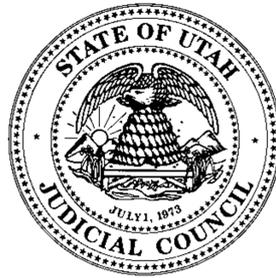




Utah State Courts

Volunteer Court Visitor Program
Dictionary of Legal and Medical Terms



June 20, 2014

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Contributors to that manual are not included here.

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(2) Message from the chief justice

Congratulations on becoming a court visitor, and thank you. You have embarked on what I hope will be a personally rewarding experience. You will be helping the court to appoint and monitor guardians of incapacitated adults. Your contribution of time and effort will make a real difference to the court, to the guardians responsible for vulnerable adults, and to the vulnerable adults themselves.

The court has prepared this series of manuals to introduce you to the world in which people under guardianship live and to serve as a continuing resource as you do your work.

Your contributions will improve the lives of incapacitated adults in our community, provide information on which the judge can base decisions, teach guardians to perform their duties with integrity, and protect incapacitated adults from abuse, neglect and exploitation.

The Utah courts value your important contributions. Again, thank you.

A handwritten signature in black ink, appearing to read 'M. B. Durrant', with a long horizontal line extending to the right.

Matthew B. Durrant
Chief Justice, Utah Supreme Court
Presiding Officer, Utah Judicial Council

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(3) Legal Terms

Acceptance of appointment

A written document signed by the guardian/conservator confirming acceptance of the order to serve as guardian/conservator of the protected person. This document must be filed with the court.

Advance health care directive

A written document or oral statement by an adult that expresses the adult's wishes for health care treatment in case the adult is, in the future, not able to express current wishes. Utah law recognizes a standard advance health care directive form. Utah's form provides for the possibility of an expression of wishes as well as for the appointment of a health care agent. Utah law also recognizes a hierarchy of surrogate decision makers in case the adult has never issued an advance health care directive and is now unable to express current wishes.

Affidavit

A written and sworn statement witnessed by a notary public or other official with the authority to administer oaths. Affidavits may be admitted into evidence.

Agent

An adult appointed by another adult ("the principal") in a power of attorney, executed according to law. The agent's legal authority is limited to the authority granted by the principal.

Annual accounting

The yearly financial report of the protected person's estate that the guardian—or conservator if one has been appointed—must file with the court.

Annual report

The guardian's yearly report to the court on the well being of the protected person. The annual report shows the protected person's status and care and alerts the court to any changes.

Appointment

The designation of a person by the court to be a guardian or conservator and to discharge the duties of that office.

Certified copy

A certified copy of a court order is dated, signed, and stamped by the Clerk of Court certifying that the copy is a true copy of the original court order. A certified copy is a

photocopy of the original, but it will have an original stamped or embossed seal of the court and clerk's signature.

Chambers

A judge's private office in the courthouse.

Closed hearing

A hearing that can be attended only by those with a direct interest in the proceeding. The public cannot attend. Any party in a guardianship/conservatorship proceeding may request closed hearings. Most hearings are open or public hearings and anyone may attend.

Code of Judicial Administration

The rules established by the Utah Judicial Council governing administrative practices and procedures of the state judiciary.

Conservator

A person or institution appointed by the court to manage the property and financial affairs ("estate") of a protected person. A guardian is a person or institution appointed by a court to make decisions about the care of another person who is in need of continuing care and protection, such as a minor child or an incapacitated adult. Sometimes the same person is appointed to both roles. If no conservator is appointed, the guardian has some of the responsibility of a conservator.

Conservatorship

The court proceeding to appoint a conservator and any subsequent proceedings. A conservatorship exists when the court has appointed a conservator for a person in need of protection.

Court visitor

A person who is trained in law, nursing, or social work and is an officer, employee, or special appointee of the court with no personal interest in the proceedings. The judge may appoint a visitor to inquire about and observe a protected person's circumstances to provide a more complete and nuanced picture of that person's life.

Emergency guardianship

An extraordinary court proceeding that may result in the appointment of an emergency guardian to provide for the immediate care and custody of a person for a specified period not longer than 30 days. If an emergency guardian is appointed, the court must hold a hearing within 14 days and begin the process to determine the respondent's incapacity.

Estate

All of the protected person's assets and liabilities, including all real property (land) and personal property (things).

Evidence

Testimony, records, documents, material objects, or other things presented at a hearing to prove the existence or nonexistence of a fact.

Fiduciary

A person who has assumed a special relationship to another person or another person's property, such as a trustee, administrator, executor, lawyer, or guardian/conservator. The fiduciary must exercise the highest degree of care to maintain and preserve the person's rights and/or property which are within his/her charge.

Final accounting

The last financial accounting that must be filed with the court by the guardian or conservator upon the death of the protected person, resignation of the guardian or conservator, or termination of the guardianship/conservatorship.

Guardian

A person or institution appointed by a court to make decisions about the care of another person who is in need of continuing care and protection, such as a minor child or an incapacitated adult. A conservator is person or institution appointed by the court to manage the property and financial affairs ("estate") of a protected person. Sometimes the same person is appointed to both roles. If no conservator is appointed, the guardian has some of the responsibility of a conservator.

Guardian ad litem

A lawyer appointed by a court to look after the interests of a minor child during court proceedings, or to look after the interests of an adult in conservatorship proceedings.

Guardianship

The court proceedings to appoint a guardian and any subsequent proceedings. A guardianship exists when the court has appointed a guardian for an incapacitated person.

Hearing

A formal proceeding (generally less formal than a trial) with issues of law or of fact to be heard and decided.

Incapacity

“Incapacity” means that an adult's ability to:

- receive and evaluate information; or
- make and communicate decisions; or
- provide for necessities such as food, shelter, clothing, health care, or safety

is impaired to the extent that s/he lacks the ability, even with appropriate technological assistance, to meet the essential requirements for financial protection or physical health, safety, or self-care. Incapacity is a judicial determination, and is measured by the person's functional limitations. Utah Code [Section 75-1-201](#).

Interested person

As defined in the Utah Uniform Probate Code, an "interested person" includes heirs, devisees, children, spouses, creditors, beneficiaries, and any others having a property right in or claim against a trust or the estate of a decedent, or protected person. It also includes persons having priority for appointment as personal representative, other fiduciaries representing interested persons, a settlor of a trust, if living, or the settlor's legal representative, if any, if the settlor is living but incapacitated. The court can determine who is an interested person in a particular case, so the meaning may vary from one case to the next.

Inventory

A detailed list of property and other assets with their estimated or actual values. A guardian or conservator must file an inventory with the court within 90 days after appointment.

Jurisdiction

The legal authority of a court to hear and determine a case. Jurisdiction also means the power of the court over the persons involved in a case and over the subject matter of the case.

Letters of guardianship/conservatorship

The document issued by the court authorizing the appointment of the guardian/conservator and the extent of the powers of the guardian/conservator to act on behalf of the protected person.

Limited guardianship

A guardianship that orders the guardian to have decision-making powers limited to the specific needs of the protected person. A limited guardianship order describes the guardian's decision-making authority over the protected person. Utah law presumes that the court will order a limited guardianship.

Notice

Written notification that a petition for appointment of a guardian has been filed and the date, time and location of the hearing. The notice will also include a description of the respondent's rights and possible effects if the petition is granted.

Objection

To oppose some statement, claim, or procedure in a trial or other proceeding. For example, in guardianship proceedings, an interested person may object to (oppose) the appointment of a particular guardian or the claim that the respondent is incapacitated or the request that guardian should have certain authority.

Parens patriae

A Latin phrase meaning literally "parent of the country" and used to refer traditionally to the role of the sovereign as guardian of persons under legal disability, such as minor children or incapacitated adults.

Petition

A document filed to initiate a case, setting forth the alleged grounds for the court to take jurisdiction and asking the court to grant the petitioner's request.

Petitioner

The person who files the petition, asking the court to do something. In guardianship proceedings, the petitioner is often, although not always, the person asking to be appointed as guardian.

Plenary guardianship

A guardianship that orders the guardian to have all decision-making powers for the protected person allowed by law. Also known as a "full" guardianship.

Power of attorney

A written document in which one person, as principal, appoints another as agent, and gives that agent authority to do certain specified acts or kinds of acts, on behalf of the principal. Completing a power of attorney document does not require a court proceeding. The principal should sign the document before a notary public.

Principal

The person who has given authority to another ("agent") to act for the principal's benefit and according to the principal's direction and control.

Private, public and protected records

Most records filed in the district courts and justice courts are "**public**" records, meaning that anyone who asks can view the record and make a copy of it. Many public records

are available on the court's website. Some records are "**private**," meaning that only the parties, their lawyers, and a few others can view and copy the record. Less common are "**protected**" records, meaning also that only the parties, their lawyers and a few others can view and copy the record. Records in guardianship and conservatorship proceedings are private, except that the court's orders and letters of appointment are public.

Protected person

The person in a guardianship proceeding who has been determined by the court to be legally incapacitated and in need of a guardian. Also, the person in a conservatorship proceeding who has been determined by the court to be in need of a conservator.

Representative payee

If an agency, such as the Veteran's Administration or the Social Security Administration, pays benefits to the protected person who has been found by the court to be incapacitated, the agency must appoint a representative payee to receive the payments. This appointment is separate from the court-appointed guardian and conservator. Any person wishing to serve as the representative payee must apply to the agency that provides the benefits. In most cases, the agency will appoint the court-appointed guardian or conservator as representative payee. However, the agency providing the benefits has the authority to appoint any person it chooses to be the protected person's representative payee. Once appointed by the agency, the representative payee has the authority to receive and handle the benefits for the protected person.

Respondent

The person who responds to a petition. In a guardianship/conservatorship proceeding, the person who is alleged to be incapacitated and in need of protection.

Serving papers

Serving papers—also called service of process—means delivering a copy of the papers filed with the court to the other parties and interested persons. Court rules require that all parties and interested persons be served with a copy of all papers filed and be given time to respond.

Standard of proof

There are three standards of proof in most court proceedings:

Beyond a reasonable doubt (the highest standard) means that the evidence must be firmly convincing about the truth of the fact to be proved. This standard applies in all criminal and juvenile delinquency cases.

Preponderance of the evidence (the lowest standard) means that the evidence must show that the fact to be proved is more likely true than not true. This standard applies in most civil cases.

Clear and convincing evidence (a middle standard) means that the evidence must leave no serious doubt about the truth of the fact to be proved. This standard applies in some civil cases, including deciding whether a person is incapacitated.

Statute

A law passed by the Utah state legislature.

Temporary guardian

The court may appoint a temporary guardian, convert an emergency guardian to a temporary guardian, or appoint a different person as temporary guardian to replace the emergency guardian. Until the full hearing and order of the court, the temporary guardian is charged with the care and custody of the protected person and must not permit the protected person to be removed from the state. The authority of any permanent guardian previously appointed by the court is suspended so long as a temporary guardian has authority. A temporary guardian may be removed at any time, and must obey the court's orders.

Trust

A transaction in which the owner (called the trustor or settlor) of real property (land) or personal property (things) gives ownership to a trustee, to hold and to manage for the benefit of a third party (called the "beneficiary").

Trustee

A fiduciary in whom an estate, interest, or power is vested, under an express or implied agreement, to hold and to manage for the benefit of another.

Utah Code

The collection of all statutes enacted by the Utah legislature.

Utah Rules of Civil Procedure

The rules governing court procedures in all actions of a civil nature.

Utah Uniform Probate Code

The statutes that govern probate matters including administration of a decedent's estate, guardianships, conservatorships, trusts, and advance healthcare directives.

Venue

The county, city or geographical area in which a court with jurisdiction may hear and determine a case. A change of venue, that is, a change to a court in a different area, may be requested under some circumstances.

(4) Medical Terms

Alzheimer's disease

Alzheimer's disease is a brain disease that causes problems with memory, thinking, and behavior. Alzheimer's is the most common type of dementia--a general term for memory loss and other cognitive deficits--serious enough to interfere with daily life. Alzheimer's disease accounts for 50 percent to 70 percent of dementia cases.

Alzheimer's is a progressive disease, in which symptoms gradually worsen over a number of years. In its early stages, memory loss is mild, but with late-stage Alzheimer's individuals lose the ability to carry on a conversation and respond to their environment. Alzheimer's is the sixth leading cause of death in the United States. Those with Alzheimer's live an average of eight years after their symptoms become noticeable to others, but survival can range from three to 20 years depending on age and other health conditions.

Prognosis: Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks.

Contributing to incapacity: As Alzheimer's disease progresses, it affects memory and other cognitive abilities, as well as the ability to perform tasks in daily life.

For more information, see:

- http://www.alz.org/alzheimers_disease_what_is_alzheimers.asp

Anemia

Anemia indicates lower than normal hemoglobin in the blood, and lower than normal red blood cell count. The most common causes of anemia in aging are blood loss, poor-nutrition, or poor absorption of iron.

Prognosis: The prognosis, generally, is good, with treatment, and the anemia should be controlled.

Contributing to incapacity: If severe, anemia can decrease the capacity of the brain to function well.

At risk

This is a term used to describe people, especially frail elders, who become confused when placed under physical or mental stress. Someone might purposely put a person under stress in order to cause confusion in that person.

Prognosis: Confusion of this type is intermittent, not progressive, and disabling only during the period of confusion.

Contributing to incapacity: Capability of function can be markedly reduced in stressful situations.

Brain tumor

Brain tumors are growths that occur in different portions of the brain. Some brain tumors may be removed surgically. Malignant brain tumors usually cannot be removed, do not respond well to treatment, and frequently progress fairly rapidly to death.

Prognosis: Benign tumors, fair to good. Malignant tumors, poor to fatal.

Contributing to incapacity: Brain tumors, especially in certain locations, can cause mental confusion similar to the confusion that occurs with other forms of dementia.

Cerebral arteriosclerosis

This condition occurs when the arteries in the brain harden. The disorder causes plaques to form in blood vessels that have become stiffened with aging, leading to marked diminution in blood flow to the brain. Clotting of blood in these small vessels can be a cause of multiple small strokes.

Prognosis: Variable. Arteriosclerosis may persist for many years or, with multiple strokes, may lead to periodic episodes of confusion and eventually to death.

Contributing to incapacity: The confusion occurring with cerebral arteriosclerosis can mimic the confusion that is seen with other forms of dementia. It is usually not progressive, but may be associated with periodic recurrent episodes. The resulting diminished abilities can be both physical and mental, and frequently is a cause for institutionalization.

Comatose

Comatose is a state in which a person is unconscious and unaware of surroundings. A person can be comatose as a terminal event with many illnesses, or may be comatose as a result of alcohol, drugs, stroke, or medical disorders, such as diabetes.

Prognosis: In most comatose states the person may recover from the coma with treatment and may then have an essentially normal life. Some comas, such as seen in terminal liver disease, are fatal.

Contributing to incapacity: Persistent comas eliminate the possibility of the patient making any decisions and a surrogate is required. In temporary comas, the individual usually will return to normal function.

Confusion

Confusion is a state in which the person experiences loss of memory, as well as diminished awareness of environment, time (of day, year, or month), and presence or absence of friends or relatives. May result from multiple causes, many of which are reversible.

Prognosis: Varies widely, depending on cause.

Contributing to incapacity: Severe confusion indicates lack of capacity; but it is important to be alert to temporary or reversible causes of confusion, such as urinary tract infections, effects of medication, or delirium.

Congestive heart failure

Congestive heart failure is a term that physicians use any time the heart is not functioning adequately to take care of normal or even excessive physical activity. The condition is common in older individuals, but in most instances can be well controlled with medication, and does not always indicate a serious problem. In a severe state it is quite serious. Congestive failure should be described indicating whether it is mild, moderate, or severe. The physician should explain the extent of the disability.

Prognosis: Mild to moderate congestive heart failure carries a good prognosis with adequate treatment. Severe congestive heart failure may be fatal.

Contributing to incapacity: The severe congestive heart failure patient will be totally incapacitated physically and mentally, and in need of round-the-clock support to take care of daily activities. Mental function is not affected in the mild to moderate condition.

Delirium

Delirium indicates a state of temporary total confusion frequently associated with agitation, restlessness, and, at times, hallucinations. Older people on medications, using alcohol, or following surgery are particularly susceptible to delirium. Delirium also may be triggered by an illness associated with fever and by extreme anxiety.

Prognosis: Delirium is usually temporary and does not produce a permanent problem.

Contributing to incapacity: States of delirium can be misinterpreted to indicate a serious mental disorder when, in reality, the condition is usually temporary.

Delusion

A delusion implies a belief in something that is contrary to fact or reality. Delusions are misconceptions in which people may believe things are happening that are not. Delusions can be frightening or they can be fantasies such as delusions of grandeur.

Prognosis: Delusions may occur with serious mental illness and, as such, the prognosis is not good. Delusions without other symptoms may not be a serious problem.

Contributing to incapacity: Delusions may contribute to diminished capacity, especially when associated with other problems and when they are obvious to other people.

Dementia

Dementia is caused by various diseases and conditions that result in damaged brain cells or connections between brain cells. When making a diagnosis of dementia, physicians commonly refer to the criteria given in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). To meet DSM-IV criteria for dementia, the following are required:

- Symptoms must include decline in memory and in at least one of the following cognitive abilities:
 - (1) Ability to generate coherent speech or understand spoken or written language;
 - (2) Ability to recognize or identify objects, assuming intact sensory function;
 - (3) Ability to execute motor activities, assuming intact motor abilities, sensory function and comprehension of the required task; and
 - (4) Ability to think abstractly, make sound judgments and plan and carry out complex tasks.
- The decline in cognitive abilities must be severe enough to interfere with daily life.

It is important for a physician to determine the cause of memory loss or other dementia-like symptoms. Some symptoms can be reversed if they are caused by treatable conditions, such as depression, delirium, drug interaction, thyroid problems, excess use of alcohol or certain vitamin deficiencies.

When dementia is not caused by treatable conditions, a physician must conduct further assessments to identify the form of dementia that is causing symptoms. Different types of dementia are associated with distinct symptom patterns and distinguishing microscopic brain abnormalities. The most common types are: Alzheimer's disease, vascular dementia, mixed dementia, frontotemporal dementia, dementia with Lewy bodies, Parkinson's disease, Creutzfeldt-Jakob disease, and Normal pressure hydrocephalus.

In 2011, the Alzheimer's Association's journal, *Alzheimer's and Dementia: The Journal of the Alzheimer's Association*, published new criteria and guidelines for the diagnosis of Alzheimer's disease. These were developed by the Association and the National Institute on Aging (NIA) of the National Institutes of Health (NIH). For more information, see page 24, *New Diagnostic Criteria and Guidelines for Alzheimer's disease*.

Source: Utah's State Plan for Alzheimer's disease and Related Dementias, Page 22

Prognosis: Dementias may be progressive, such as Alzheimer's disease, which progresses in stages. Dementia resulting from multiple small strokes may not be

progressive. Disability may recur with each new episode associated with multiple strokes. Dementias associated with brain abnormalities, such as tumors and hydrocephalus, are usually progressive unless surgical treatment is successful.

Contributing to incapacity: Dementia is a common cause of diminished capacity, often leading to the need for guardians or other surrogate decision makers.

Depression

Depression may be considered intrinsic or reactive. Intrinsic depression is a state of depression that occurs spontaneously without any obvious reasons and has been shown to have some chemical manifestations in the brain that affect the person's mood. Reactive depression is the depression that occurs as a result of life situation, such as loss of a child or spouse, loss of health, loss of income.

Prognosis: Usually good. Anti-depressant medications are frequently quite effective in treating even severe depression. Reactive depressions usually run their course after the causal event and a period of grieving has passed.

Contributing to incapacity: Depression can sometimes mimic dementia. In this way it can temporarily affect decisional capacity and should be carefully evaluated.

Developmental disability

See "Intellectual Disability."

Frail elderly

Frail elders are older individuals who have physical or mental disabilities that may interfere with the ability to live independently and perform the activities of daily living, often over age 85.

Prognosis: People in this state will usually deteriorate gradually and are especially susceptible to stress, infections, injury, and disturbances of circulation.

Contributing to incapacity: Frail older people may or may not have diminished decisional capacity. It is important not to equate advanced age and frail physical condition with decisional incapacity.

Functional

Functional means a disturbance in the body not associated with a diseased tissue or organ. Many functional disorders such as an irritable bowel, forms of mild depression, drinking disorders, anxiety, are examples of functional states.

Prognosis: Usually good since the functional disorders are progressive and individuals can learn with help, sometimes with medication, to control functional abnormalities.

Contributing to incapacity: Individuals with functional disorders often become more severely incapacitated if an organic disorder, such as a stroke, heart attack, or senility, also develops.

Global cognitive impairment

Global cognitive impairment indicates disturbance of total brain function, including memory deficit, inability to understand, lack of judgment, and lack of ability to recognize or understand one's surroundings.

Prognosis: Global cognitive impairment usually indicates a very severe progressive mental disorder.

Contributing to incapacity: Global cognitive impairment invariably leads to total loss of judgment capability. There is loss of ability to compare or make decisions, or of being able to understand situations. This condition usually is associated with total incapacity.

Hallucination

Hallucination is an apparent perception of sights, sounds, and/or smells that are not actually present. Hallucinations may occur in a delirium, but they may also occur with certain functional disorders, especially schizophrenia, and organic disorders of the brain. Hallucinations are commonly associated with drugs, excessive use of alcohol and, especially in the elderly, illnesses associated with fever.

Prognosis: The prognosis depends on the condition associated with the hallucination and may be serious when present with mental illness or organic disorders of the brain.

Contributing to incapacity: Observers of individuals having hallucinations will usually associate the hallucinations with serious mental impairment, which may be correct, or the hallucinations may be associated with a temporary condition.

Immobility

Immobility indicates the lack of an individual to utilize the extremities in meaningful movement. Immobility may mean a lack of ability to walk or the lack of the ability to do things with the arms and hands. The most common cause of immobility is stroke, but other problems, such as severe arthritis, can immobilize an individual.

Prognosis: Most such problems are permanent and often progressive.

Contributing to incapacity: Immobility is a very significant cause of incapacity and, when severe, causes problems in the ability of the individual to survive without considerable support.

Incontinence

Incontinence is the loss of the ability to control the urine output and sometimes the bowel control is lost.

Prognosis: Newer techniques have helped patients to learn the control of bladder and bowel, but the presence of incontinence associated with mental problems adds to a poor prognostic outcome.

Contributing to incapacity: Incontinence is probably the most significant abnormality that leads to institutionalization of the older protected person and, when associated with mental deterioration, the condition is a serious problem.

Intellectual disability

Intellectual disability is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18.

Intellectual functioning refers to general mental capacity, such as learning, reasoning, problem solving, and so on. One measurement of intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning. See American Association on Intellectual and Development Disabilities, www.aidd.org.

Memory deficit

Memory deficits occur in normal aging. Benign memory loss of aging implies minor memory changes, such as forgetting where one leaves keys or glasses. Serious memory loss is forgetting what they are used for, getting lost, etc. Older people with memory deficit may still retain reasonably good judgment abilities. Judgment enables persons to make rational decisions.

Prognosis: Memory loss does not necessarily imply a poor prognosis and many individuals who have primary memory deficit may retain judgment ability and make reasonable decisions.

Contributing to incapacity: The ability to make good judgments is important to anyone's capability to function in the world. If the memory deficit is the only deficit, a person with poor memory function may not be severely handicapped.

Multiple sclerosis

Multiple Sclerosis (MS) is a neurological disorder that affects adults of all ages. Usually it begins in the second, third, or fourth decade of life, but can occur later. This disease affects various areas of the nervous system and may produce mild disability and even death. Symptoms may include anything from disturbance of vision to almost complete paralysis of all the extremities along with changes in sensation throughout the body.

Prognosis: The outlook is variable. Usually if the onset of the disorder is mild, the disease does not progress rapidly. Even the moderately severe cases do not progress inevitably, but can have remissions and recurrences. Acute severe cases may be fatal within a few weeks.

Contributing to incapacity: Mild Multiple Sclerosis is well tolerated. Many patients with MS, however, can be totally incapacitated physically, but are seldom affected from the standpoint of intellectual function.

Normal pressure hydrocephalus

Normal pressure hydrocephalus is not common, but when present can produce a dementia similar to the other dementias. It is due to a constriction in the tube that drains the fluid from the fluid portion of the brain into the spinal canal, causing an enlargement of the ventricles (the fluid-containing sacs within the brain). This condition can be diagnosed by a CT scan and treated by a surgical procedure.

Prognosis: When discovered at a reasonably early stage the prognosis is good, even though surgery is necessary.

Contributing to incapacity: Far advanced hydrocephalus often produces irreversible brain changes, but when treated early, the patient may perform normally after surgery with a procedure called a shunt.

Organic

Organic means change in body tissue or blood chemistry. Examples of diseases associated with tissue damage are arthritis, Alzheimer's disease, and stroke. Disorders such as diabetes, kidney, and liver disease are characterized by significant abnormalities in the blood chemistry.

Prognosis: Many of the organic disorders are treatable and even though all are not cured, many can be controlled with surgery or medications.

Contributing to incapacity: Older people, especially the frail elderly, frequently have multiple organic changes. Multiple organic problems in the elderly lead to marked disability and incapacity. When not controlled, organic diseases can lead to total incapacity and death.

Organic brain syndrome

Organic brain syndrome is a term that has been used for years to describe anyone with organic changes in the brain producing dementia. Recent studies have shown that this is a poor diagnosis because the various mental disorders can be classified in relation to their causes (see dementia).

Prognosis: When there is organic brain damage, such as with hardening of the arteries, multiple strokes, or cerebral arteriosclerosis, the disorder is usually slowly progressive.

Contributing to incapacity: The various dementias that would be included in this broad description have the same significance as other dementias.

Paranoia

Paranoia is a symptom in which a person becomes very suspicious about people and events surrounding him or her. Paranoia is often a symptom of other disease, especially schizophrenia. Paranoid individuals may become dangerous because they become frightened of an individual and unwittingly may do severe harm to the person they think is persecuting them.

Prognosis: Many individuals with paranoid trends have persistent paranoia through life. It may be mild, or when associated with mental disease, may be severe. In some instances, medical treatment or psychotherapy can be helpful.

Contributing to incapacity: Paranoid individuals can often be very difficult to evaluate and to deal with. They can be so suspicious that they will not trust even their closest companions.

Parkinson's disease

Parkinson's disease is a disorder that usually has its onset in late life, but can begin in the second and third decades. It is primarily a disease of the nerves and muscles producing a severe tremor and muscle rigidity, which flattens the facial features and causes disturbance in walking. The mental function is not affected until the disease is very far advanced. Most individuals with Parkinson's disorders seem to be unusually bright.

Prognosis: With new treatment methods (drug therapy) the outlook in

Parkinson's has improved tremendously, both in relation to function and life expectancy. Now individuals with Parkinson's can look forward to a normal life expectancy and maintain function for many years.

Contributing to incapacity: Even with good treatment Parkinson's disorders can sometimes be totally disabling. Individuals may end up in wheelchairs or in nursing homes. In the far advanced stages mental capacity may be decreased.

Pernicious anemia

Pernicious Anemia (PA) is a specific type of anemia that is related to a deficiency in vitamin B12 and folic acid. Pernicious anemia was previously a fatal disorder until the discovery of liver extract and, eventually, vitamin B12, which now can control the disorder completely. When not controlled, PA causes the person to have a markedly deficient amount of iron and red blood in the system. The disease can affect the nervous system, producing changes in the ability to walk and producing numbness in the extremities, especially the feet.

Prognosis: With treatment, the condition should be well controlled.

Contributing to incapacity: If treated, there should be no incapacity related to pernicious anemia.

Schizophrenia

Schizophrenia is a mental disorder associated with dramatic personality changes characterized by withdrawal, indifference, and at times delusions, hallucinations, and paranoia. Sometimes a person with schizophrenia presents symptoms of multiple personalities.

Schizophrenia, when associated with paranoia, may create a dangerous situation, and may result in very bizarre behavior. Such patients should be under the care of a psychiatrist.

Prognosis: The prognosis of schizophrenia has improved in recent years with the use of antipsychotic medications, which sometimes help to relieve some of the severe symptoms of schizophrenia.

Contributing to incapacity: Persons with severe schizophrenia can present very severe management problems for family and caretakers. Their behavior can be so strange that one is not sure whether the patient's decisions are accurate or inaccurate.

Sensory changes in the body

Sensory changes are the most common physical changes that occur with aging. Sensory changes may involve hearing, vision, the olfactory sense (the sense of smell), inability to recognize thirst, changes in taste and touch, and, frequently, loss of sense of equilibrium. Older individuals do not have loss of all of these functions. Some may not lose any. Some may lose one or two of these functions, but such losses can affect health. For example, if one has loss of taste and smell, appetite is impaired. If one does not recognize thirst, one can easily become dehydrated.

Prognosis: Sensory changes are common in aging, and unless severe, do not seriously incapacitate an individual and are not progressive.

Contributing to incapacity: They usually do not contribute to incapacity.

Stress

Stress is a condition in which the body and the mind of the individual can be affected by events in one's life which can be either pleasant or extremely difficult.

Constructive stress occurs in the lives of most of us, and most individuals react favorably by performing well under stress, e.g., actors and athletes perform better as a result of stress. On the other hand, stress can be disabling. Among the most stressful situations causing problems are the stresses resulting from the loss of spouse, or, especially for an older individual, the stress of being forced to move one's residence, especially against a person's will. Many life situations may cause severe stress.

Prognosis: Individuals who handle stress well in youth usually handle stress well with aging. People who don't handle stress well can suffer and develop severe depression. Frequently physical reactions, such as elevated blood pressure, occur as a result of adverse reactions to stress.

Contributing to incapacity: Older individuals, especially frail individuals, may perform very badly under stress. Individuals should not be judged adversely when they are in a very stressful situation. They should be re-evaluated when stress can, if possible, be eliminated or somewhat reduced.

Stroke

Stroke is the most common physical cause of disability in older individuals. Stroke is usually a result of a blood clot in an artery in the brain, leading to disability, such as the loss of the use of all the muscles on one side of the body, sometimes loss of speech and, when massive, can be fatal.

Prognosis: When the individual has recovered from a stroke, the initial damage does not usually progress, but there may be a recurrence of stroke.

Contributing to incapacity: The degree and size of the stroke determines the incapacity. Some individuals, after stroke, have minor disabilities. Others may have such severe disability that they are confined to a wheelchair. With multiple strokes, mental function can deteriorate, but usually with a single stroke the person remains clear mentally, but because of speech deficit may have a problem in expressing himself.

Vitamin B12 deficiency

B12 is a vitamin that specifically prevents the progression of pernicious anemia, and helps to control the blood in patients with pernicious anemia. There has been some evidence that a deficiency of vitamin B12 may contribute to senile dementia. Patients with dementia should be tested for B12 deficiency.

Prognosis: The outlook for treatment of individuals with a deficiency of B12 is very good.

Contributing to incapacity: Treated individuals with B12 deficiencies should not have any incapacity.

For additional information, see:

- National Library of Medicine, <http://www.nlm.nih.gov/medlineplus/>