to a hearing deficiency. This assumptions may also lead to a misinterpretation of the physical and cognitive skills of the patient and therefore to a insufficient or incorrect diagnosis and resulting treatment (Decker-Maruska, 1997). *Method:* In front of this background the authors have developed and established a multimodal geriatric care model, the "Geriatric HearCare Service" (see below) to ensure a more profound differentiation between dementia and a "pseudo-dementia" due to an undetected hearing deficiency. *Result:* Apart from the detection of patients with dementia or a hearing deficiency or in more than a quarter of the cases both conditions (26.1%), the improved communicative skills resulted in a optimized quality and efficiency of nursing, treatment and therapy in patients with dementia or hard of hearing. *Conclusion:* The Geriatric HearCare Service enables the geriatric team to a better differentiation of patients behavior due to dementia or a hearing deficiency and provides a structure for follow up and provision of hearcare support (i.e., hearing aids, audio-training etc.)

Adult Age Differences in Information for Aging

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Objectives: Aging is associated with changes in some search processes. For example, older adults tend to search for less information concerning choice options before making a decision (Mata & Nunes, in press). Also, older adults may show less exploration when searching for resources in sequential decision tasks (e.g., Mata, Wilke, & Czienskowski, 2009). In this project, we examined adult age differences in sequential search in memory. *Methods:* In two experiments, we asked younger and older adults to sequentially solve letter sequences (e.g., "LATSZUSE"; cf. Wilke, Hutchinson, Todd, & Czienskowski, 2009). All participants experienced two environments, one in which the delay between sequences was short (15 sec) and another long (35 sec) and we recorded the timing of participants' decisions to switch from one anagram to the next in the two environments.

Results: Results suggest that both younger and older adults adapt their stopping rules as a function of time delay but that older adults are willing to search longer in memory compared to younger adults. Age-related differences in search time were associated with individual differences in fluid cognitive abilities but not motivational or time perspective measures. *Conclusion:* The results suggest that both younger and older adults are sensitive to search costs and adjust their search behavior adaptively, albeit not optimally, according to environment structure. Nevertheless, older adults seem to show some constraints in their search processes possibly due to age-related cognitive decline.

Capacity and Cognition: Divergent or Convergent. Practical Significance: Respecting Function and Rights or Description and Abuse

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Introduction: While cognition falls off with age and accelerated decline occurs in Alzheimer's disease, capacity is retained in many elderly subjects particularly in those with mild cognitive impairment and age related short-term memory loss. Consequences of the loss of cognition include the need for assistance in managing day-to-day affairs that can result in the taking over of administrative function and execution of the person's affairs, which need to have in focus the wishes of the person, to be ale to advocate and administer according to their wishes. However, cognitive loss can and does often result in loss of respect for the wishes and views of the person, manipulation and abuse in the name of care. *Method:* Capacity, defined as consistent expression of what one wishes for oneself and what one does not. Wishes, and therefore capacity are intrinsic to a personal and express a personal viewpoint that may be retained long after the abstractions of impersonal facts such as time and day or month or year are lost due to short-term memory loss. Working memory may also be affected. However, feelings and wishes or will are accumulated over time and reside, hypothetically, within the long-term memory domain and are intrinsic that concern with lifestyle issues, place of domicile, emotional preference, colour or gender and sense of self. *Results:* In Victoria, Australia, the Guardianship and Administration Act 1986 (the Act), is currently under review. In the Act the presence of a physical disability a, which includes cognitive impairment may result in the appointment of a Guardian. Personal view or wish, though consistent, may be regarded as token or "will pay heed to", is no insurance that it will. Thus the rights of the elderly or person with the disability, which may even be a physical disability, are at risk of being taken from them by being placed under guardianship. As mentioned this law is currently under review. However, this injustice that also affects those with psychiatric disorder, in the Mental Health Act, "if it is considered they "may be", but not "are", a "threat" is an abuse of individual rights that the WHO charter on Human Rights would not uphold. The Functional Mental State Measure, FMSM (Myers), (PsycTESTS Data Base) has been designed to help address this, by the assessment of retained function, i.e., capacity, at the same time that cognitive impairment is assessed. *Conclusion:* Failure to measure capacity at the time of cognitive assessment, purposely or not adds to create a situation open to abuse, as results of neuropsychological testing will invariably find some impairment that is used as an excuse to find that a disability exists. The Functional Mental State Measure, FMSM (Myers), (PsycTESTS Data Base) has been designed to help address this.

Microvascular Function and Cognition: Nail Changes and Memory Loss

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Introduction: Declining memory in old age may be due to vascular or Alzheimer's disease. Nail capillary band width is a newly described clinical sign that requires further testing to correlate these changes with capillary number in skin or oral mucosa using laser techniques. However, case reports indicate that "nail capillary band" width signals the presence of microvascular disease, the larger the width the greater the likelihood of microvascular disease and cognitive decline or reduction in cognitive reserve or vascular supply. It provides a useful clinical tool that may provide information on the microcirculation not only in the nail bed, but also as the poor man's or clinician's MRI, in the brain, given that capillaries everywhere may be "the same" – evidence from the use of angiogenesis inhibitors for cancer therapy affect brain capillaries as well as skin and capillaries in other organs due to vascular endothelial growth factor inhibition. *Method:* Nail band width was measured

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