Forensic Briefs

Episode 24 Shelby Hunter - Neuropsychological Deficits Associated with Medical Conditions

In this episode of *Forensic Briefs*, Dr. Shelby Hunter, a clinical neuropsychologist at Patton State Hospital, returns to explore the intersection of neuropsychological deficits and common medical conditions among individuals in the criminal legal system. She discusses how conditions like cardiovascular disease, HIV, hepatitis C, diabetes, and cancer can significantly impact cognitive functioning—often going undetected in forensic evaluations. Dr. Hunter shares insights from her 2022 article and highlights the importance of accurate screening, diagnosis, and education for better outcomes. This episode offers practical guidance for clinicians and attorneys alike, emphasizing the need for compassionate, informed care for a highly vulnerable population.

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Dr. Millkey Michelle. Who are we going to be talking to today?

Dr. Guyton We are excited to welcome back Doctor Shelby Hunter to the podcast. Shelby is a clinical neuropsychologist at Patton State Hospital, where she works at the intersection of brain science and the law. She provides neuropsychological assessments and interventions for individuals committed for competency restoration or ongoing psychiatric cure after adjudication. Shelby earned her doctorate in psychology from the University of Alabama, where she specialized in the psychology and law of concentration.

Dr. Guyton She went on to complete her pre doctoral internship on the forensic track at the UMass Chan Medical School and Worcester Recovery Center and Hospital. Her work and research focuses on how neuropsychological services can support treatment and evaluation in forensic settings. Lately, she's been exploring questions about how we can expand access to these services and what role they might play in improving outcomes across the criminal legal system.

Dr. Guyton Shelby brings a unique perspective to the table, combining clinical insight, research experience, and a deep commitment to making forensic systems

more effective and humane. We are glad to have her back to continue our conversation. Welcome back, Doctor Shelby Hunter.

Dr. Guyton You know, Shelby, you are clearly an expert in the areas of clinical neuropsychology within this population of forensics psychology or people involved in the criminal legal system. How did you get interested in this area?

Dr. Hunter Yeah, so I've always been interested in neuropsychology. Since undergraduate, I took a course in neuropsych assessment, and immediately it was like, this is what I want to do. But I didn't really discover neuropsych until my senior year of undergrad. So I discovered it a little bit late and so, I wanted to pursue it in graduate school, but I sort of knew that I needed to take a couple of extra steps to be competitive for a graduate program. And so I applied to some criminal masters programs with the goal of getting some research experience, and just sort of fleshing out more of what I was interested in pursuing in graduate school.

Dr. Hunter So I attended Arizona State University and worked with Nic Schweitzer, and Nic Schweitzer did his research on the perceptions of jittery decision making in the context of neuroscience evidence presented in trial. So he pitched this kind of, like, area of study to me as you are getting to use your neuropsychology interest and apply it to a criminal legal setting.

Dr. Hunter And so I started doing that research in that program, which I thought was fascinating, so that, that exposed me to the kind of forensic side. And then I went to the University of Alabama for graduate school, for my PhD, and focused on really understanding how someone can be a psychologist with no criminal legal setting. So what, through their forensic psychology, clinical training program,

Dr. Hunter worked with Lauren Kois there. And Lauren's research really is focused on competency to stand trial, but she has an interest in neuropsychology as well. So I was able to kind of dabble in in both of those areas with her in grad school. And so I've always tried to, in my clinical training, I've always tried to get both clinical - both neuropsych and forensic clinical training through grad school, which was difficult.

Dr. Hunter But I, I've just been trying to maintain those two subspecialties. And so, yeah, it's that sort of how it played out.

Dr. Millkey Well, having the expertise in forensic psychology and the expertise in neuropsychology really makes you sort of the forensic unicorn that's going to

serve you in great stead as time goes on. Is there something that drew you to forensics particularly, or is it just mentorship guided you that way?

Dr. Hunter What I really liked about it early on was the the apply. You really feel like you're doing something that you can see really obviously in front of you, in clinical psychology, just in general. Sometimes for me, it didn't feel as gratifying because I didn't see - there were like long term improvements that you can see with patients.

Dr. Hunter But I sort of like the immediate gratification that you get for working with somebody and sort of immediately seeing the outcome of your work. I also really like how you're working with people who are very underserved and marginalized and stigmatized in our society. And so it's very gratifying from that perspective as well. You're you're given opportunities to really educate laypeople about the unique challenges that these folks face and how it's playing out in their, you know, psycho-legal presentation.

Dr. Hunter And so I really appreciate that opportunity as well.

Dr. Guyton The article that you wrote with several colleagues published in 2022, it's entitled “Neuropsychological Deficits Associated with Medical Conditions: Implications For Psychological Services in Criminal Legal Settings.” And, can you tell us a little bit about what spurred you and your colleagues to to write this - what I think we would call an extremely helpful article?

Dr. Hunter Yeah. So I think we all kind of recognized that the like, just among your average forensic psychologist or other psychologists working in in these settings, we aren't given a lot of explicit education or guidance around how to navigate medical conditions in these populations, even though these conditions are so highly prevalent among these folks. And so, there's really a gap, I think, in our training, at least in the training that my colleagues and I had where we felt like we weren't really well equipped to deal with or to kind of conceptualize how any given medical condition might be impacting someone's presentation.

Dr. Hunter And recognizing that we were seeing some medical conditions repeatedly. And so we really felt like we just want to put together a kind of simple, straightforward guide that's very digestible for any psychologist or clinician working in these settings. So they can kind of just at least have a baseline knowledge about when I see this medical condition, I might need to think about this.

Dr. Hunter So that was sort of the thinking behind it.

Dr. Millkey Well, you know, Shelby, I've been working as a forensic evaluator for years, and reading your article, I learned so many new things. This is an article that I'm going to keep close at hand. It's just, not only is it interesting, but it's incredibly practical, and I think it will impact - I know it will impact my own personal practice.

Dr. Millkey What are some of the medical conditions that that work that you are seeing in our criminal justice system that are relevant in this way?

Dr. Hunter Yeah. So there's a handful in the literature that kind of keep popping up as the ones that are most highly prevalent in these populations compared to the general public. So the ones that - those ones that sort of keep keep coming up in that way are hypertension, essentially any condition that increases somebody's cerebrovascular risk factors. So anything that impacts the the body's ability to sort of pump blood up into the brain are really highly prevalent among these folks.

Dr. Hunter So things like hypertension, aka high blood pressure, diabetes, hyperlipidemia, all of these factors or these conditions have been sort of continuously recognized as one of the higher prevalence base rate conditions among these populations. Other conditions that also pop up that maybe you wouldn't think about as being so common are things like hepatitis C and HIV.

Dr. Hunter So some infectious diseases that might be related to higher prevalence of substance use and other sort of risky lifestyle behaviors, and also cancer. So cancer is one that is highly prevalent among these populations. And there might also be some gender disparities, particularly in the cancer literature, showing that women might be higher risk for developing cancer compared to men involved in the criminal legal setting, which could be related to disparities in identifying action, you know, regular screenings, things like that.

Dr. Hunter So those are sort of the ones that keep popping up as being highly prevalent in in these groups and ones that also have some really, you know, important cognitive implications.

Dr. Guyton And are you seeing that these conditions are more prevalent among a criminal legal population than they are in the general population?

Dr. Hunter Yes. Yeah. So for some and most that's the case. So particularly, you know, when you look at something like hepatitis C, for example, hepatitis C in the

general population the prevalence is about 1%. But in the criminal legal setting it's hovers around 25%. So this is a big discrepancy obviously. The same thing goes for traumatic brain injury, which, you know, we're going to talk more about later.

Dr. Hunter TBI prevalence, compared to the general population, is is also higher. Rates in the general population hover between 15% and 25%. But in the criminal legal setting they're almost 50%. So yeah, so they they are more common in these populations.

Dr. Guyton And I know you probably can't say with certainty, but like, what are some of the factors that researchers believe relate to that elevated risk of these health conditions in this population?

Dr. Hunter That's a good question, and it's a complicated answer because there are so many factors that contribute to these disparities. So why would we - those who work in the criminal health setting know that there are health disparities that exist among these groups of people, and those disparities are multifactorial and related to many different things. So, for example, structural factors, these folks are, they have less access to health care.

Dr. Hunter They're more marginalized in the community. They live in neighborhoods that more than likely have higher rates of poverty. So they don't have the same access to health care that other other groups have - people who aren't involved in the criminal legal system. And then there are lifestyle factors that are at play as well. So these folks are more likely to engage in risky behaviors, things like, problematic substance use, problematic, you know, risk taking behaviors, putting themselves in situations that are more dangerous.

Dr. Hunter And then also things like psychiatric and cognitive factors come into play as well. So, these folks who who are more likely to have, sort of, more likely to have psychiatric conditions for one, so they might be more likely to experience paranoia, making them, you know, less likely to trust health care providers.

Dr. Hunter And some of that is reality based, and some of it might be driven by health, mental health reasons. And then two, you know, education attainment - folks are, are just they just have lower health literacy. So going going to the doctor, not only are they maybe less trustworthy of their doctor because they experience structural, you know, marginalization and maltreatment by health care providers, but but they have a lower health literacy, so they're less likely to understand instructions given to them by their health care providers.

Dr. Hunter And, and to move in these settings, particularly for people who have been institutionalized or incarcerated for long periods of time, they so they go from a setting that's highly structured, they're they're given their medication regimen, you know, they they don't have they don't have, much personal autonomy over their health care decisions. And then, for example, if they're released into the community, they're all of a sudden faced with all this autonomy over their health care and maybe not quite sure what to do with it.

Dr. Hunter So because of all those factors, they are more likely to be, you know, to not maintain their medication as they should or, or maintain regular health care visits. So, there's a lot at play here and why these folks have a higher prevalence of these conditions. And and two, another thing that comes to mind when thinking about that question is just the chronic stress involved in the incarceration experience.

Dr. Hunter So there's research showing that even - so so people who have any sort of contact within the carceral system are significantly more likely to experience cerebral vascular disease than people who don't have any contact with the carceral system. So that means not only people who are themselves incarcerated, but even family members, even family members of people who are incarcerated have higher rates of cerebral vascular diseases.

Dr. Hunter So this this really is a systemic issue that in the carceral experience itself is a determinant of health.

Dr. Millkey You know, I had been thinking about this as like, is this a chicken or the egg question which came first? But it sounds like it's like chicken and an egg question. You know, it's both. Well, let's drill down into some of the brass tacks. Would you mind if we started a talk with, talking about HIV and Aids?

Dr. Millkey Because it's an area that we encounter pretty frequently, and I have questions about it. What are some of the things that I should be thinking about as a clinician or that an attorney should be thinking about as an attorney representing this person as a client, as it regards the the the symptoms that might be relevant associated with HIV AIDs.

Dr. Hunter Yeah. So, well, as, as we've already mentioned, the prevalence of HIV is higher in people involved in the criminal legal system compared to general populations. And there's particular risk for HIV among people of ethnic minority groups, people who, men who have sex with men are at higher risk of developing HIV, and also people of a younger demographic, in their 20s, are more likely to become infected with HIV.

Dr. Hunter So so these are some just groups to be aware of where prevalence rates might be a little bit higher. When we think about like what are the cognitive manifestations of HIV infection and how it might impact criminal or, excuse me, psycholegal functioning, what we do know is that the rates of HIV associated neurocognitive disorder or HAND are much lower than they used to be.

Dr. Hunter So now with the initiation of combined antiretroviral treatments, or CART, the the rates of cognitive impairment secondary to HIV are much lower. So typically for an individual infected with HIV who's maintained consistent treatment with CART, they likely are going to maintain a long, prolonged period of no cognitive symptoms or minimal cognitive symptoms that may not impact functioning.

Dr. Hunter So really, what you want to be aware of with with HIV is people who may not have they may not have been diagnosed with HIV until later on. And they maybe didn't realize that they had it. So they're going a long period of time without receiving any treatment. Those folks are at higher risk of developing cognitive impairment secondary to HIV.

Dr. Hunter And and then another thing to to be aware of with this group is, they're more at risk for, or so they have a suppressed immune system. So they might be at higher risk for opportunistic infections and in some infections. So when that happens, then the risk of cognitive impairment or brain detriment is higher. So really, they need to be, you know, receiving medication heart treatment.

Dr. Hunter They also need to be medically managed and monitored to ensure that they're not contracting any opportunistic infections, which can push them into that cognitive impaired threshold. But later in life, you might see, even for somebody who has received antiretroviral treatment for an extended period of time, even for those folks, in a later life, the risk for cognitive impairment does increase.

Dr. Hunter And you you do start to see some cognitive impairment, particularly impacting what we call like subcortical cognitive function. So things like attention, working memory and processing speed, some aspects of executive functioning too, so they might just require a sort of a more deliberate, slower, presentation of information. They might need, you know, they might take a few rounds of exposure to information before they're able to really encode it and learn it.

Dr. Hunter So but that, again, might not happen until later in life. And, so really the most, the number one, the name of the game with HIV is that they've got consistent medication adherence.

Dr. Guyton I'm wondering about that, Shelby, because I think sometimes about the population of people that we serve as forensic evaluators often in jails where people are in and out of jail settings, they may have inconsistent access to those combined retroviral therapies.

Dr. Guyton And, you know, my thought sometimes is, you know, I wonder if these reductions in HAND that, you know, you're seeing in the literature, does that extend to people in the criminal legal system who may have had less, you know, less equitable or less consistent access to those therapies?

Dr. Hunter Yeah. There's really - there's so little literature on the impact of these medical conditions within these populations. Really what we have to do is just extrapolate from general population, you know, research and apply it to our setting because the the literature is so little in this topic. But, you know, the positive thing about people being incarcerated and having chronic health conditions is that at least theoretically, they're receiving consistent medication treatment for these conditions, things like HIV.

Dr. Hunter So really what you need to be thinking about is upon release, do they have, have they been educated and do they understand the importance of continuing medication after, you know, after release? So educating folks on the trajectory of these diseases and also trying to reduce some of the stigmatization that surrounds some of these conditions, because when we think about things like HIV and hepatitis C especially, stigmatization surrounding the disease is such a barrier for people to receive health care in the community.

Dr. Hunter So, that's a really important opportunity when we have folks in our care, to, to, to provide education and also to just be that voice of, you know, reducing stigma and empowering people to be autonomous in their health care.

Dr. Millkey So on the on the point of stigma, I have this, this thing around HIV that I wrestle with. I just wonder if you have any thoughts around it, because there is a lot of stigma. There's a lot of shame. There's issues around privacy among people who have HIV. And on the one hand, I don't want to out anybody.

Dr. Millkey You know, and so I will often refer to people, to folks who have HIV. I say, you know, they have a chronic immunodeficiency condition. But on the other hand, particularly, you know, taking some of the things that you shine a light

on in your article, and this is relevant in a lot of ways. I mean in terms of a person's cognitive functioning, health implications, what they might need in court.

Dr. Millkey And also, you know, if by refusing to name it, am I collaborating with the stigmatization process. Should, Shelby, do you think I should be naming HIV in my reports? Or should I stick with what I've been doing because I don't know the answer? I wrestle with it.

Dr. Hunter I would say, I think your approach of being very mindful and cautious in disclosing folks medical status is is is a good one, particularly when maybe the effects of the disease aren't highly relevant to the question that you're answering within your referral. So, yeah, I think if, if you're if, if, you know, if you don't feel like the effects of HIV are really playing a major role in your client's presentation or issues that they're facing in that evaluation, then I think your approach is perfectly suitable and appropriate.

Dr. Hunter But on the other hand, if you if you know this, if this person has experienced significant cognitive problems as a result of HIV infection, then then naming that condition and, and providing education through your report about the effects of, of the condition on functioning, I think is important. So that would kind of be my approach, I think.

Dr. Millkey Feels like good advice, Shelby. Thank you.

Dr. Guyton We got it. We are also benefiting, and our professional work from, from these podcasts as well. So in terms of that, you mentioned hepatitis also being much more prevalent in this, in this population as well. Did those have some of the same sort of subcortical effects as HIV or is that somewhat different?

Dr. Hunter Yeah. So it's it's similar in the sense that - so hepatitis C does impact the same kind of subcortical functions with regard to attention, processing speed and things of that nature. But for hepatitis C, even for folks who are medically, are receiving medication to treat, stabilize the the disease, they can still display mild cognitive deficits, particularly in those domains. I mentioned attention, working memory and processing speed. So I'd say hepatitis C might, you may even be more kind of attuned to, noticing those deficits.

Dr. Hunter And an especially if if it hasn't been treated with medication. The thing with hepatitis C that I have noticed throughout the literature that I think is really important for us to keep in mind is the impact on quality of life. So there's a big emphasis in the literature on its impacts on quality of life and and also the

stigmatization, similar to HIV, that same shame and stigmatization that folks carry is, carries over to HIV.

Dr. Hunter Excuse me, hepatitis C, maybe even to, maybe just to a different extent. And I think too with hepatitis C there's a big fear. There's a big fear about its impact on liver functioning. In some of the cases I worked with personally, folks aren't really provided a lot of education about how these diseases play out and what the kind of - what the course of the, of the illness looks like and how it, how medication impacts the course.

Dr. Hunter And so I really noticed a big fear and just misunderstanding about what this looks like. So, not only is there are there these kind of mild, mild deficits that you see across the board, they're having trouble with basic cognitive functioning, particularly if you're starting out. If your baseline is a little bit lower and then you you're dropping even a little bit that that could be a really significant impact on cognition.

Dr. Hunter So you're seeing kind of mild attention processing speed deficits. And then on top of that you're you're fearful of what this, you know, disease process is looking like for you. And then there's that shame and stigmatization component. So really, and also with fatigue is really big with hepatitis C, fatigue is one to definitely look out for.

Dr. Hunter So when I work with folks with hepatitis C, I almost always administer some sort of brief screening measure to assess quality of life, fatigue. Really kind of those, those I call more psychological, mental health focused, you know, experiences that people are dealing with. So, so I think the cognitive and the mental health psychological functioning go hand in hand with hepatitis C.

Dr. Hunter Maybe we can shift a little bit, and talk about cancer. Obviously, that is a very wide ranging disease that affects many different, you know, aspects of a person's body and subsequently their functioning. But what can you tell us sort of overall and then if need to kind of drill down into some specifics, we could do that. But overall, how does cancer impact a person's neurocognitive functioning?

Dr. Hunter Yeah. So with cancer, it it depends. So really the biggest things to be aware of and to look for when you work with somebody who has cancer is whether or not they so, so, is whether or not they received any sort of chemotherapy, what their cancer treatment looked like. So, the biggest insult to the brain occurs when an individual receives chemotherapy for cancer.

Dr. Hunter And so, that's sort of my, my go to like what did their treatment trajectory look like? How long did they receive chemotherapy? And, and so and how long ago was that? Because really with chemotherapy there are established, well-established cognitive deficits that accompany chemotherapy, but they're not permanent and they're not, most of the time they're not really long lasting.

Dr. Hunter So you're looking at after six months, a year maximum, the effects, the cognitive effects of chemotherapy, should be resolved. So but but chemotherapy, you know, chemo brain is a term that was coined because of the significant impact of chemotherapy on the brain. So you're looking at people with chemo, chemotherapy really report deficits in processing speed.

Dr. Hunter So they just talk about this brain fog. They can't think as clearly as they used to. They have difficulty with word finding, retrieving the words that they're trying to use. Forgetfulness is something that's often reported. And so really, it's like learning and memory is most challenging. Working memory and attention are also challenging.

Dr. Hunter And then processing speed too and fatigue, of course. But again after six months or a year, the effects of - most research is showing that the effects of chemotherapy should resolve, at least mostly. Excuse me. But there's also research that shows that particularly for breast cancer, that's really a lot of the cancer research focuses on the effects of breast cancer, and breast cancer treatment.

Dr. Hunter But there is also research that shows that even even being diagnosed with cancer. So before any treatment begins, there are subtle cognitive impairments that may be associated with the cancer process itself. So it makes it really heterogeneous. There's a lot of, you know, there's a lot of methodological differences in these literature bases. So it's it's really, the effects of cancer are really, really differ person by person.

Dr. Hunter But kind of as a, as a broad rule of thumb, are thinking about whether they received chemotherapy and how long it's been since the chemotherapy was discontinued. And then if you're still seeing significant cognitive impairment a year after chemotherapy was discontinued, then you might think about something else that could be going on.

Dr. Guyton But, and what about other types of cancer treatments that are chemo chemotherapy based, like radiation or other kinds of medications? Do they also impact the brain? Maybe just in a lesser way?

Dr. Hunter Yeah, I think so. But again, I think it just depends. So, you know, if you're receiving radiation to your brain, absolutely you're going to have some

cognitive deficits. But if you're receiving radiation to an area of your body that is not your brain, there really should be minimal cognitive impacts, maybe very mild, mild cognitive impact.

Dr. Hunter But in general, you know, the biggest, the biggest detriment to cognition is chemotherapy. And, with the medication, yeah, I'm not I'm not too familiar with the literature on medication effect on cognition, particularly like folks who are on long term medication to prevent recurrence of cancer. But I haven't seen any significant, I don't think significant impairment should be should be noticed in those cases.

Dr. Millkey So, Shelby, I want to ask you about cardiovascular disease. It seems so incredibly common in correctional settings and also so and the severity of it seems to be so incredibly underappreciated. It is routine for me to interview somebody, sometimes people who are like shockingly young, I think. And I'll ask, well, do you have any chronic medical conditions? And they'll say, no.

Dr. Millkey And I'll say, how about high blood pressure? And they'll say, oh yeah, how about high cholesterol? Yes. And sometimes they're getting treatment, sometimes they're not, but they don't think it's serious or they appreciate that it's serious. Is it serious? Shelby, what should we be thinking about?

Dr. Hunter It's very serious. Yes. And like I mentioned earlier, it's the number one, like most common medical condition experienced by people in these settings. And it's also the number one reason for death after release from incarceration. So this is a very a highly, not only a highly prevalent, group of conditions, but it also really has the highest morbidity for these folks.

Dr. Hunter So communicating and educating people on the importance of maintaining medication for these conditions is really imperative and paramount.

Dr. Millkey So will kill you seems pretty serious. And for myself as an evaluator or for an attorney working with somebody as their client who has cardiovascular disease, what kind of cognitive impairments should we be on the lookout for?

Dr. Hunter Yeah. So with cardiovascular diseases, what you're really looking at are diseases that impact the flow of blood to the brain. So, you're you're looking at the brain's vasculature system and any detriment to the vasculature of the brain is going to impact, depending on what area is is impacted, it's going to have a kind of a global effect on, on skills like processing speed that really your brain's ability to efficiently process information.

Dr. Hunter So, focused attention, speed of processing, working memory and to some extent, executive functioning. So cognitive flexibility, and problem solving may be impacted. And so with things like hypertension too, or really any cardiovascular condition, you're also increasing your risk for stroke. So not only are you increasing your risk for kind of global diffuse cognitive impairment, but by increasing your risk of stroke, you're increasing your risk of more of a focal, you know, impairment depending on an area that's impacted by stroke.

Dr. Hunter So also the high rate of morbidity with stroke obviously doesn't need to be mentioned. But so, the baseline impairment that you're looking at are those kind of subcortical processes. But then adding that risk of stroke on top of that you're looking at even more severe cognitive deficits. So, so you, so you as an evaluator, the thing that you should be really mindful of with these folks are, for example, somebody with hypertension, a highly prevalent condition, not taking medication.

Dr. Hunter So uncontrolled hypertension is like one of the number one risk factors for stroke. So I would say in those cases, if you're noticing that you're - you should expect with uncontrolled hypertension, particularly if it's been many years that the person has not been taking medication, that they're going to have some sort of diffuse subcortical cognitive deficits, attention working memory abilities are going to be detrimental.

Dr. Hunter But then, you also might want to question whether or not this person has had a stroke, particularly if they're if they're displaying more severe cognitive deficits, or if there's been an acute or an abrupt change in cognitive functioning. So somebody who hasn't, you know, hasn't had any involvement in the criminal legal system until their 60s, and then they present to you, with a change in functioning and all of a sudden their, you know, their cognition, their, their behaviors changed.

Dr. Hunter They don't have controlled hypertension. You might well be suspicious of a stroke, some sort of acute process. Really what you're looking out for are those acute changes as opposed to the progressive, progressive decline that you might see with another neurodegenerative disease. But still too, even if somebody hasn't had a stroke, but they have a history of cardiovascular diseases, they can still experience a progressive decline, because of progressively uncontrolled, or unmanaged cardiovascular conditions.

Dr. Millkey Doctor Hunter. You said something that I think is important, and new to me, which is that I should expect if a person has chronic, uncontrolled

hypertension, I should expect that they have neurocognitive functioning that is impaired. Is that correct?

Dr. Hunter I would say more likely than not, if you've had years of uncontrolled hypertension, I would be surprised if you didn't have some sort of at least mild cognitive deficits.

Dr. Guyton And so when you're talking about sort of diffuse impairments, are we talking about dementia like sort of mild neurocognitive disorder, moving into sort of a more major neurology, if we're thinking from a diagnostic perspective.

Dr. Hunter Possibly. Good question. Yeah. So it just depends, like, you know, everybody's sort of the way that the folks react to these changes occurring in the brain differs. And it may or may not lead to, you know, degenerative neurocognitive disorder. So really, when you're thinking about mild versus major neurocognitive disorder, the risk is going to increase as they're older, as there are a number of years that they've been compliant with, with medication or not been treating their chronic health conditions.

Dr. Hunter And then if they've had any strokes, they may not even realize that they've had had strokes if they've been mild strokes. So really, with those folks where you're concerned that they might have progressed into the neurocognitive disorder land, neuroimaging is going to be really helpful to parse apart, and to understand really what's going on neurologically and to see whether this is a vascular process, maybe contributed to by cardiovascular diseases.

Dr. Hunter So, yeah, doing neuroimaging, that's certainly going to be very helpful in those cases. And considering somebody who's functional level of functional independence is going to be key to determining degree of impairment.

Dr. Guyton You have been listening to our discussion with Dr. Shelby Hunter about neuropsychological evaluations within the legal system. If you would like to hear the rest of this podcast or receive continuing education for this course, please visit our website at forensicbriefs.com and check out our membership options.

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