

Evaluation tools for Dementia in Follow-Up Neuropsychological Assessments

Barberio Salvatore*

Department of Psychiatry, University of Montreal, Italy

I d c

The autonomy of an individual hinges on their ability to independently make decisions. Many of us have encountered situations where the declining cognitive abilities of a parent, grandparent, or elderly relative have prompted concerns about their capacity to manage their

Individuals' levels of decisional capacity and cognitive function can vary, impacting their assessment by clinicians. The Mini-Mental State Examination (MMSE) is a common cognitive tool in clinical practice, correlating strongly with impaired capability for scores below 16 and retained capacity for scores above 24 [9]. However, relying solely on the MMSE may not provide a comprehensive understanding, and it should be used alongside other neuropsychological tests and interventions to enhance the patient's comprehension of their responsibilities. Decision-making capacity tests should not be based solely on one parameter, as they are often used to determine an individual's level of independence.

There is currently no single test considered a gold standard for capability assessments. A combination of clinician judgment, structured capability interviews, and neuropsychological assessments, including executive function assessments, may be ideal in medical practice. Obtaining consent from the individual and their family, along with approval from the appropriate Research Ethics Board, is crucial to safeguarding the interests of the participating individual.

The participant should be adequately informed about the study details and provide unbiased and informed consent. However, as dementia progresses, individuals may lose the ability to make well-informed decisions about research participation [10].

Decision

When an individual is unable to provide expressed consent, proxy consent may be obtained from their legal guardian. The surrogate decision-maker is tasked with making decisions on behalf of the incapacitated individual. The order of priority for surrogate decision-makers typically includes a spouse, adult children, parents, siblings, and legal guardians. It is essential to thoroughly document the consent process. However, it is important to consider that the surrogate decision-maker may not be familiar with the individual participating in the study and may not be able to accurately represent their preferences. Legal representatives may struggle to provide consent due to feelings of responsibility and the burden of decision-making.

Conclusion

Advanced care planning involves documenting preferences and

appointing a proxy decision-maker through tools such as advance directives or power of attorney. For more detailed information on this topic, please refer to the chapter on "Palliative Care and the Indian Neurologists." Initiating discussions about research participation with patients can allow them to communicate their preferences to their surrogate decision-makers before the need arises. A proactive approach can help ensure autonomy in the decision-making process.

References

1. Silver MH, Newell K, Brady C, Hedley-White ET, Perls TT (2002) Distinguishing between neurodegenerative disease and disease-free aging: correlating neuropsychological evaluations and neuropathological studies in centenarians. *Psychosom Med* 64: 493–501.
2. Stek ML, Gussekloo J, Beekman ATF, Van Tilburg W, Westendorp RGJ (2004) Prevalence, correlates and recognition of depression in the oldest old: the Leiden 85-plus study. *J Affect Disord* 78: 193–200.
3. von Heideken Wägert P, Rönmark B, Rosendahl E, Lundin-Olsson L, M C Gustavsson J, et al. (2005) Morale in the oldest old: the Umeå 85+ study. *Age Ageing* 34: 249–255.
- 4.