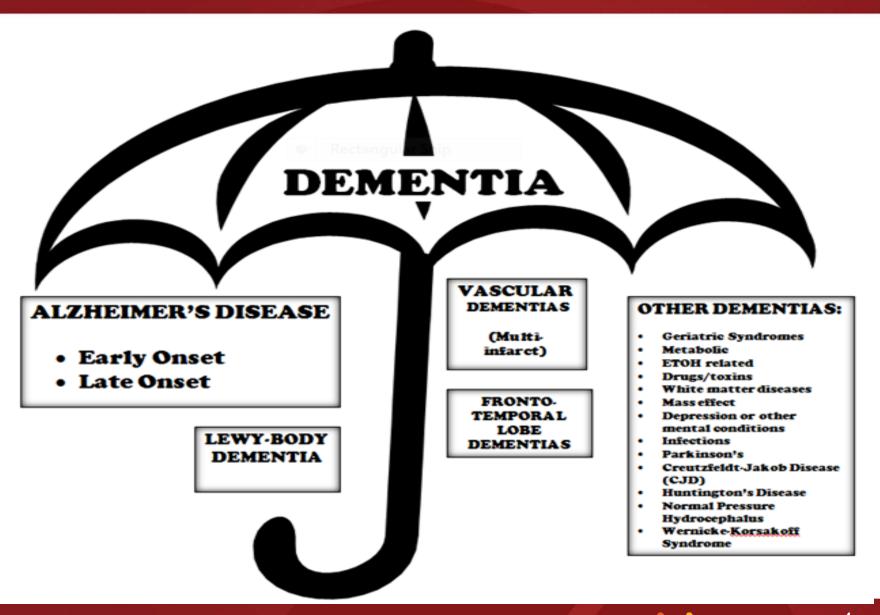


What is Dementia?

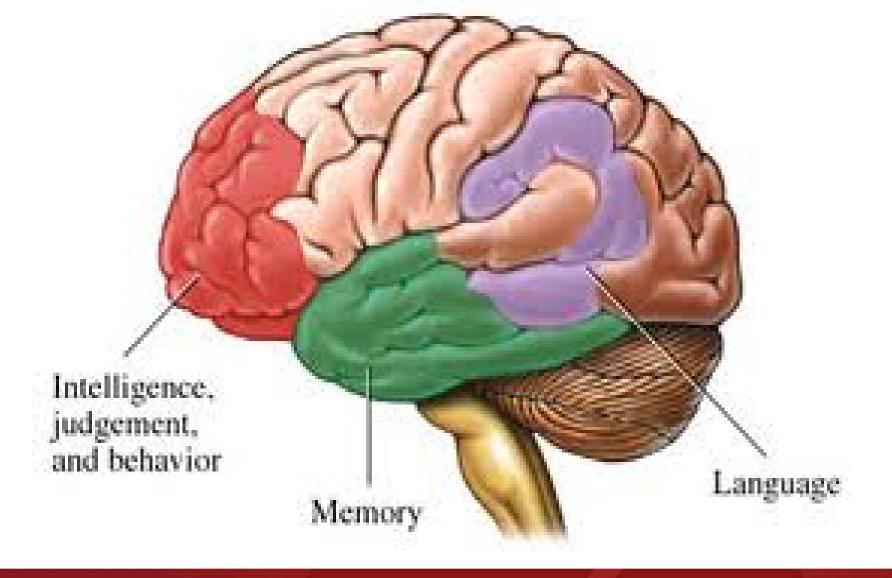
- Decline of brain function impairing IADLs.
- Loss of
 - Memory (but not required),
 - Judgment
 - Language
 - Complex motor skills

May be only loss of risk assessment.





ELDER CONSULT GERIATRIC MEDICINE HOUSECALS + Education





How to Diagnose Dementia:

• Mini-Mental Status Exam (MMSE)

- Montreal Cognitive Assessment (MOCA)
- Neuropsychological Testing



How is dementia manifested in behaviors?

- Apathy
- Irritability
- Disinhibition
- Forgetting appointments, medications
- A personality change
- Unusual increase in risk taking



What is capacity?

The ability to understand risks and benefits of a proposed intervention and to make a reasoned decision

Evidence of incapacity:

- Deficit in at least one mental function
- Deficit must impact ability to act
- Isolated incidents are not enough
- Doctor's opinion alone is not sufficient



Different standards for capacity:

- Financial
- Durable Power of Attorney
- Marriage
- Testamentary
- Medical



Do you recognize these people?



Clint Eastwood at Republican National Convention 2012



Helen Thomas



Madame Liliane Bettencourt of L'Oreal



Types of financial elder abusers

• Family members

- Caregivers
- Professionals

• Scams/frauds



Frauds and Scams

- Telemarketing
- Internet
- Investments
- Charities
- Grandchildren in distress

- Prizes
- Free vacations
- Lottery & Sweepstakes
- Contractors (today only!)
- Veterans Benefit fraud



How do Criminals 'diagnose' dementia so quickly?

- Loneliness
- Know how to solicit their pity for their 'plight'
- Wide net, and once the elder responds then that name is placed on a list that is sold
- Nigerian Bank scam.... Says Nigerian to weed out skeptics
- Undue influence



What to do?

- Determine capacity Likely need neuro-psychological testing
- Determine undue influence
 Who benefits from the decisions
- Address vulnerability, independence



- 85 year old woman
- Brought to ER for an ALC
- She has not paid her health insurance for months
- Resident ordered a head CT and an MRI



- 83 year old man with DM, s/p CABG with resulting poor short term memory
- He is moved to a SNF
- His MMSE is 16
- Two MDs say he has medical decision making capacity
- RN says that he understands what he is doing when she speaks with him



74 year old AM with diabetes, prostate cancer

- He fled his daughter's home to be with siblings, does not trust her.
- Evaluation: he is aware of his medical condition, trusts his siblings. Cannot determine 25% of \$22.50.
- PMD determined dementia, Dtr sent him to AL 40 miles away from her or family, cheaper...



- 72 year old man was a successful hedge fund manager, supports his parents
- For last 2 years he has made very poor financial judgments, unlike his work before
- His neuropsychological testing is 'normal'
- Iowa Gambler's Task



- 84 year old WM with Parkinson's Disease
- Given Seroquel 200 mg at dinner, unresponsive...
- Isolated in Board/Care , able to communicate in the morning.



 86 yo WF with HTN and caregiver taken over her financials. Pt denies any medical issues or medications. CG using her money to rehab a house to make into a board/care

Undue influence



Summary

- Criminals cast a wide net; telephone, online, in person...
- More access now to elders
- MMSE poor screen, MoCA better
- Neuropsychological testing best
- Undue influence



Questions? Comments?

- Visit our website: elderconsult.com
- Follow us on Facebook: fb.com/elderconsult
- Call us directly: 650-357-8834

Thank you, Elizabeth A Landsverk, MD Geriatrician

