

Aging, Cognitive Impairment and Autonomy. Is there a Possible Relationship?

Antonio de Padua Serafim*

Forensic Psychiatry and Psychology Unit, Institute and Department of Psychiatry, Medical School, Sao Paulo University (FMUSP), Sao Paulo, SP, Brazil

Methodist University of São Paulo (Umesp), Sao Bernardo do Campo, SP, Brazil

Increased longevity, an increasingly common reality in the most diverse societies, is related to issues of health, quality of life and well-being of the elderly population. For the World Health Organization (The WHOQOL group, 1998), the concept of quality of life is defined as the perception that the individual holds about his or her position in life, within the context of the individual's respective culture and value systems, and also as related to his or her own goals, expectations, standards and concerns.

Though the condition of the elderly does not represent a risk, it is a fact that an older individual will necessarily suffer from losses, since aging will either take place by natural processes (senescence) or pathological (senility) (Schaie & Willis, 2002). In the case of senescence, discrete changes in cognitive functions occur that do not significantly interfere in initiative and autonomy in daily life. However, in the case of senility, changes are intensified in both the cognitive sphere as well as in the affective-emotional dynamics, with important repercussions on social adaptation (Avila & Bottino, 2006; Shermon et al., 2015; Wang & Blazer, 2015).

In the literature related to the areas of Psychology, Neuropsychology and Psychiatry, there is a predominance of publications on cognitive aspects (attention, memory and executive functions), rehabilitation, violence, dementia, organic disorders, depressive disorder and quality of life. However, little is said about aging and civil capacity.

Political issues, in addition to cost considerations regarding social security and health care systems, demand that societies find means of social organization to improve the aging process. It should be emphasized that the psychological universe of the elderly goes beyond the biological spectrum (natural or pathological) to include individual capabilities (such as information processing, memory, cognitive performance, among others), as well as the influences of the environment and the socio-cultural context.

In this respect, it should be noted that evaluation of the elderly should consider analysis of the forms of compensation that each uses to deal with the possible losses and need for adaptations, below. In this scenario the development of systematic methods for the evaluation of cognitive damage, such as those developed by Neuropsychology, have worked with justice agencies to provide the possibility of verifying, by means of forensic neuropsychological assessment, the inability to take part in civil life among those elderly individuals with cognitive impairments (Serafim et al., 2015).

However, both cognitive rehabilitation programs as well as activities to stimulate cognitive functions have become the norm and have demonstrated effectiveness in reducing cognitive deficits (De Vreese et al., 2001; Arnemann et al., 2015).

In this case, the issue is the following: is it appropriate for justice

agencies to base themselves only on the results of a neuropsychological assessment to characterize the civil incapacity of a particular person? Or would it be fitting to enroll that person in a rehabilitation program to verify his or her progress, in addition to considering assessment?

I don't see that the answer as being simple. But I see that in the forensic context, we need to improve procedures, always considering how to reduce ill effects and to increase the well-being of the individual.

REFERENCES

- Arnemann, K. L., Chen, A. J., Novakovic-Agopian, T., Gratton, C., Nomura, E.M. & D'Esposito, M. (2015). Functional brain network modularity predicts response to cognitive training after brain injury. *Neurology*, 84(15), 1568-74.
- De Vreese, L.P., Neri, M., Fioravanti, M., Belloi, L. & Zanetti O. (2001). Memory rehabilitation in Alzheimer's disease: a review of progress. *International Journal of Geriatric Psychiatry*, 16, 794-809.
- Kahn, R. L. & Thomas, J. F. (2002). Well-Being: Concepts and Measures. *Journal of Social Issues*, 58, 627-44.
- Schaie, K.W. & Willis, S. L. (2002). *Adult development and aging* (5th ed.). New Jersey, Prentice-Hall.
- Serafim, A.P., Saffi, F., Silva, T.G.B., & Almeida, C.V., et al. (2015) Forensic neuropsychological assessment: a review of its scope. *Archives of Clinical Psychiatry*, 42(2), 64-68.
- Shermon, E., Vernon, L.O., & McGrath, A.J. (2015). Cognitive assessment of elderly inpatients: a clinical audit. *Dementia and geriatric cognitive disorders*, 5(1), 25-31.
- Avila, R. & Bottino, C.M. (2006). Cognitive changes update among elderly with depressive syndrome. *Revista Brasileira de Psiquiatria*, 28(4), 316-320.
- The WHOQOL group. (1998). The World Health Organization quality of life assessment (WHOQOL): development and general psychometric properties. *Social Science and Medicine*, 46, 1569-1585.
- Wang, S., & Blazer, D.G. (2015). Depression and cognition in the elderly. *Annual Review of Clinical Psychology*, 11, 331-360.

*Correspondence regarding this article should be directed to: a.serafim@hc.fm.usp.br