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By Jona Giovani

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Volume 31, Issue 2 (Issue Theme: Positive Psychiatry II) February 2019, pp. 277-286

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Predictors of finance management in dementia: managing tills and taxes matters

Clarissa M. Giebel (a1) (a2), Emma Flanagan (a3) and Caroline Sutcliffe (a4) 🕀 https://doi.org/10.1017/S1041610218000820 Published online: 13 August 2018

Objectives: Finance management skills deteriorate early on in dementia, and can influence the ability to maintain control over personal affairs. The aim of this study was to assess the contributions of different types of cognition and motor functioning to finance management. Design: Cross-sectional analysis using secondary data. Setting: Community living. Participants: Baseline data from the Uniform Data Set from the National Alzheimer's Coordinating Centers were obtained and extracted up until December 2016. Measurements: Measures on everyday functioning (Functional Assessment Questionnaire) and cognition (memory, executive functioning, and language) the Clinical Dementia Rating scale, and questions on Parkinsonian motor symptoms (gait ere analyzed using bivariate correlation and linear Cara menampilkan konten ada 2: View HTML ners disease (AD) = 8,201; behavioral variant fronto-Download PDF LB) = 386). Cognition and motor functioning varied oning and poorer finance management skills in DLB Silahkan klik salah satu untuk fluency, executive functioning, and language, e variation in managing bills, and for 11.4% of the melihatnya! (ada kemungkinan hanya ada 1 pilihan saja, yaitu 'Download PDF') is important for people with dementia, to avoid

poter al financial exploitation. Findings from this study highlight avenues to pursue to delay deterioration in mana ing bills and taxes, and help maintain financial control.

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International Psychogeriatrics, Volume 31, Issue 2 (Issue Theme: Positive Psychiatry II) February 2019, pp. 277-286

Clarissa M. Giebel ^(a1) ^(a2) Emma Flanagan ^(a3) Caroline Sutcliffe ^(a4)

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- (a4) ⁴ Personal Social Services Research Unit, The University

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Figure 1. Flowchart of case selection for analysis. White boxes indicate the flow of the included patient cases. Gray shaded boxes indicate the flow of the excluded patient cases. The final number of included patient cases was 9,383 and is circled in the diagram.

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mance of ten IADLs, including remembering events; paying des tasks of writing checks and apers. Each activity can be rated

on a scale from '0' (no problems) to "3" (dependent).

The Neuropsychiatric Inventory Questionnaire (NPI-Q) (Kaufer et al., 2000) measured the presence and severity of 12 neuropsychiatric behaviors: delusions, hallucinations, agitation, depression, anxiety, elation, disinhibition, apathy, irritability, aberrant motor behavior, sleep, and appetite change. Symptom severity is rated from "1" (mild) to "3" (severe).

Several neuropsychological tests were employed measuring global cognition with the Mini-Mental State Examination (MMSE; Folstein et al., 1975), working memory with digit forward and digit backward counts, executive functioning with the Trail Making Test A and B and the Wechsler Adult Intelligence Scale (WAIS; Wechsler et al., 1997), including verbal fluency (animals and vegetables), as well as language with the Boston Naming Test (Kaplan et al., 1983).

The Clinical Dementia Rating (CDR) scale (Morris, 1993) was employed to measure the severity of the dementia. The CDR global score indicated the severity level, ranging from 0 (no dementia), 0.5 (guestionable), 1 (mild), 2 (moderate), to 3 (severe).

Motor functioning was assessed by systematically collected data on the presence or absence of Parkinsonian motor symptoms of changes in gait disturbance, falls, tremors, and slowness.

Table 1.

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Journal: Industrial and Organizational Psychology / Volume 11 / Issue 2 / June 20 https://doi.org/10.1017/iop.2018.10 Published online: 19 June 2018, pp. 231-236 Print publication: June 2018 Article Access A PDF HTML Export citation

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