



Elder Law Advisor

Forget Me Not: November is National Alzheimer's Awareness Month

Dementia is a major issue for older people and their families. According to the Centers for Disease Control and Prevention, 47% of people age 85 and older have some kind of dementia. In my elder law practice, I find it helpful to have a working knowledge of the different types of dementia affecting our clients and their families. The major categories of dementia are as follows:

Mild Cognitive Impairment. This exists when a person has a complaint about memory loss that is corroborated by someone else. Neuropsychological testing will show that these patients have an objective memory impairment when compared to peers of similar age and educational background. At this stage, the person appears to have normal general cognitive function and can perform activities of daily living. Mild cognitive impairment is not in itself a diagnosis of dementia. However, many people diagnosed with mild cognitive impairment will progress to a diagnosis of Alzheimer's Disease.

Alzheimer's Disease. This may start with a loss of short-term memory. As it progresses, the patient will experience an impairment in executive function (the ability to make and carry out a plan) and judgment. He or she will have difficulty making appropriate choices. Social skills may be lost. Next, the patient may experience aphasia, or language impairment. Initially, this manifests as difficulty making word choices. As the illness progresses, the patient's verbal communication is very difficult to understand, and in late stages, the patient may not speak at all. Another symptom is called apraxia, which is motor memory impairment. This is where the person has difficulty with activities of daily living, such as bathing and dressing. The person may easily become disoriented as to time and place, and is at risk of getting lost. Finally, the person may experience symptoms of agnosia, which is the inability to recognize the purpose of an object. He or she may not know what to do with a toothbrush, or may take a cup of coffee and pour it on the floor. Approximately 10% of Alzheimer's Disease cases are so-called "early onset," with diagnosis prior to age 65. These cases tend to progress faster than "late onset" Alzheimer's Disease.

Vascular Dementia. This is a decline in cognitive ability that is usually the result of a stroke. It is the second leading cause of dementia. It occurs when brain tissue is damaged because of reduced flow of blood to the brain. The brain cells have difficulty working together to process information. Executive function is often affected, but memory impairment may be less severe than with Alzheimer's Disease.

Lewy Body Dementia. This is a progressive dementia characterized by a significant fluctuation in the person's cognitive impairment. There will be periods of acute confusion, and recurrent, detailed visual hallucinations. The person may show motor symptoms similar to Parkinson's Disease, such as changes in gait. He or she may shuffle or walk stiffly. There may be frequent falls. People with Lewy Body dementia are very sensitive to anti-psychotic medications, which can worsen cognition and motor control issues, and increase hallucinations. For this reason, it is very important that proper diagnosis is made and health care providers are educated about this form of dementia.

Frontal-Temporal Dementias. These are dementias of behavior rather than memory. The onset is more rapid than with Alzheimer's Disease. Symptoms include early and severe changes in personality, judgment, planning, and social function. Pick's Disease is an example of a frontal-temporal dementia.

One of the most important things a person with mild cognitive impairment or early dementia/Alzheimer's can do is to develop a plan to insure good care and quality of life, and to make sure their legal affairs are in order. Alzheimer's Disease and Dementia Planning is one of our specialties. If you know someone affected by Alzheimer's Disease, please give him or her a copy of this article.

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