

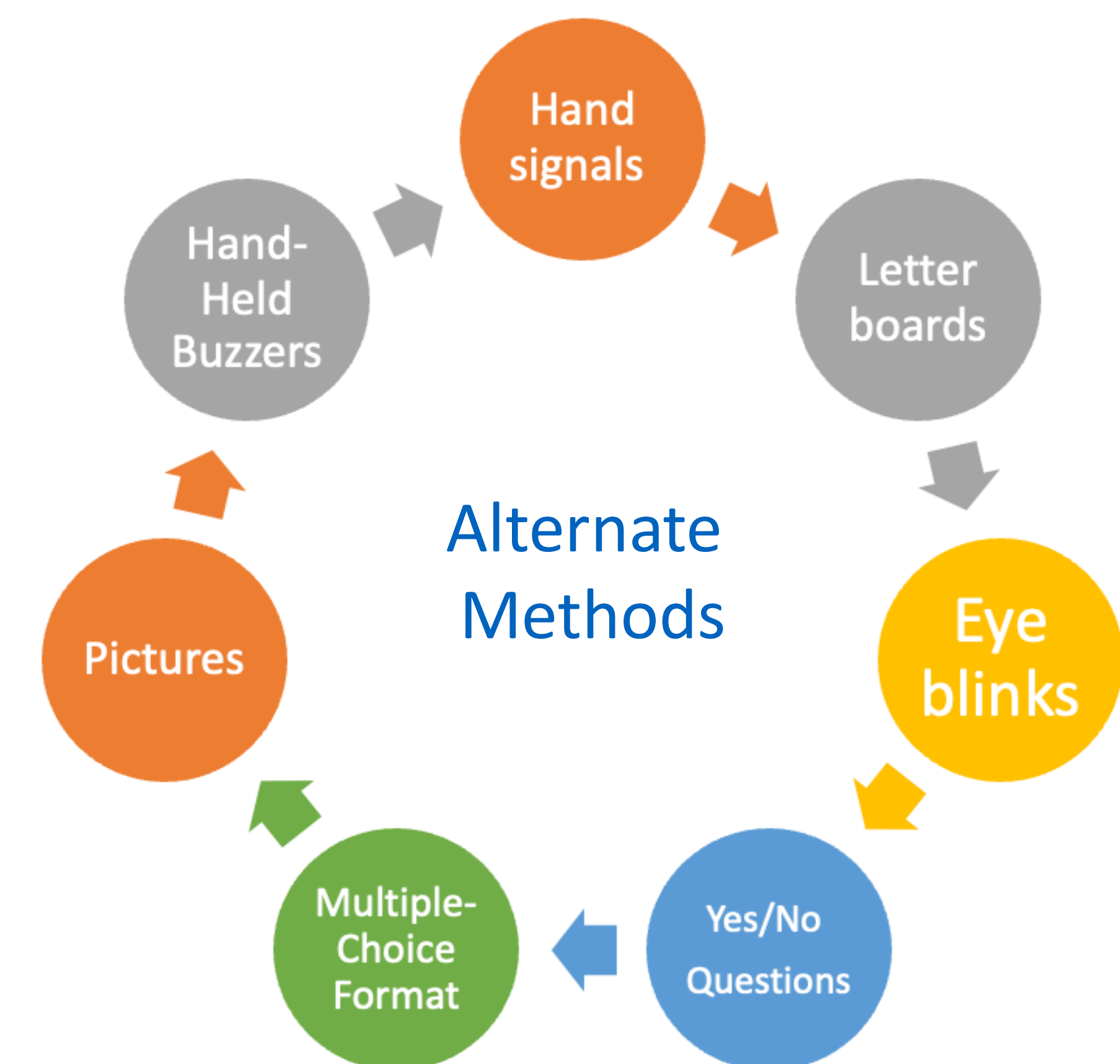
# Assessing Capacity in Individuals with Expressive Aphasia: A Case Report and Brief Literature Review

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## DISCUSSION

According to the World Health Organization (2001), capacity is defined as “the highest probable level of function that a person may reach in a given domain at a given moment.”

- To help individuals with aphasia demonstrate their highest level of function, assessors need to adapt the materials and context to the individual’s comprehension and language abilities.
- Applebaum and Grisso (1988) identified the possible need for deviating from their standard rules of assessment



Some studies suggest utilizing speech pathology evaluation as well as neuropsychology testing prior to assessing capacity, however these may not be practical in an emergent setting.

In the case of LG, she was offered a communication board from neurology but opted not to use it. She displayed significant word-finding difficulties but was able to comprehend questions. She ultimately expressed that she did want treatment, and so the capacity assessment was no longer necessary.

## CONCLUSION

Providers should be aware of the ways in which neurologic deficits, including expressive aphasia, can complicate the assessment of a patient’s decision-making capacity. They should be prepared to make the necessary modifications to their capacity assessments to ensure that patient autonomy is upheld.

## BACKGROUND

- A person with decision-making capacity is assumed to be able to make decisions regarding their own healthcare.
- According to Applebaum and Grisso (1988), this capacity involves multiple cognitive-linguistic abilities, including understanding information relevant to a decision, manipulating that information rationally, appreciating the current situation and its consequences, and communicating a choice.
- However, since assessments typically rely heavily on language, evaluating capacity becomes challenging when a patient has language or communication difficulties, such as aphasia.

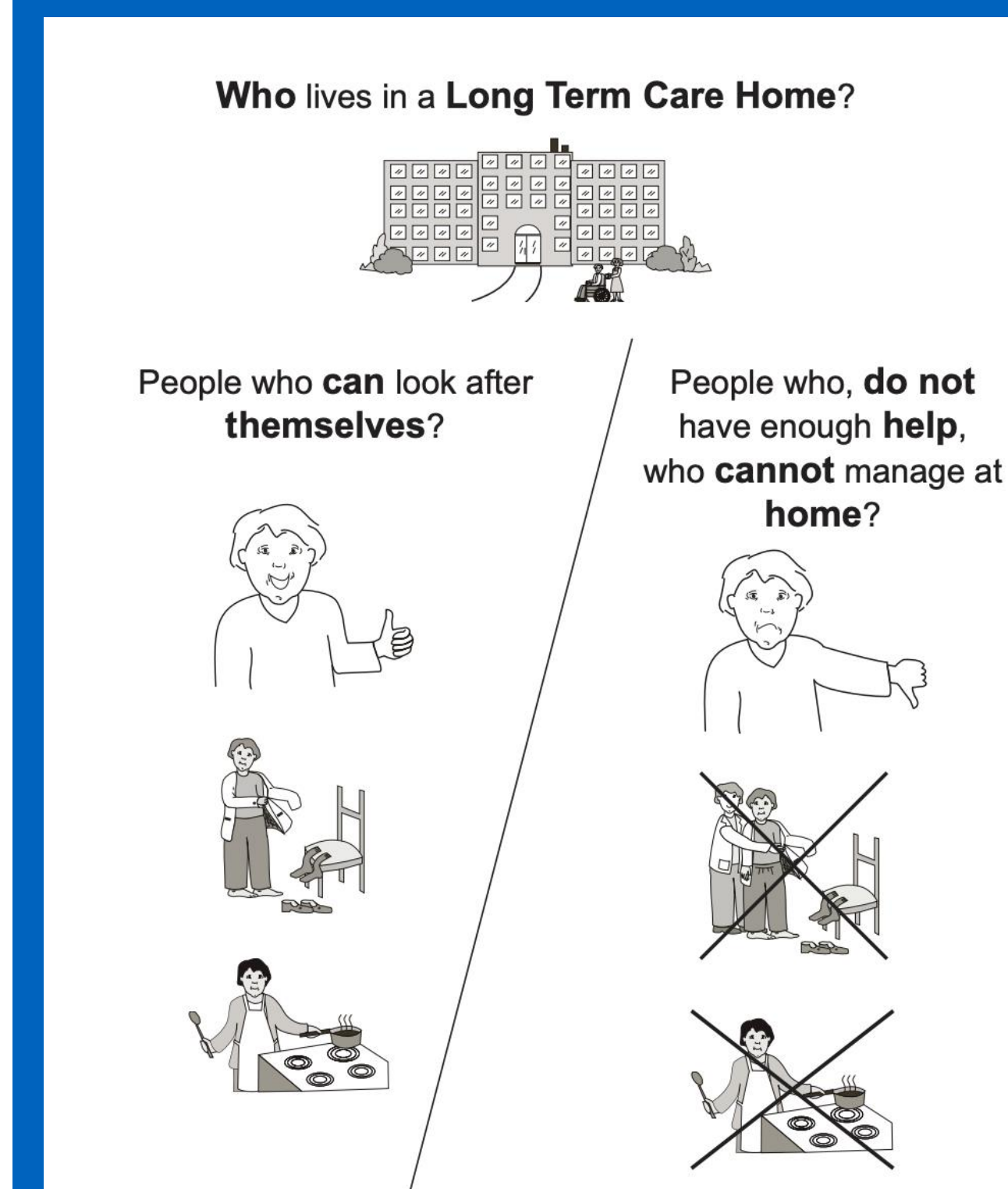
## CASE

LG is a 60yo female with a history of CAD, HFREF, PVD s/p AKA in 2021, ESRD on peritoneal dialysis, and left frontal CVA in January 2022 with residual expressive aphasia who was admitted for extensive bilateral DVT and pulmonary emboli. Psychiatry was consulted to assess the patient’s capacity to refuse treatment after she began to refuse food, medications, and care at times. This assessment was complicated by the patient’s residual expressive aphasia.

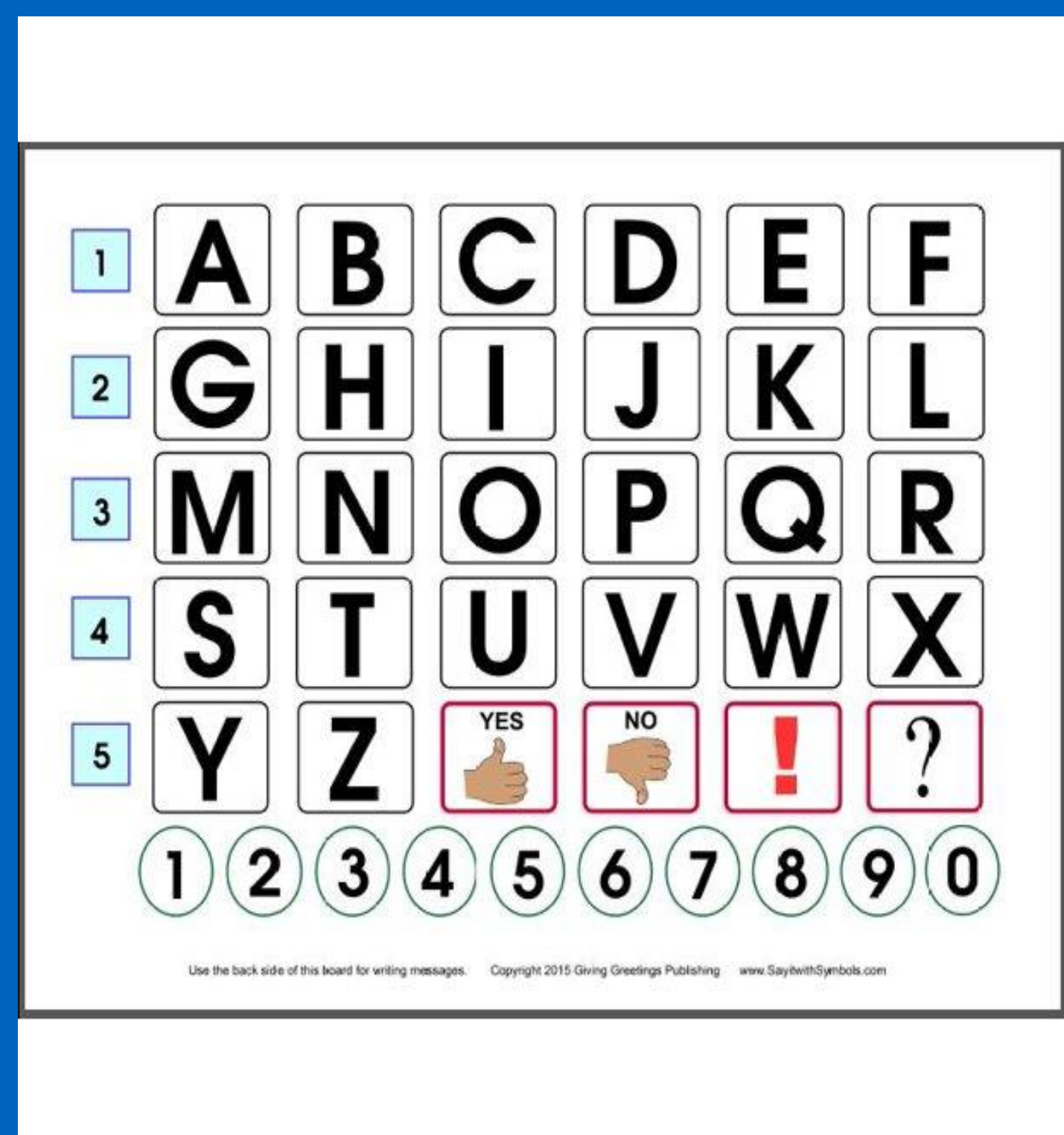
**Figure A.** Abbreviated version of the modified aid-to-capacity evaluation questionnaire for assessing capacity in stroke patients. **B.** Hypothetical scenario which is read to the patient before asking questions 2 to 7.

Feng, K., et al. (2014) Comparison Between a Standardized Questionnaire and Expert Clinicians for Capacity Assessment in Stroke Clinical Trials. *Clinical and Research Innovations, Stroke*, 229-232.

Eg. Multiple choice question



Eg. Letter Board



## REFERENCES

