



Substance-Related and Addictive Disorders



In the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), the revised chapter of “Substance-Related and Addictive Disorders” includes substantive changes to the disorders grouped there plus changes to the criteria of certain conditions.

Substance Use Disorder

Substance use disorder in DSM-5 combines the DSM-IV categories of substance abuse and substance dependence into a single disorder measured on a continuum from mild to severe. Each specific substance (other than caffeine, which cannot be diagnosed as a substance use disorder) is addressed as a separate use disorder (e.g., alcohol use disorder, stimulant use disorder, etc.), but nearly all substances are diagnosed based on the same overarching criteria. In this overarching disorder, the criteria have not only been combined, but strengthened. Whereas a diagnosis of substance abuse previously required only one symptom, mild substance use disorder in DSM-5 requires two to three symptoms from a list of 11. Drug craving will be added to the list, and problems with law enforcement will be eliminated because of cultural considerations that make the criteria difficult to apply internationally.

In DSM-IV, the distinction between abuse and dependence was based on the concept of abuse as a mild or early phase and dependence as the more severe manifestation. In practice, the abuse criteria were sometimes quite severe. The revised substance use disorder, a single diagnosis, will better match the symptoms that patients experience.

Additionally, the diagnosis of dependence caused much confusion. Most people link dependence with “addiction” when in fact dependence can be a normal body response to a substance.

Addictive Disorders

The chapter also includes gambling disorder as the sole condition in a new category on behavioral addictions. DSM-IV listed pathological gambling but in a different chapter. This new term and its location in the new manual reflect research findings that gambling disorder is similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology, and treatment.

Recognition of these commonalities will help people with gambling disorder get the treatment and services they need, and others may better understand the challenges that individuals face in overcoming this disorder.

While gambling disorder is the only addictive disorder included in DSM-5 as a diagnosable condition, Internet gaming disorder will be included in Section III of the manual. Disorders listed there require further research before their consideration as formal disorders. This condition is included to reflect the scientific literature on persistent and recurrent use of Internet games, and a preoccupation with them, can result in clinically significant impairment or distress. Much of this literature comes from studies in Asian countries. The condition criteria do not include general use of the Internet, gambling, or social media at this time.

Other Disorders of Interest

DSM-5 will not include caffeine use disorder, although research shows that as little as two to three cups of coffee can trigger a withdrawal effect marked by tiredness or sleepiness. There is sufficient evidence to support this as a condition, however it is not yet clear to what extent it is a clinically significant disorder. To encourage further research on the impact of this condition, caffeine use disorder is included in Section III of DSM-5.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5 in 2013, culminating a 14-year revision process. For more information, go to www.DSM5.org.

APA is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org and www.healthyminds.org. For more information, please contact Eve Herold at 703-907-8640 or press@psych.org.

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**The State Bar of California
Lawyer Assistance Program (LAP)
877-LAP 4 HELP (877-527-4435)**

THE TWENTY QUESTIONS
Of Alcohol/Drug Abuse

- YES 1. Do you lose time from work due to drinking/using?
- NO

- YES 2. Is drinking/using making your home life unhappy?
- NO

- YES 3. Do you drink/use because you are shy with other people?
- NO

- YES 4. Is drinking/using affecting your reputation?
- NO

- YES 5. Have you ever felt remorse after drinking/using?
- NO

- YES 6. Have you had financial difficulties as a result of drinking/using?
- NO

- YES 7. Do you turn to inferior companions and environments when drinking/using?
- NO

- YES 8. Does your drinking/using make you careless of your family's welfare?
- NO

- YES 9. Has your ambition decreased since drinking/using?
- NO

- YES 10. Do you crave a drink/drug at a definite time of day?
- NO

- YES 11. Do you want a drink/drug the next morning?
- NO

- YES 12. Does drinking/using cause you to have difficulty sleeping?
- NO

- YES 13. Has your efficiency decreased since drinking/using?
- NO

- YES 14. Is drinking/using jeopardizing your job or business?
- NO

- YES 15. Do you drink/use to escape worries or trouble?
- NO

- YES 16. Do you drink/use alone?
- NO

- YES 17. Have you ever had a loss of memory as a result of drinking/using?
- NO

- YES 18. Has your physician ever treated you for drinking/using?
- NO

- YES 19. Do you drink/use to build up self-confidence?
- NO

- YES 20. Have you ever been to a hospital or institution (jail, etc.) because of drinking/using?
- NO

If you answered YES to any one of these questions, there is a DEFINITE WARNING that you have a problem with alcohol/drugs.

If you answered YES to any two of these questions, the CHANCES ARE that you have a problem with alcohol/drugs.

If you answered YES to three or more of these questions, you DEFINITELY have a problem with alcohol/drugs.

CALL THE LAP FOR MORE INFORMATION OR ASSISTANCE

ALL CALLS ARE CONFIDENTIAL

(877) LAP-4-HELP

> DON'T WAIT <

Disclaimer – *This self-assessment is not intended to take the place of a professional evaluation. If you have any questions or concerns, you should talk to a mental health professional.*

What is major depression?

The normal human emotion we sometimes call “depression” is a common response to a loss, failure or disappointment. Major depression is different. It is a serious emotional and biological disease that affects one’s thoughts, feelings, behavior, mood and physical health. Depression is a life-long condition in which periods of wellness alternate with recurrences of illness and may require long-term treatment to keep symptoms from returning, just like any other chronic medical illness.

All age groups and all racial, ethnic and socioeconomic groups can experience major depression. Some individuals may only have one episode of depression in a lifetime, but often people have recurrent episodes. If untreated, episodes commonly last anywhere from a few months to many years. An estimated 25 million American adults are affected by major depression in a given year, but only one-half ever receive treatment.

What are the symptoms of major depression and how is it diagnosed?

Depression can be difficult to detect from the outside, but for those who experience major depression, it is disruptive in a multitude of ways. It usually causes significant changes in how a person functions in many of the following areas:

- Changes in sleep. Some people experience difficulty in falling asleep, waking up during the night or awakening earlier than desired. Other people sleep excessively or much longer than they used to.
- Changes in appetite. Weight gain or weight loss demonstrates changes in eating habits and appetite during episodes of depression.
- Poor concentration. The inability to concentrate and/or make decisions is a serious aspect of depression. During severe depression, some people find following the thread of a simple newspaper article to be extremely difficult, or making major decisions often impossible.
- Loss of energy. The loss of energy and fatigue often affects people living with depression. Mental speed and activity are usually reduced, as is the ability to perform normal daily routines.
- Lack of interest. During depression, people feel sad and lose interest in usual activities.
- Low self-esteem. During periods of depression, people dwell on memories of losses or failures and feel excessive guilt and helplessness.
- Hopelessness or guilt. The symptoms of depression often produce a strong feeling of hopelessness, or a belief that nothing will ever improve. These feelings can lead to thoughts of suicide.
- Movement changes. People may literally look “slowed down” or overly activated and agitated.

Mental healthcare professionals use the criteria for depression in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* to develop a diagnosis.

There is a strong possibility that a depressive episode can be a part of bipolar disorder. Having a physician make the right distinction between unipolar major depression and bipolar depression is critical because treatments for these two depressive disorders differ.

What treatments are available?

There are three well-established types of treatment for major depression:

- **Medications.** Medications often effectively control the serious symptoms of depression. It often takes two to four weeks for antidepressant medications to have their full effect.
- **Psychotherapy.** Several types of psychotherapy have been shown to be effective for depression, including cognitive behavioral therapy (CBT) and interpersonal therapy (IPT). Support groups offer opportunities to share frustrations and successes, referrals to specialists and community resources, and information about what works best when trying to recover. Research has shown that mild to moderate depression can often be treated successfully with either medication or psychotherapy alone but that both together are often more helpful. Severe depression appears more likely to respond to a combination of medication and psychotherapy.
- **Electroconvulsive therapy (ECT).** ECT is a highly effective treatment for select severe depression episodes and for severe depression with psychosis. When medication and psychotherapy are not effective in treating severe symptoms (e.g., acute psychosis or thoughts of suicide) or if a person cannot take antidepressants, ECT may be considered. Memory problems can follow ECT treatments, so a careful risk-benefit assessment needs to be made for this intervention.

Other forms of treatment that may be helpful, either combined with the more traditional treatments or alone, include transcranial magnetic stimulation (TMS), aerobic exercise, and complementary and alternative medicine.

As devastating as this disease may be, it is very treatable in most people. Today the availability of treatment and understanding of depression has lessened the barriers that can prevent early detection, diagnosis and decision to seek treatment.

Reviewed by Ken Duckworth, M.D., April 2013

**The State Bar of California
Lawyer Assistance Program (LAP)
877-LAP 4 HELP (877-527-4435)**

DEPRESSION Self-Assessment Test

One out of five Americans will experience a major depressive episode at least once during his/her lifetime. The rate for lawyers is 3-4 times that rate.

If you are experiencing any of the following, please consult the LAP for confidential help.

Has there been at least a 2-week period of time in which you experienced either depressed mood, or loss of interest or pleasure?

Are you:

- feeling sad, empty and/or irritable?
- feeling a loss of interest or pleasure in activities or work you once enjoyed?
- experiencing changes in weight and/or appetite?
- having increased difficulty sleeping, or sleeping more than usual?
- experiencing increased restlessness?
- experiencing a decrease in level of activity noticeable to others?
- feeling more fatigued or less energetic?
- having difficulty concentrating, remembering or making decisions?
- feeling overwhelming guilt, hopelessness or worthlessness?
- thinking of suicide or death?

If you answered YES to the last item, you should seek help IMMEDIATELY (regardless of your answer to any other questions).

If you answered YES to even a few of these questions, you may suffer from depression.
You should get a professional assessment.
The LAP will help.

CALL THE LAP * ALL CALLS ARE CONFIDENTIAL * (877) LAP-4-HELP * DON'T WAIT

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ANXIETY ASSESSMENT

According to the National Institute of Mental Health, “anxiety disorders, as a group, are the most common mental illnesses in America.” Anxiety is also one of the most successfully treatable mental health problems.

*If you are experiencing any of the following, please consult the
Lawyer Assistance Program for confidential help.*

- Have you had at least a six-month period in which you experienced constant, exaggerated, worrisome thoughts and tension about everyday routine life events and activities?
- Have you been trapped in a distressful and time-consuming pattern of unwanted thoughts or compulsive behaviors?
- Have you experienced or witnessed a traumatic event such as a criminal assault, child abuse, natural or human-caused disasters; after which you have had persistent nightmares, flashbacks, feelings of depression or irritability?
- Have you become distractible or easily startled?
- Have you experienced repeated episodes of intense fear that strike often and without warning? Physical symptoms can include chest pain, heart palpitations, shortness of breath, dizziness or abdominal distress.

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The Board of Trustees of the State Bar of California established a Lawyer Assistance Program to enhance public protection by rehabilitating attorneys who are impaired by abuse of alcohol or drugs, or by mental illness, so that they are able to practice law competently.

LAWYER ASSISTANCE PROGRAM

Assistance program of the State Bar of California

180 Howard Street
San Francisco, CA 94105-1639

TOLL-FREE: 877-LAP 4 HELP [(877) 527-4435]

E-MAIL: LAP@calbar.ca.gov

www.calbar.ca.gov/lap

THE OTHER BAR CAN HELP

Among the services which the Other Bar can offer to an impaired lawyer, judge or law student are:

Assessment and Referral: When you, a family member, or other concerned person calls the Other Bar, one of our staff consultants will evaluate the situation and outline available options.

Treatment: Through our network of community resources, The Other Bar can help to obtain counseling, and in-patient or out-patient rehabilitation. Under certain circumstances, we also provide matching funds in the form of loans to qualified individuals not able to pay the full cost of treatment.

Peer Support Network: When drugs or alcohol are involved, mentors, who are themselves recovering lawyers and judges, are available to talk and listen.

Support Groups: The Other Bar sponsors regular, anonymous peer support groups statewide for individuals concerned about their drinking, drug use, or other addictive behaviors.

Education and Prevention: The Other Bar works with law firms, bar associations, the courts and law schools to provide education concerning chemical dependency and recovery. We offer MCLE accredited panels, workshops and retreats that are tailored to meet the needs of the specific participants.

A TREATABLE ILLNESS

Chemical dependency is not a moral issue; it is, instead, a treatable illness which causes a deterioration of moral and ethical values. The stigma is not in having the illness but in failing to seek treatment once its presence is recognized. Seeking treatment is perfectly acceptable social behavior. Free confidential help is available to any legal professional who may be having problems with alcohol or other substances. If you or someone you care about is suffering from such a problem, professional and peer assistance is available through the Other Bar to help bring about a positive change.



The Other Bar

Can Make a Difference

**Call Our Toll - Free Information
Hot Line 24 Hours a Day at:**

1-800-222-0767

website: www.otherbar.org

The Other Bar

*Help For Alcoholism, Drug Abuse
and Related Personal Problems*



**A Confidential Counseling and
Referral Resource For California
Lawyers, Judges, Law Students
and Their Families**

1-800-222-0767

THE OTHER BAR

Is a network of recovering lawyers and judges throughout the state, dedicated to assisting others within

the profession who are suffering from alcohol and substance abuse problems.

We are a private, non-profit corporation funded by member contributions and private donations.

Our organization is founded on the principle of anonymity and provides services in strict confidentiality. The program is voluntary and open to all California lawyers, judges and law students.

Our consultants and volunteers stand ready to assist their colleagues in all areas of recovery.

THE NATURE OF CHEMICAL DEPENDENCY

Over 20 million Americans suffer from alcohol or drug dependency. However, it is generally accepted that the prevalence of chemical dependency within certain professions, including the legal profession, is higher than among the general population. It has been estimated that as many as 50% to 70% of the lawyers who are respondents before bar disciplinary committees are chemically dependent.

BATTLING ADDICTION

Like all people in all walks of life, lawyers tend to deny their symptoms. Their attempts to find solutions or tough it out alone are usually in vain. By acting omnipotent, they jeopardize all that is meaningful

in their lives and many find their careers and families slipping away as they grow more desperate. Chemical dependency is a progressive disease—it never gets better by itself.

A SELF TEST

Use this questionnaire to assess alcohol and/or chemical dependency problems

1. Are my associates, clients, or support personnel alleging that my alcohol/drug use is interfering with my work?
2. Do I plan my office routine around my alcohol/drug use?
3. Am I fooling myself into believing that drinking at business lunches is really necessary?
4. Do I ever feel I need alcohol/drugs to face certain situations?
5. Do I frequently use alcohol/drugs alone?
6. Because of my alcohol/drug use, have I ever had a loss of memory when I was apparently conscious and functioning?
7. Has my ambition or efficiency decreased since I began to drink or use drugs?
8. Do I ever use alcohol/drugs before meetings or court appearances to calm my nerves, gain courage, or improve performance?
9. Do I want, or take, alcohol/drugs first thing in the morning?
10. Have I missed or adjourned closings, court appearances or other appointments because of my alcohol/drug use?
11. Due to my use of alcohol/drugs, have I ever felt any of the following: fear, remorse, guilt, real loneliness, depression, severe anxiety, terror, or a feeling of impending doom?
12. Is alcohol/drug use making me careless of my family's welfare or of other personal responsibilities?
13. Does my alcohol/drug use lead me to questionable environments or acquaintances?
14. Have I neglected food, hygiene, health care?
15. Have I ever neglected my office administration or misused funds because of my alcohol/drug use?
16. Am I becoming increasingly reluctant to face my clients or colleagues in order to hide my alcohol/drug use?
17. Have I ever had the shakes, the sweats, or hallucinations as the result of my alcohol/drug use?
18. Do I lie to hide the amount I am drinking or using drugs?
19. Could disturbed or fitful sleeping be the result of my alcohol/ drug use?
20. Have I avoided important social, occupational or recreational activities as a result of my alcohol/drug use?

If you have answered **YES** to more than one of the above questions, it is time to seek help. You do not have to manage it alone. Don't put off calling while you are trying to decide whether things are bad enough. You do not have to lose your license, reputation or family before reaching out for assistance.

SIGNS OF A TROUBLED EMPLOYEE

Many kinds of personal problems can affect job performance. Sometimes the signs of personal problems are easy to detect, as when an employee reports to work in a state of intoxication, or has crying episodes, or shows atypical irritability. In other cases, the signs may be more subtle, such as a gradual decline in the quality of work, or incidents of uncharacteristic tardiness. Following are some signs that an employee may be personally troubled or disturbed and may warrant supervisory attention and an awareness of EAP services.

Deteriorating performance

- Lowered productivity as compared to past performance
- Increased mistakes, carelessness, errors in judgment
- Inconsistent work quality or work pace (alternating periods of high and low productivity)
- Decreased concentration
- Difficulty in recalling instructions or procedures

Poor attendance

- Increased unscheduled absences
- Increased tardiness
- Frequent absences around weekends or holidays
- Early departures or unexplained disappearances from work area
- Increasingly improbable excuses for absences

Deteriorating attitude and interactions with others

- Overreaction to normal criticism by peers or others
- Sudden changes in mood
- Withdrawal from, or avoidance of, fellow workers
- Repeated arguments with co-workers or angry flare-ups
- Unreasonable intolerance or suspicion
- Frequent personal phone calls
- Uncooperative and unmotivated attitude

Changes in physical appearance

- Marked deterioration in personal grooming, dress, appearance
- Rapid and significant weight gain or loss
- Frequent crying spells
- Constant fatigue



EAP Lends a Helping Hand

Although you may not always feel appreciated,

YOU are important

YOU are important to your job!

YOUR JOB is important to the County!

The County's most valuable resources are its employees. At times, each one of us encounters personal problems which affect the way we feel and may impact how well we do our jobs.

Often, when problems strike, we don't know which way to turn or where to go for help.

That is why the County offers the EAP to you and your dependents.

If emotional problems are getting you down, EAP offers confidential professional help at no cost to you.

EAP can help you deal with such problems as:

- ✓ Emotional Stress
- ✓ Anxiety
- ✓ Marital/Family Discord
- ✓ Bereavement/Loss
- ✓ Alcohol & Drug Problems
- ✓ Interpersonal Problems



Employee Assistance Program
 3333 Wilshire Blvd., Suite 1000
 Los Angeles, CA 90010
 (213) 738-4200
 Please inquire regarding our satellite offices.

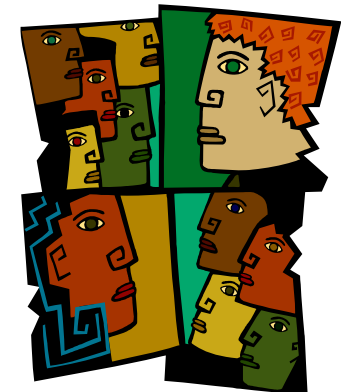
<http://ceo.lacounty.gov/EAP/default.htm>

COUNTY OF LOS ANGELES
CHIEF EXECUTIVE OFFICE



EAP

Employee Assistance Program



**3333 Wilshire Blvd., Suite 1000
 Los Angeles, CA 90010
 (213) 738-4200**

**Appointments At
 Satellite Offices Available**

A Wellness Guide for Senior Lawyers and their Families, Friends and Colleagues

Introduction

Health Problems That Come With Age

All of us are vulnerable to the health problems that come with age, both mental and physical. These problems can affect our mental health, such as depression, grief, emotional trauma or substance abuse. Aging can also trigger a decline in our ability to think, changes in behavior or personality, problems with mobility and function and other conditions that affect our ability to work. It can show up as a noticeable decline in mental abilities, including memory and thinking skills. You may forget someone's name or where you put the car keys.



Although some changes are a natural result of aging, it differs for each individual. It may not be severe enough to interfere with daily life, but people who have mild cognitive impairment are sometimes at greater risk of developing more severe forms of dementia.

At advanced stages, dementia can interfere with long-term memory, the ability to make a decision or judge an issue. A person can forget the names of loved ones or become so confused they can't make up their minds. But it's important not to confuse age-related conditions with other health issues that produce similar symptoms.

Lawyers should be aware of how aging can bring about changes in their health. They also need to be able to spot health problems in others and how to react when a lawyer is struggling with mental or physical health problems. Spotting these problems will become more important as the bar's older members mature in coming years.

Aging Lawyer Population (“Silver Tsunami”)

The State Bar's 2011 demographic survey showed that 48 percent of practicing attorneys in California were over the age of 55, and 43 percent were over 60. These percentages are expected to escalate dramatically in coming years as a “silver tsunami” of baby boomer lawyers reach retirement age.

However, research indicates that large numbers of lawyers who are eligible for retirement will continue practicing because they have insufficient savings and pensions to quit working. Others will continue to work because they want to make positive contributions to society. (NOBC & APRL Joint Committee on Aging Lawyers Final Report, 2007)

Purpose of this Guide

A Wellness Guide for Senior Lawyers and their Families, Friends and Colleagues

Because of those trends, the State Bar of California has produced “A Wellness Guide for Senior Lawyers and their Families, Friends and Colleagues.” This guide is intended to protect the public and bar members by helping legal professionals take the necessary steps to address health problems that may impact their work. We hope that they will do so before their clients are harmed and their professional reputations suffer.

This guide is designed to increase your understanding of the signs of dementia and other health problems that can impair cognitive skills and alter behavior. But diagnosing the medical condition causing these symptoms is well beyond its scope. You may want to do more research and consult additional resources. You also may want to consult a medical doctor or other health professional to arrive at a conclusive diagnosis, and this may require medical tests.

It is critical that legal professionals serve the interests of their clients unimpaired by physical or mental disability, whether or not it is age-related. We hope that the information in this guide will better prepare you to address these sensitive matters for yourself or for colleagues, friends and family members.

If you or an attorney you know — a law partner, colleague, friend, spouse or other family member — is or may be impaired because of an age-related condition, it is important to seek help. Reading this material is a good first step in the right direction.

The Wellness Guide

Stress and Mental Health

Studies have confirmed it: Attorneys are less likely to take care of themselves than medical doctors and other professionals. That inattention can often lead to emotional distress, and if not managed or treated, it can harm an attorney’s professional practice, clients, colleagues and even personal life.

People under extended periods of stress may be unable to concentrate, to make decisions or even to think clearly. They may be constantly active, yet accomplish little. Chronic stress can also show up as inappropriate anger or impatience, overreaction to minor problems, anxiety, fear, irritability or resentment.

Stress may also contribute to the onset of clinical depression, especially for individuals whose brain chemistry makes them more susceptible. A study of 12,000 adults by a team Johns Hopkins University research team indicated that among all the occupational groups represented in that sample, attorneys showed the highest frequency of symptoms of clinical depression. In fact, among the attorneys studied, they were 3.6 times more likely to show signs of depression than those in all other occupations studied.

As a group, legal professionals also have a preference for analytical thought (believed to come from the left side of the brain) versus emotional feelings (right side of the brain), are trained to be objective and solve problems.

Attorneys often apply the same analytical approach to their personal problems and are reluctant to focus on their inner emotional lives. Some attorneys believe they should be able to handle personal problems just as effectively as they

A Wellness Guide for Senior Lawyers and their Families, Friends and Colleagues

handle their clients' legal problems. Concerned colleagues, friends and family members, therefore, need to encourage a depressed attorney to seek help from a doctor or mental health professional.

Signs of depression

It's normal to be blue every once in a while. But depressed and potentially suicidal individuals often exhibit changes in mood, appetite and energy level, and often these changes last for more than a few days. For colleagues, friends and family members who notice these changes over a long period of time, it should be a matter of concern.

Common symptoms of depression include:

- feelings of hopelessness and pessimism
- restlessness and irritability
- fatigue, lethargy or weakness
- inability to concentrate or make decisions
- lack of appetite
- loss of interest in activities such as eating, sex and other activities that used to be pleasurable
- suicidal thoughts or thinking about death
- overwhelming sadness or anxiety
- feeling guilty, worthless, or helpless
- changes in sleep patterns, such as insomnia or oversleeping
- noticeable weight gain or loss
- chronic symptoms, such as headaches or stomach pain that doesn't go away with treatment

If you or someone you know has these symptoms, encourage them to see a doctor or health professional. There may be a physiological reason for it, such as a disease or chronic health condition that can spur depression.

A mental health professional may help them get treatment. They may recommend psychotherapy, medication or a combination of the two. People with depression often begin to see positive results within a month of beginning treatment.

If you observe any of these symptoms in yourself, a colleague or a family member, we recommend that you contact the State Bar Lawyer Assistance Program at **877-527-4435** or LAP@calbar.ca.gov. You will receive a free, confidential assessment with a mental health professional.

What is mild cognitive impairment (MCI)?

It's a normal part of aging to forget things. But as some people grow older, they can develop more severe problems with their memory or decision making. It may not be noticeable enough to affect their daily lives, but sometimes it's significant enough to be noticed by the person who experiences it, or by the people around them.

- When it affects memory, it is known as "amnesic MCI." A person may forget important information that he or she would previously have recalled easily, such as appointments, conversations or recent events.

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- MCI that affects decision making or organizing skills is known as "nonamnesic MCI." It includes the ability to make sound decisions, judge time or the sequence of steps needed to complete a complex task. It may affect visual perception.

People with mild cognitive impairment do not always develop dementia. But when it does occur, it can get worse. A higher percentage of those with amnesic MCI can develop more serious forms of dementia than people without these early memory problems.

What is dementia?

Dementia is not a specific disease. It is a set of symptoms triggered by a loss of brain function that can affect memory, thinking, language, judgment and behavior. A person may not be able to do normal activities, such as getting dressed or eating. They may be quick to anger, or forget things they just learned. The American Academy of Neurology estimates that 10 percent of persons over age 65 have some form of dementia and up to 50 percent over the age of 85 experience dementia.

Dementia is caused by changes in the brain that happen over time. There are many health conditions that can lead to a similar drop in mental acuity, including:

- Certain medications, or a change in medications
- Low vitamin B12 levels
- Certain metabolic conditions that can cause changes in blood sugar, sodium and calcium levels
- Chronic alcohol abuse
- Brain tumors or brain injury
- Infections that affect the brain, such as HIV/AIDS and Lyme disease
- Conditions such as Alzheimer's, Huntington's and Parkinson's disease
- A blockage in the brain or spinal fluid

A person with dementia may show signs of confusion and personality changes. As it gets worse, they may become lost, have difficulty doing basic tasks and see things that aren't there.

If this person shows increasing signs of confusion or changes in behavior, encourage them to see a doctor or other health provider. A health care professional will perform a physical exam and may order a series of tests to rule out other causes. They may also call in a neurologist, neuropsychologist or other health specialist to run further tests.

What are the warning signs of dementia that are associated with Alzheimer's disease?

A person in the early stages of dementia or Alzheimer's may seem healthy, but is actually having more and more trouble making sense of the world around him or her. Family members are often the first to sense that something is wrong. They may notice that the person has problems paying bills, gets lost often or repeats questions during conversation.

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The following is a list of symptoms that have been identified as commonly observed in individuals with early stage Alzheimer's disease. (This information is adapted from "Know the 10 Signs: Early Detection Matters" and is used here with the permission of the Alzheimer's Association.):

- Memory loss that disrupts daily life
- Forgetting recent information or asking for the same information over and over
- Trouble understanding visual images and spatial relationships
- Getting lost in what was once a familiar setting
- Misplacing things and losing the ability to retrace steps to find the object again
- Confusion with time or place
- Forgetting where one is or how one got there
- Challenges planning or solving problems
- Changes in one's ability to develop and follow a plan, work with numbers, or follow a familiar recipe
- Difficulty completing familiar tasks at home, at work or at leisure
- Problems with words in speaking or writing
- Struggling with vocabulary, having problems finding the right word, or calling things by the wrong name
- Decreased or poor judgment
- Withdrawal from work or social activities
- Changes in mood or personality
- Becoming confused, suspicious, depressed, fearful or anxious

How can I help someone if I observe these problems?

- **Encourage the person to seek medical help.**

If you or a colleague, friend or loved one has experienced any of these symptoms, urge them to contact a health professional, such as a personal physician or a neurologist, and schedule a complete evaluation. You may want to help them schedule this or contact the doctor yourself.

It's important to get an early diagnosis for many reasons. Many conditions can reduce mental acuity for periods of time, and some of these conditions are easily treated. Some cases of dementia are treatable, and early diagnosis increases the chances of successful treatment.

The Alzheimer's Association has developed a checklist called "Preparing for Your Doctor's Visit" for the Chronic Care Networks for Alzheimer's Disease project. This form can either be completed by the individual or by concerned friends or family members.

Whatever the cause of the dementia, it is best to find out sooner rather than later. It may be caused by Alzheimer's disease or another condition, such as multiple sclerosis. There is no cure for Alzheimer's disease, but the drugs now available to treat Alzheimer's disease can help some people maintain their mental abilities for months and even years.

A Wellness Guide for Senior Lawyers and their Families, Friends and Colleagues

- **Encourage the person to make plans for their practice, including making arrangements for their families and clients.**

With a medical diagnosis, the person will be better able to organize financial matters, establish a durable power of attorney and advance health care directives, deal with other legal issues, create a support network and even consider joining a clinical trial or other research study.

For a legal professional with signs of cognitive impairment, early diagnosis affords the attorney an opportunity to participate in decisions such as appointing a successor attorney or closing the law practice, rather than waiting until such arrangements become the responsibility of colleagues or family members.

A lawyer with more severe forms of dementia may want to consider limiting or ending his or her law practice while he or she is capable of doing so. For guidance with this process, please consult the State Bar publication "Guidelines for Closing or Selling a Law Practice."¹

Solo attorneys may also want to appoint a successor attorney for the practice through the use of a surrogacy agreement. The State Bar Attorney Surrogacy program provides a model agreement for the designation of an attorney to administer a lawyer's law practice in the event that the lawyer becomes disabled or incapacitated. The agreement details the typical responsibilities of the lawyers involved in an "Agreement to Close a Law Practice in the Future"¹ and is intended to facilitate compliance with Business and Professions Code §6185 and relevant provisions of the Probate Code.

For a family member, friend, or colleague, accepting certain signs of aging as something other than normal and deciding to take action can be a big hurdle. The person may even resist seeking medical help.

It may help to seek advice from a professional about how to address these concerns with your friend or family member. The State Bar of California is here to help. If you have questions, please contact the State Bar Lawyer Assistance Program at **877-527-4435** or <mailto:LAP@calbar.ca.gov>.

¹ <http://ethics.calbar.ca.gov/Ethics/SeniorLawyersResources/ClosingaLawPractice.aspx>

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Further Resources

- What is depression? National Institute of Mental Health. <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001748/>
 - Dementia. Medline Plus. U.S. National Library of Medicine. <http://www.nlm.nih.gov/medlineplus/dementia.html>
 - Visiting Your Doctor. Alzheimer's Association:
http://www.alz.org/alzheimers_disease_visiting_with_your_physician.asp
 - Preparing for a doctor's visit. Alzheimer's Association.
http://www.alz.org/africanamerican/documents/aa_ed_doc_checklist-030609.pdf
 - What is dementia? Alzheimer's Association. <http://www.alz.org/what-is-dementia.asp>
 - 10 Early Signs and Symptoms of Alzheimer's. Alzheimer's Association.
http://www.alz.org/alzheimers_disease_10_signs_of_alzheimers.asp
 - Alzheimer's Disease Fact Sheet. National Institute on Aging.
<http://www.nia.nih.gov/alzheimers/publication/alzheimers-disease-fact-sheet>
 - Closing a Law Practice. State Bar of California.
<http://ethics.calbar.ca.gov/Ethics/SeniorLawyersResources/ClosingaLawPractice.aspx>
 - Agreement to Close a Law Practice in the Future. State Bar of California.
<http://ethics.calbar.ca.gov/Ethics/SeniorLawyersResources/ClosingaLawPractice.aspx>
 - Hydrocephalus Association. <http://www.hydroassoc.org/>
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