



ROCHESTER CENTER FOR BEHAVIORAL MEDICINE

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April 9, 2008

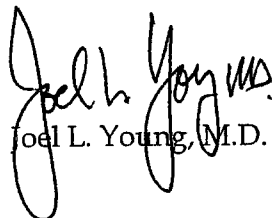
Mr. Timothy Flynn
6480 Citation Drive
Clarkston, Michigan
48346

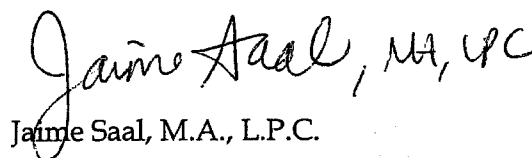
Dear Mr. Flynn,

Enclosed, please find the evaluation report for Mrs. Jewell Anderson.

Please feel free to contact us should you need any additional information.

Kind Regards,


Joel L. Young, M.D.


Jaime Saal, M.A., L.P.C.

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Name of Patient: Jewell Anderson
Age: 85 years
Date of Birth: June 5, 1923
Date of Evaluation: March 11, 2008
Evaluators: Joel L. Young, M.D.
Jaime Saal, M.A., L.P.C.

Mrs. Anderson was referred to the Rochester Center for Behavioral Medicine to evaluate whether she is able to take care of her own affairs or continues to need a guardian.

Background Information:

Mrs. Anderson is one of two children born to her parents, Carl and Kathleen Peterson. She had one sister, June, who was three years her senior. When asked where June is now, Mrs. Anderson states, "I believe she passed away."

Mrs. Anderson was born in Pontiac, Michigan and has lived in the state of Michigan her whole life. She reports having a happy childhood and states that her parents were "always supportive."

Mrs. Anderson states that she completed undergraduate studies at Albion College and, subsequent to this, completed her Master's degree in history at the University of Michigan in Ann Arbor.

In 1942 or 1944 (patient cannot recall) patient married Kenneth Benson Anderson. Mrs. Anderson reports having been happily married for over forty years. Patient believes that her husband passed away within the last five years, although she cannot recall exactly.

When probed about her occupational history, Mrs. Anderson reports that she was a clerk at the *Railway Express Agency* and then a teacher for the majority of her professional career. Per Mrs. Anderson, she taught in the Southfield School District, at Lathrup Elementary School and Stevenson Elementary School.

Mrs. Anderson gave birth to three children, Diane, Bruce and David. Per patient, her daughter Diane is a teacher and a lawyer, her son David is a lawyer, and her son Bruce was a teacher. Bruce died of a heart attack. Mrs. Anderson reports having three grandchildren: Elizabeth, Kenny and Elaine. Mrs. Anderson speaks fondly of her children and grandchildren. In particular, Mrs. Anderson reports that her daughter, Diane, is "her life."

Mrs. Anderson states that her hobbies include: reading historic novels, walking, talking with neighbors, and taking part in a book club.

When evaluator asked Mrs. Anderson where she currently lives, she states, "I assume I live with my daughter but I'm not sure." She follows this statement by saying, "I have a master's degree but I can't remember where I live." Per collaborative sources, evaluator is aware that Mrs. Anderson has been living at the American House in Rochester, Michigan since March 1, 2007.

Evaluator contacted Jean Jendrzewsky, Director of the American House, as a collaborative source. Ms. Jendrzewsky states that Mrs. Anderson is mostly isolated when at the American House. Ms. Jendrzewsky reports that Mrs. Anderson is being evicted from the American House due to what she referred to as Mrs. Anderson's difficult family circumstances.

Mrs. Anderson is unable to recall her own health history. When asked, she states, "I know I have had surgeries because I have scars but I cannot recall what." A report from her physician, Dr. Michael Sills, states that patient suffers from hypertension, memory loss, and utilizes a cane to aid in her mobility. Mrs. Anderson wears eyeglasses. The following medication list was provided:

Aricept 10 mg QHS
Namenda 10 mg BID
Lipitor 40 mg QHS
Actonel 35 mg one time weekly
Protonix 40 mg at bedtime
Calcium 500 mg BID

Dr. Sills reports that patient does not suffer from any allergies or have any dietary restrictions. Mental health history is unremarkable. No surgical history reported.

Observations:

Mrs. Anderson arrived on time for her appointment. She had been driven by her conservator and guardian, Mr. Timothy Flynn. Mr. Flynn remained in the waiting room throughout the evaluation. When evaluator asked Mrs. Anderson who brought her to the appointment, she stated, "I believe it was my son."

Mrs. Anderson is pleasant throughout the course of the evaluation. She is well-dressed and neatly groomed. When asked, she is not clear about the reason for this evaluation. Her speech is coherent throughout and her language normal. Mood appears to be within normal limits. Her thought process is disorganized at times.

Upon verbal evaluation, Mrs. Anderson is polite and cooperative, with appropriate social skills. When evaluator's questions became more in-depth, Mrs. Anderson's answers became terser. Evaluator found patient to confabulate, or "talk socially without exchanging too much information." For example, when asked how she spent her morning, Mrs. Anderson states, "I don't know but I'm sure it was pleasant." Mrs. Anderson's long-term memory appears to be intact. She is able to expeditiously recall details of her professional history and upbringing but,

many times throughout the evaluation, cannot accurately recall current information including her living situation and who brought her to the appointment.

Tests Administered:

Mini-Mental Status Examination (MMSE)

Dementia Rating Scale-2

Functional Activities Questionnaire

Test Results:

Mini-Mental Status Examination:

Total Score: 23 out of 30

According to *Practical Guidelines in Psychiatry: Dementia* (Agronin), a score of 24 or below should "raise questions about dementia." Agronin also states that "normal scores for individuals with at least an eighth grade education range from 26 to 30." Given that Mrs. Anderson holds a master's degree, her score reflects mild to moderate cognitive impairment. Mrs. Anderson was oriented to the current year, season, and country in which the evaluation was taking place. She was unable to recall the current month, date, day of the week, or location in which the evaluation was being undertaken. When asked to take 7 cents away from 100 cents repeatedly, patient was able to complete only the first accurately. Patient was able to follow a command, accurately construct a sentence, copy a design, spell forwards and backwards, and repeat a phrase. She was unable to recall any of three words that had been stated to her several minutes earlier.

Dementia Rating Scale-2:

<u>Subscale</u>	<u>AMSS</u>	<u>Percentile</u>	<u>Level</u>
Attention	10	41 st -59 th	Below Average (Intact)
Initiation/Perseveration	7	11 th -18 th	Mildly Impaired
Construction	8	19 th -28 th	Mildly Impaired
Conceptualization	14	90 th -94 th	Average (Intact)
Memory	2	<1 st	Severely Impaired
Total	4	3 rd -5 th	Moderately Impaired

Functional Activities Questionnaire:

Per her guardian and conservator, Mrs. Anderson requires the help of Mr. Flynn, or her children, Diane or David, in order to:

- Write checks, pay bills
- Assemble tax records or business affairs
- Shop for clothes or groceries
- Remember appointments and medications
- Travel outside of the American House

Per Mr. Flynn, Mrs. Anderson does not drive or cook for herself. Her meals are, largely, those prepared by the American House, unless one of her children takes her out for a meal.

Diagnostic Impressions:

The following are considered to be the hallmarks of a dementia diagnosis followed by an explanation of patient's performance within each of these areas:

-Memory Impairment:

-Poor 3-item repetition and recall

→Patient was able to repeat but not recall three items during the Mini-Mental Status Examination as well as the Dementia Rating Scale-2

-Poor recall of important recent and remote events

→Patient was unable to remember who brought her to the evaluation, when her husband passed away, where she currently lives, what she ate for breakfast on morning of evaluation

-Language Impairment:

-Difficulty understanding and repeating words or instructions

→Patient was able to understand and successfully complete single-step and multiple-step commands

-Difficulty generating lists of words

→Patient had difficulty generating an appropriate list of "items that could be found at the grocery store" on the Dementia Rating Scale-2. Patient was able to list 8 items and then began to list irrelevant objects

-Impaired Motor Ability:

-Difficulty imitating or demonstrating movements

→Patient did not appear to have difficulty imitating or demonstrating movements

-Executive Dysfunction:

-Difficulty with tasks that require organization (managing medications, household chores, balancing a checkbook)

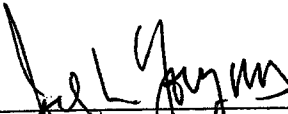
→Patient relies on her support network to manage her medications, help her to complete household chores, errands, and manage her finances

-Repetitive or perseverative language or behaviors

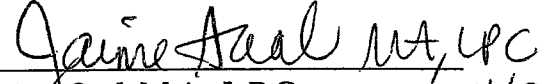
→Patient did not display this during the evaluation

The results of patient's Dementia Rating Scale indicate the presence of severe memory impairment and moderate impairment overall. Although the patient's functioning is generally appropriate in social settings (she is able to cooperate with instructions and carry on an appropriate conversation), we believe her memory impairment to be a severe obstacle to her ability to function independently.

Based on our evaluation and the results of the administered cognitive assessments, we believe that Mrs. Anderson is unable to take care of her affairs independently and will continue to need the help of her support network (as deemed appropriate by the courts) in order to handle her finances, activities of daily living, medication management and health-related decisions.



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Medical Director



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Licensed Professional Counselor
4/9/08