Case Studies for Delirium and Dementia

From: GNRS 584: Mental Health Nursing
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Meet the Brady’s

Howie and S., 89 & 87, currently living at home with the following medical hx.

H. has L₆ fx. 6 months ago, prostate Ca for 3+ yrs. (has declined tx) with hypertrophy, long standing hypothroidism, and skin disorder that leaves a chronic groin and scrotal Stage II-III wd., and has declining cognitive, social and physical functioning over last year. Old hearing impairment kept him out of armed forces.

S. developed wandering behaviors, delusional thinking and agitation c nocturnal sleep disorder.
Meet the Fife’s

D. and A., both 84, currently living at home with the following medical hx.

D. lost sight in L eye 30 yrs ago due to glaucoma, NIDDM for ~ 20 yrs. with pain from neuropathy, cycles through depression espec. if stops meds, and has a virtual pharmacy in his home – r_x & otc’s. Recent x2 TIA with blindness.

A. has severe osteoarthritis of knees, takes a cardiac beta blocker, recently sustained a fall with several bruised or fractured ribs.

Both = decreased energy, and increased forgetfulness, and interrupted sleep patterns.
Medications

- H. takes Levothyroxine, Lexapro, Tylenol arthritis, risperdal, mag colate, MVI, Metamucil caps, Tetracycline, and Razadyne

- S. takes Exelon, Namenda, Lexapro, Vytorin, DSS, and Seroquel.
Medications

D. takes Metformin (Glucophage), Gabapentin (Neurontin), HCTZ, Levothyroxine, Wellbutrin, Tomazepam, terazosin, baby asa, plavix, & brimonidine, levobunilol, travatan eye drops, omaprazole & chloranthiamin

dine maleate prn.

A. takes pepcid & diazepam prn, lisinopril, atenolol, and triamterine HCTZ.
Positive Coping Factors

- H. & S. – dtr and son close by and available in case of emergency, have continuity of 24/7 in home private duty care givers with an Alzh. Specialist C.M., and House Call Doc.’s
- Have fenced in yard and patio with locks, house doors are alarmed, well resourced for whatever pt. needs.
Positive Coping Factors

D. does regular pool exercise, has a mini paper route within retirement complex, does yoga once or twice weekly, now has a computer and collects jokes and funny stories, volunteers at the local hospice fundraisers, is involved in U.U.church.

A. belongs to a professional sorority, plays bridge 1-2 x’s monthly, gets her hair done 1-2 x’s a month, and does the domestic tasks, e.g. cooks their meals, shops, laundry, etc.
True or false

Bereavement is risk factor for depression.

10 – 20% of widows/widowers experience depressive symptoms during the first year of loss.

Crying, anxiety & agitation, insomnia and loss of appetite for more than 1 month = major depressive disorder. (p.655)

Depression is the greatest risk factor for suicide.

Social support to be meaningful has to be reciprocal.
True or false continued

- Suicide is the leading cause of death among > 65 yrs.
- Risk factors include chronic illness, polypharmacy, care of pets (increased falls), grief and loss, and poverty.
- Spirituality and spiritual interests wanes with age.
- Never give pt.s c delirium psychotrophic meds. (p.677)