



## Module 11

# PLANNING FOR COGNITIVE IMPAIRMENT

**MONEY AND YOU** SENIORS  
EDITION

## Module 11

# PLANNING FOR COGNITIVE IMPAIRMENT

### Let's Discuss...

- \$ Know your brain; protect your savings
- \$ The link between brain health and financial well being
- \$ Extending your brain and financial health
- \$ Dealing with cognitive issues
- \$ Protecting your lifestyle
- \$ Staying in control
- \$ Establishing care directives and estate plans

The population of Canadians ages 65 and older is increasing – it is predicted to rise by 68% over the next 20 years. Cognitive impairment due to genetics, illness, medication, or accident can strike at any age, but is more frequently seen in those over age 70. A certain degree of memory loss is normal as we age and does not necessarily fall into the category of dementia.

According to the *Canadian Institute for Health Information*, in addition to the more obvious concerns, the presence of dementia carries a wide range of related risks:

- Seniors with dementia wait longer in emergency departments,
- are more likely to be admitted and more prone to harm;

- are less likely to receive end-of-life care, and
- may be more likely to be injured in a fall.

### Think About It

- Dementia is an umbrella term for a range of cognitive issues that can take many forms – some of which are a result of normal aspects of aging while others require treatment and care.
- Unacknowledged signs of dementia can lead to poor decision-making and risk of financial exploitation.
- Asking for help does not have to mean giving up control – it can prolong independence and provide peace of mind.

The reality is, age is a risk factor for dementia.

- The prevalence of dementia more than doubles every 5 years for Canadians age 65 and older, from less than 1% for those age 65 to 69 to about 25% for those 85 and older.
- Dementia is more prevalent among women than men, and the gap increases with age.

## Action Item

The number of Canadians with dementia is expected to grow from 564,000 in 2016 to 920,000 in 2031, *an increase of 63 per cent*. It is a risk that must be prepared for, from a financial planning point of view.

This module is presented with the hope that this topic, unpleasant for most, will help you prepare for your own potential cognitive impairment, or that of a loved one.

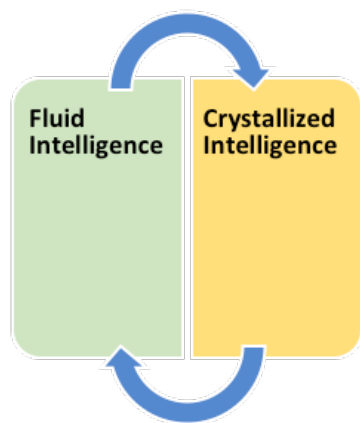


# Know Your Brain; Protect Your Savings

## Our Aging Brains – The Basics

We have all marvelled at seeing a young child’s brain develop as it explores the world – and cringed at the changes wreaked by hormones on the teenage brain. But few of us consider how the brain continues to grow and reshape in our adult years. Let’s take a look:

The brain has two types of intelligence:

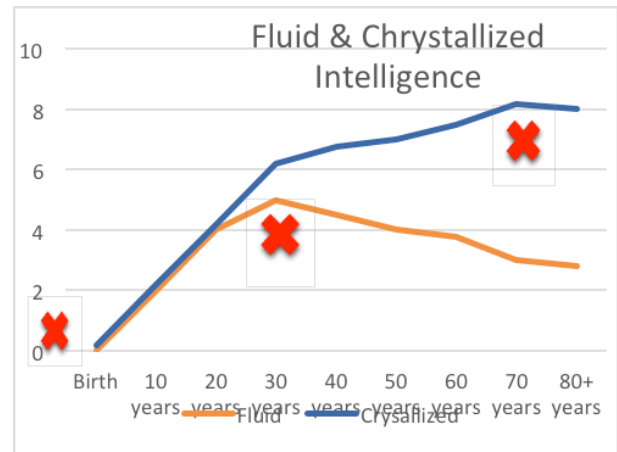


- **Fluid intelligence** is the brain’s ability to reason and think flexibly. It enables the child and adolescent to make sense of experiences and to connect the dots. As adults, it is our problem-solving and creative muscle. Fluid intelligence doesn’t

depend on acquired knowledge or skills and is thought to peak during our early adult years before starting a slow decline.

- **Crystallized intelligence** is the brain’s accumulation of knowledge, facts, and skills that are acquired throughout life. As fluid intelligence decreases, our crystallized intelligence increases right up until about age 70 when it too starts to decline slowly.

Fluid and crystallized intelligence both play roles in handling the tasks of everyday life.



You may be saying to yourself: “This is interesting, but what does this have to do with my finances?” The answer is – **potentially everything.**

## The Link between Brain Health and Financial Well Being

Our financial IQ depends on both our knowledge and our ability to analyse and problem solve. As older adults looking to make our savings last, *we may be called on to make increasingly complex financial decisions.*

Unfortunately, research has found that one of the first casualties of our aging brains is the ability to make sound financial decisions. Research conducted by the U.S. National Institutes on Aging found that people diagnosed with dementia had developed patterns of late or missed bill payments as much as six years prior to their diagnosis. Other financial impacts of severe cognitive impairment or dementia can include:

- Missed tax filings that trigger penalties and interest
- Obsessive spending that results in unmanageable credit card debt, unpaid bills and loans
- Misplaced account information – opening of multiple accounts
- Poor financial judgement – investing in high-risk products or schemes
- Susceptibility to pressure to act outside our best interests – e.g., co-sign a loan

Cognitive changes can cause older adults to be more trusting or afraid of losing the approval or services of others – leaving them vulnerable to financial exploitation or fraud.

Did You Know? This topic has been considered from a global justice point of view in this important study you may wish to read up on:

### Exploring the Role of Elder Mediation in Preventing Elder Abuse.

<https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/mp-pm/toc-tdm.html>

Just as we recognize the creaky knees that come with aging, we need to recognize and acknowledge that our brain may be changing too if we want to protect our savings.

### Age-related decline

The brain function changes we experience as we age are broadly referred to as cognitive decline. They include a wide range of changes and causes including:

- normal age-related decline – forgotten names or telephone numbers

- short term trauma and drug related causes – many have side-effects that can impair thinking
- disease-related declines that produce dementia symptoms – require a medical diagnosis

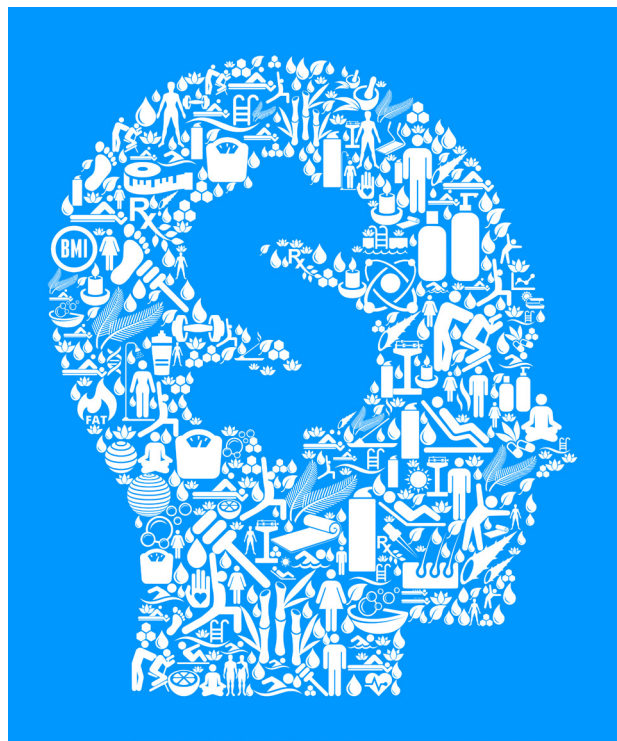
Except in the case of trauma, cognitive decline tends to be progressive and uneven. Recovery from trauma or a change in medication may reverse the symptoms but generally, once begun, the decline will continue over time. Cognitive decline also rarely occurs in a straight line – one’s abilities may vary depending on the day and be influenced by sleep quality, stress levels, nutrition – or no particular cause.

### **Mild Cognitive Decline/Impairment**

Occasional memory lapses are a normal part of the aging process and not necessarily a symptom of something more serious. In fact, according to the Centre for Addiction and Mental Health (CAMH), only 1 percent of people experiencing age-related memory loss go on to develop dementia. Some of the early signs of age-related changes you may notice include:

- Increasing trouble remembering names and words
- Difficulty recalling the balances in your bank or savings accounts
- Forgetting to take a document to a meeting
- Having to ask for memory joggers

As crystallized intelligence starts to decline after age 70, you may find it takes longer for you to grasp or to retain new information. You may find that you need more time to think through information and take longer to make decisions.



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## Dealing with Cognitive Issues

### Do Changes Mean I Have Dementia?

Dementia refers to a range of symptoms, not a specific disease. The clinical features of dementia – also called major neurocognitive disorder, can result from any one of a large group of injuries, infections, or diseases. There are four main types of dementia. Alzheimer's disease is the most common, followed by vascular dementia, Lewy bodies and frontotemporal lobe dementia (CAMH).

The risk of Alzheimer's disease and other forms of dementia increases substantially as individuals get older. While dementia affects only 2 per cent of Canadians ages 65–74 years of age, the percentage jumps to 35–40

per cent among Canadians over 85 years of age (CAMH). An injury or disease process that damages brain cells almost always are at the root of dementia.

### Recognizing the signs of dementia in ourselves and others

The unpredictable progression and frequency of dementia symptoms can make it difficult to identify and easy to deny. Signs that something more than normal age-related brain changes are afoot and deserve medical attention include:

- significant memory failure or distortion, e.g., unable to recall a significant life event
- increasingly poor concentration – on tasks, conversations, activities



- lessened ability to manage multiple tasks at the same time, e.g., cut vegetables while keeping an eye on a boiling pot
- problems with language comprehension or expression
- trouble understanding spatial orientation that can cause falls, driving mishaps, loss of bearings
- forgetting to complete tasks, e.g., turn off a stove
- placing items where they don't belong, e.g., car keys in the refrigerator
- inability to decode nonverbal cues – becoming agitated, argumentative, or responding inappropriately
- personality/behavioural changes – more aggressive/withdrawn, verbal/non-verbal
- impaired judgement
- poor personal grooming and hygiene.

**Causes of dementia include:**

- Alzheimer's disease
- Vascular cognitive impairment
- Dementia with Lewy bodies
- Frontotemporal dementia
- Parkinson's disease
- Huntington's disease
- Human Immunodeficiency Virus (HIV)
- Traumatic brain injury, including head traumas, surgery, and tumours.

Left undiagnosed – or unacknowledged – dementia can have dire consequences – including financial for a sufferer whose disease causes them to make poor spending or savings decisions or to misplace their trust in someone looking to exploit or defraud them.

**Risk Factors**

As the data we mentioned earlier illustrates, the biggest risk factor of developing dementia is aging. But old age is not a guarantee of developing dementia. The Alzheimer Society – identifies several other factors that can come into play in later life:

- Family history – especially parents or siblings
- High blood pressure
- Smoking
- Diabetes
- Obesity and lack of physical inactivity
- Poor diet
- Alcohol consumption
- Low levels of cognitive engagement
- Depression
- Traumatic brain injury
- Hearing loss
- Social isolation
- Air pollution



## Did You Know?

Research has shown that your heart health and brain health are connected. Your heart pumps blood through vessels to your entire body, including your brain. Healthy blood vessels make it easier for your heart to supply oxygen and other nutrients to your brain, nourishing your brain cells. Healthy lifestyle choices keep your blood vessels healthy, helping both your heart and your brain.

Alzheimer Society (Canada)

### Confirming a diagnosis

Facing the possibility of a dementia diagnosis is not easy, but an early diagnosis that leads to early treatment can give you more quality time with loved ones, protect your financial well-being from poor decision-making, and prolong your life.

Only a medical professional can diagnose dementia and its cause. Be prepared that the fluid nature of dementia may mean that an accurate diagnosis will take time and multiple tests. It will include a review of your symptoms and recent medical history as well as mental, physical and laboratory tests. Your doctor may refer you to other specialists for further examinations, including psychiatric/psychological testing. If you are concerned enough to seek

a medical opinion, this is the time to enlist the support of a trusted family member or friend to help ensure that your financial decisions are sound. If you have a financial advisor, let them know as well. A good support network will help you maintain control of your own decision-making for as long as possible while reducing the possibility that a decrease in your mental capability will lead to financial loss.

### Capacity and competency

People often use the terms cognitive capacity and mental competency interchangeably – but in fact they are different concepts that should not be confused.

Cognitive capacity exists in degrees. It can change from day to day and situation to situation. You could have trouble processing a familiar concept one day but have no problem grasping it on another.

Mental competency, on the other hand, is a hard-edged legal concept – one is either competent or not. While capacity can be measured by a medical professional, only a court of law can declare whether someone is competent. A finding that someone is not competent is a judgement that

they cannot manage any aspect of day-to-day life and automatically

triggers a guardianship arrangement for the individual that is difficult to undo.



# Protecting Your Lifestyle

## Aging in place

If home ownership is the Canadian dream of young families, then to age-in-place is their dream for their later years.

A recent survey by Ipsos Reid for the National Institute on Aging found that, as they get older, 85% of Canadians of all ages and 96% of Canadians aged 65 years and older ***will do everything they can to avoid moving into an LTC home.***

This view has been consolidated in a post-pandemic world.

However, other studies confirm that most have not planned adequately for the costs of aging in place which can include accessibility renovations, homemaking, caregiver, and home maintenance services.

Some of these costs will increase with age and a decline in health.



## Money Tip

A 2019 Ontario survey <https://www.closingthegap.ca/home-care-costs-in-ontario-a-complete-breakdown/#support> suggests that you can expect to pay \$25-\$35 hour for home care/personal support workers – twice that for registered nurses. For those with advanced dementia, the costs of round-the-clock paid caregiver costs can mount quickly. Costs of care in a long term care facility can also be very expensive. Consider the following:

## Cost of private retirement home/ residency by province – (no government subsidy)

Jurisdiction	Private	One Bedroom Suite
\$ per month ranges		
Alberta	\$1,200–4,500	\$2,450–5,600
B.C.	1,387–9,190	1,800–9,000
Manitoba	1,265–3,000	1,295–3,900
New Brunswick	915–4,300	2,100–3,733
Nfld & Labrador	2,375–4,200	3,000–4,000
Nova Scotia	2,585–3660	2,355–4,500
Ontario	1,700–8,900	2,500–13,000
P.E.I.	2,585–4,822	n/a
Quebec	802–3,700	887–4,900
Saskatchewan	1,686–5,550	2,500–4,600

*Note:* North West Territories, Nunavut and Yukon do not have private retirement/residential home facilities.

November 2020 – Source: Sunlife Retirement Health Assist <https://www.sunlife.ca/slfas/en/health/sun-retirement-health-assist/>

## Average costs of private in-home care by province (no government subsidy)

Jurisdiction	In Home Meal Preparation	Personal Care (bathing, dressing, etc)	Skilled Nursing
Alberta	\$29.75–35.75	\$29.75–35.75	\$40.00–70.00
B.C.	20.00–60.00	20.00–65.00	45.00–100.00
Manitoba	22.00–26.95	25.00–30.00	45.00–75.00
New Brunswick	19.25–27.00	19.25–27.00	45.00–70.00
Nfld & Labrador	24.28–29.15	24.28–29.15	45.00–65.00
Nova Scotia	18.00–34.26	18.00–34.26	35.00–80.00
Ontario	10.00–44.95	18.00–44.95	38.00–100.00
P.E.I.	27.25–31.00	29.00–31.00	60.00–70.00
Quebec	14.00–35.00	14.00–36.50	48.00–90.00
Saskatchewan	18.00–32.00	29.00–34.00	45.00–69.00

*Note:* North West Territories, Nunavut and Yukon governments fully subsidize all home care.

November 2020 – Source: Sunlife Retirement Health Assist  
<https://www.sunlife.ca/slfas/en/health/sun-retirement-health-assist/>

For more information on costs of long term care see the Financial Consumer Agency Website: <https://www.canada.ca/en/financial-consumer-agency/services/insurance/long-term-care.html>

Public provincial health care plans, federal or provincial grants and benefits for low- and moderate- income seniors, and private insurance may help cover some of the costs of home-based care and home renovations. However, a 2016 Statistics Canada report [https://](https://www150.statcan.gc.ca/n1/pub/82-003-x/2018009/article/00001/tbl/tbl04-eng.htm)

[www150.statcan.gc.ca/n1/pub/82-003-x/2018009/article/00001/tbl/tbl04-eng.htm](https://www150.statcan.gc.ca/n1/pub/82-003-x/2018009/article/00001/tbl/tbl04-eng.htm) found that among Canadians who receive formal home care services, *only 52.2% had their home care costs covered solely by the government.*

Those who don't plan for the financial costs of aging in place either must rely on family and friends as unpaid caregivers or access the equity in their assets to increase their income.

## Money Tip

Financial assistance is also available through the tax system. Many Canadians are not taking advantage of all their opportunities to receive tax credits and other preferred tax provisions. This includes:

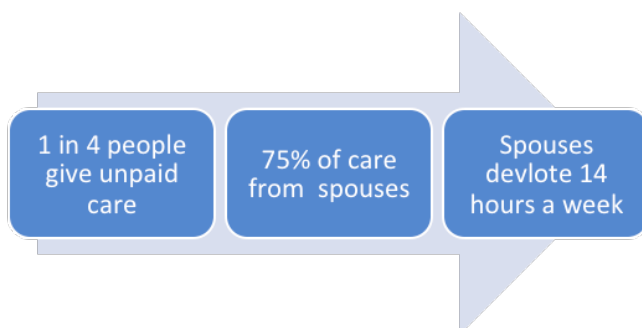
- CPP disability benefit
- The deduction for childcare expenses for a disabled adult
- The RRSP homebuyer plan for moves to accommodate a disabled person
- The moving expense deduction – up to \$2,000 in expenses to move to a more accessible or functional home
- The Disability Supports Deduction
- The Canada caregiver amount
- The medical expense amount
- The disability amount

Changes are expected in 2022 to make the Canada Caregiver Amount a refundable tax credit. This means that even people with no income can make a claim for what is expected to be a \$1,250 amount if they give care.

This is important because

- Statistics Canada The Daily – Caregivers in Canada, 2018 (statcan.gc.ca) estimates that one in four Canadians provide unpaid caregiver services.
- A National Institute on Aging report <https://static1.squarespace.com/static/5c2fa7b03917eed-9b5a436d8/t/616c6fc29b1b-4148077cb3d0/1634507595342/FinancialRealitiesAgeinginPlace.NIA.pdf> recently found that 75% of care hours for older Canadians is done by unpaid caregivers, with spouses of older adults devoting, on average, 14 hours/week to the care of their partner.

Unpaid caregiving comes with many hidden costs for the caregiver in terms of foregone income, increased stress, and decreased social interactions. Caregiving can be physically demanding and carry a risk of injury for those not trained to work with someone requiring help with the physical aspects of daily living.



**May qualify for  
the Disability Tax Credit  
under new criteria**

## Action Item

For more information, consider the following:

Caregiver Brochure [https://www.phac-aspc.gc.ca/publicat/oes-bsu-02/pdf/self-care-caregivers\\_e.pdf](https://www.phac-aspc.gc.ca/publicat/oes-bsu-02/pdf/self-care-caregivers_e.pdf)

A time may come when remaining at home is no longer viable. People with severe dementia can become physically aggressive – posing a threat to themselves and their caregivers. In the later stages of the disease, dementia patients suffer physical changes such as loss of motor skills

and increased risk of infection that may require a higher level of medical care than is feasible at home. Your financial planning should allow for the possibility of moving to a long-term care facility with expertise in supporting people living with dementia.

## Did You Know?

CRA will allow some costs of paid homecare as medical expense. Unpaid caregivers may also be able to claim a medical tax credit.



## Money Tip

The Disability Tax Credit is now claimable for a host of brain disorders. These include the following conditions that markedly restrict daily living activities:

- attention
- concentration
- memory
- judgement
- perception of reality
- problem-solving
- goal setting
- regulation of behaviour and emotions
- verbal and non-verbal comprehension and
- adaptive functioning

A qualified tax advisor can help individuals and their spouse's make this claim, which can provide approximately \$2,000 in reduced tax (federal and provincial) or if the individual is not taxable, the amounts can be transferred to the spouse or, in some cases, another supporting individual. A medical doctor or nurse practitioner must sign the form T2201 Disability Tax Credit Certificate and if the claim was missed in the past, it is possible to file adjustments to prior filed returns up to 10 years back. This can help to pay for some of the expensive nursing home or other costs of care.



In the following instances, both the medical expense credit and the disability tax credit can be claimed, as per the chart below from the CRA<sup>1</sup>.

ity tax credit can be claimed, as per the chart below from the CRA<sup>1</sup>.

<sup>1</sup> <https://www.canada.ca/en/revenue-agency/services/forms-publications/publications/rc4065/medical-expenses.html#chrt>

## Claiming attendant and nursing home care

Type of expense	Certification needed	Can you claim the disability amount?
Fees paid for full-time care in a <b>nursing home</b>	Form T2201 <b>or</b> a medical practitioner must certify in writing that you are, and in the foreseeable future will continue to be, dependent on others for your personal needs and care because of a lack of normal mental capacity.	You can claim the disability amount, if eligible, <b>or</b> these expenses, but not both.
<b>Salaries and wages</b> for attendant care given in Canada. This can include the part of the <b>nursing home</b> fees paid for full-time care that relate only to salaries and wages	Form T2201	You can claim the disability amount and up to \$10,000 for these expenses (\$20,000 if the person died in the year). For residents of Ontario, the provincial limit is up to \$14,911 for these expenses (\$29,823 if the person died in the year).
<b>Salaries and wages</b> for one full-time attendant outside of a self-contained domestic establishment	Form T2201	You can claim the disability amount <b>or</b> these expenses, but not both.
Salaries and wages for one full-time attendant <b>at home</b>	Form T2201 <b>or</b> a medical practitioner must certify in writing that you are, and will likely to be for a long continuous period of indefinite duration, dependent on others for your personal needs and care because of an impairment in physical or mental functions and need a full-time attendant.	You can claim the disability amount, if eligible, <b>or</b> these expenses, but not both. Note that remuneration paid directly to a caregiver (ie. not to a nursing home) is subject to CPP, EI and income tax withholdings, (and in some cases workers compensation) and T4 must be issued.
Salaries and wages for care or supervision in a <b>group home</b> in Canada	Form T2201	You can claim the disability amount <b>and</b> these expenses.
Care, or training and care, at a school, institution, or other place (such as a detoxification clinic)	Form T2201 or an appropriately qualified person must certify in writing that because of a mental or physical impairment, you need the equipment, facilities, or staff specially provided by that place for persons with the same type of impairments. Note: An appropriately qualified person includes a medical practitioner, the principal of the school or the head of the institution or other place.	You can claim the disability amount, if eligible, and these expenses.



# Extending Your Brain and Financial Health

## Protecting your brain health

We often think of our brains as a muscle, rather than an organ. And many of the same strategies we use to improve our physical health can also help maintain our brain health.

The old expression “use it or lose it” couldn’t be more apt when it comes to our brain health and it is never too late to adopt brain health habits.

The Alzheimer Society Canada recommends [https://alzheimer.ca/en/about-dementia/how-can-i-prevent-dementia/brain-healthy-tips-reduce-your-risk-dementia#Be\\_physically\\_active](https://alzheimer.ca/en/about-dementia/how-can-i-prevent-dementia/brain-healthy-tips-reduce-your-risk-dementia#Be_physically_active):

- Be physically active – work up to 150 minutes per week of activity that gets your blood flowing
- Be socially active – social interaction is an important way to keep your communication and attention skills sharp
- Challenge your brain daily – learn a new skill, take up a new hobby, become a puzzle master

- Follow a healthy diet – such as the Mediterranean diet that emphasizes fruits, vegetables, lean protein, and healthy fats
- Make conscious and safe choices – don’t smoke, take alcohol in moderation, fall-proof your home
- Manage stress – maintain a healthy blood pressure and heart rate, take time for yourself

## 6 Ways to Prevent Brain Disease:



## Protecting your savings

You have a variety of actions you can take to plan and prepare for possible cognitive decline.

### In your 50's

*Include care costs in your retirement planning estimates.*

*Maximise RRSP and spousal RRSP contributions*

*Update life insurance policies to take advantage of lower rates*

### In your 60's

*Delay CPP and OAS to maximize benefits*

*Replace employer health benefits with private plan or create or self-funded health account*

*Asses your RRSP conversion options*

*Understand available benefits*

### In your 70's

*Keep RSP/RIF withdrawals to a minimum and invest surplus income in a TFSA*

*If short of financial goals, delay retirement or generate part-time income*

*Keep your POAs up to date on your health and financial status*

### In your 80's

*Monitor your spending with an eye to possible long term needs and reduced RIF payouts*

*Involve a trusted family member or professional in your financial affairs*

### In your 90's

*Reevaluate the affordability of aging in place versus retirement or long term care*

## Staying in Control

We all want to direct our own affairs for as long as possible and to have confidence that, when the time comes, those charged with making decisions on our behalf will act as we would. There are steps you can take to help secure your future:

### **Powers of Attorney:**

When you appoint someone as a power of attorney (POA), you are giving them the authority to act on your behalf. The names and circumstances over which POAs have authority vary by province. The two main categories are powers of attorney for personal care and for property; however, the latter can be short term (general), circumstance-specific (limited or springing), or long-term (continuing or enduring) in nature. When planning for the possibility of cognitive decline, two types of POA are important:

- **Continuing Power of Attorney for Property** – POA's for property can make financial decisions for you. Unlike a general power of attorney, a continuing power of attorney remains in effect even if the

individual granting the power (the grantor) becomes incapacitated.

- **Power of Attorney for Personal Care** – A POA for personal care takes over as your healthcare decision maker if you become unable to make them yourself. Also known as a “substitute decision-maker”, this person has the authority to give or withhold consent about medical treatment on your behalf and according to your wishes.

You can give authority for both personal care and finances to one individual or to different people. If you select different people, make sure that they both understand your wishes and are willing to act together if necessary to fulfill your wishes.

**Trusted contact person:** If you have investments, Canada's securities regulators now require your financial advisor or and institution to ask you for the name of a trusted contact person – someone they can contact if they have concerns about your well being or are unable to reach you. Providing a trusted contact is an optional but valuable way for you to add a layer of protection if your financial judgement starts to falter, or someone tries

to take financial advantage of you. Your advisor will not share private information about your account with your trusted contact.

Your financial advisor will ask you for the name of a trusted contact person (TCP) when you open an investment account or the next time you meet to discuss an existing account. It should be someone who is in frequent contact with you and knows you and your routines well.

In the future, if your advisor is unable to reach you for an extended period of time, notices changes in your ability to make sound financial decisions for yourself, or signs that someone may be trying to exploit you financially, your advisor could contact that person to check on your well-being before taking more serious steps such as freezing your account or contacting the authorities.

**Investment policy statement:** An IPS sets out your long-term investing goals, philosophy, risk tolerance, target asset allocation, investment selection criteria, rebalancing. It's a valuable tool for ensuring that your power of attorney and advisor follow your wishes if you are unable to make decisions for yourself.

**Personal information inventory:** This tool ensures that someone who is called on to step in and support you will have access to all the important information they need to handle your affairs for you. Store the document in a safe and secure location and tell a trusted family member or contact person how to access it.

See Module 12 on end-of-life planning for more details on what to include in your personal information inventory and links to some blank forms.



## Establishing Care Directives and Estate Plans

It is never too early to plan for the unexpected. If you are in your 50s, the need for care directives and estate plans may seem a long way off, but a health crisis can strike at any time.

### Advance Care Directive

An advance care directive is a natural adjunct to your decision to appoint a POA for personal care. A care directive is only activated if you are unable to communicate for yourself, for example, due to a severe stroke, trauma, coma. It ensures that your POA for personal care will make the decisions you would make for yourself if you were able. Your advance care directive can include your wishes regarding emergency care – CPR, use of a ventilator, do not resuscitate, artificial feeding and hydration, as well as pain management, and comfort care. The legal state of advance care directives varies from province to province and territory.

Dying With Dignity Canada [https://www.dyingwithdignity.ca/download\\_your\\_advance\\_care\\_planning\\_kit](https://www.dyingwithdignity.ca/download_your_advance_care_planning_kit) offers an advance care planning kit

with links to forms appropriate for each province/territory.

***Note:** An Advance Care Directive covers more than just DNR. DNR instructions may or may not be included in an Advance Care Directive.*

### Estate Planning

It is vital that you undertake end-of-life planning while you are still cognitively able. Wills and POAs can be contested if it can be shown that your cognitive ability at the time, they were drawn up was in question. And if you become incapacitated prior to setting out your wishes in writing, management of your affairs could be handed over to an individual or entity that does not know you or what your wishes might be. Ensure that your estate plan takes your advance care wishes into account. For example, if transferring assets in your lifetime, ensure that there is enough money to pay for your long-term care/end-of-life choices.



# CONCLUSION

If you have few of the risk factors and are in good shape now, you may have every reason to expect to live to a ripe old age with your mental faculties fully intact. But what if, just what if the unexpected does happen and you become one of the 35-40%% of Canadians over the age of 85 who can expect to develop dementia during their lifetime?

Facing the possibility and preparing for it now can bring **peace of mind to you** – knowing that you have a plan in place that will meet your needs, and to your loved ones who will not have to guess what you might want should they have to make those decisions for you.

In this module you have learned more about:

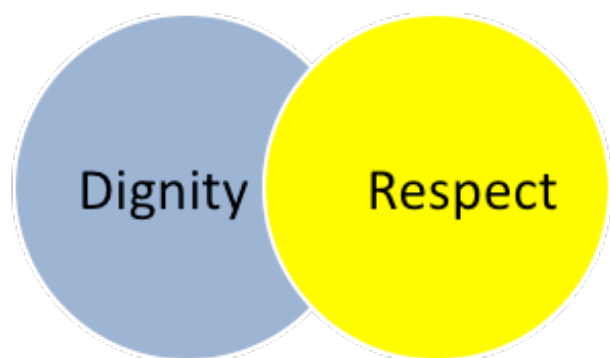
- The different signs and causes of cognitive decline – from normal aging to significant morbidity
- The financial cost of dementia
- Risk factors and activities to delay/ minimize cognitive decline
- The risks of not facing signs of cognitive impairment

- How to address signs of cognitive impairment with loved ones
- Tactics to support living with dementia
- Where to find help – support groups, information sources

Remember: You are not alone in thinking about the possibility of cognitive decline in the future.

Discussing your plans to be prepared with other trusted adults around you, your tax and financial advisors and of course, your medical advisors, all can help to manage a life transition that will increase in our society.

Cognitive decline is a basic human frailty that can affect any of us. It requires above all, an opportunity to live with respect and dignity.



There are many resources to help you along the way. We have listed some of them below.

## Sources of Help

**Alzheimer Society of Canada** – information, checklists and more on the medical, financial, and legal aspects of living with dementia <https://alzheimer.ca/en/help-support>

**Alzheimer's Association Canada** – information, resources and support <https://www.alz.org/ca/dementia-alzheimers-canada.asp>

**Alzlive Resource Directory** – <https://alzlive.com/resources/websites/canada-resource-directory-for-alzheimers-help/>

**Canadian Coalition for Seniors Mental Health** – <https://ccsmh.ca/>

**Canadian Institutes for Health Information** – <https://www.cihi.ca/en/dementia-in-canada/dementia-in-canada-summary>

**Caregiver Brochure** – [https://www.phac-aspc.gc.ca/publicat/oes-bsu-02/pdf/self-care-caregivers\\_e.pdf](https://www.phac-aspc.gc.ca/publicat/oes-bsu-02/pdf/self-care-caregivers_e.pdf)

**CareMakers Foundation** – resources for caregivers <https://www.caremakers.ca/en/resources>

**Centre for Addictions and Mental Health (CAMH)** – information on the diagnosis and treatment of dementia <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/conditions-and-disorders/alzheimers-or-dementia>

**Exploring the Role of Elder Mediation in Preventing Elder Abuse.** <https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/mp-pm/toc-tdm.html>

**Health Canada** <https://www.canada.ca/en/public-health/services/diseases/dementia.html>

**National Institute on Aging** – information on a range of topics including federally available financial supports for unpaid caregivers <https://nationalseniorsstrategy.ca/the-four-pillars/pillar-4/financial-support-caregivers/>

**Human Intelligence: How Should We Understand It?** <https://medium.com/@bhanuranjith/human-intelligence-how-should-we-understand-it-bb6c7f3b0b6a>

**U of Waterloo Living Well with Dementia** <https://uwaterloo.ca/living-well-with-dementia/planning-ahead>

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# Glossary

**Advance care directive** – A document instructing your power of attorney for personal care and health care providers on medical care decisions to be taken should you become unable to make decisions on your own behalf. Legal status varies by province and territory.

**Alzheimer disease** – A progressive disease of the brain that causes various symptoms of dementia including loss of memory and judgement, behavioural and personality changes and eventually physical decline.

**Cognitive capacity** - The ability to retain, understand, process and apply information appropriately.

**Cognitive decline** – The normal effect of the aging brain on memory, decision-making, and speed with which we learn new concepts.

**Cognitive impairment** – Disease related cognitive decline usually resulting in more severe memory loss and mental impairment than that associated with normal aging.

**Competency** – A legal term indicating whether a person is, or is not, able to manage their own day-to-day decision making as determined by the courts.

**Dementia** – A general term for symptoms associated with various diseases of the brain that cause severe (non-age related) memory loss, personality and behavioural changes, and impaired ability to manage activities of daily living.

**Disability Tax Credit** – A non- refundable tax credit that recognizes severe and prolonged impairment conditions that markedly restrict daily living activities.

**Frontotemporal dementia** – An umbrella term for diseases of the brain that cause damage to the nerves in the portion of the brain that affect language, personality, and behaviour.

**Lewy body dementia** - A disease of the brain in which associated with abnormal deposits of a protein called (Lewy bodies) affect chemicals in the brain, leading to problems with thinking, movement, behavior, and mood

**Mixed dementia** – A general term for the presence of two or more causes of dementia, for example vascular dementia and Alzheimer disease.

**Power of attorney for personal care** – A legal document wherein an individual assigns medical decision-making power to a third party in the event that the individual is unable to make his/her/their own decisions. Can include specific instructions such as end-of-life care.

**Power of attorney for property (continuing or enduring)** – A legal document wherein an individual assigns decision-making power for property (finances) to a third party if the individual is unable to make his/her/their own decisions. Can include specific instructions such costs related to long-term care.

**Vascular dementia** – An umbrella term for dementia resulting from diseases that restrict the flow of blood to the brain such as strokes or brain hemorrhages, as well as those that weaken or narrow arteries such as atherosclerosis, high blood pressure, diabetes.

*Money and You: Seniors Edition* was written by award-winning financial educator and best-selling tax author **Evelyn Jacks**. Evelyn is the principal of the, **Knowledge Bureau™** a widely respected financial education institute and publisher, which provides world-class continuing professional development to advisors in the tax, accounting, bookkeeping and financial services. It has welcomed tens of thousands of students to its virtual campus to earn new credentials and enhance career opportunities, and also provides customized learning solutions for large and small enterprises and associations. For more information visit [www.knowledgebureau.com](http://www.knowledgebureau.com) or call 1-866-953-4769.

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