

Depression and Nutritional Assessment: Case Study

Steve Ryan, MD, MPH

Mrs. R. is an 81 year old woman who is brought to your office by her grandson, visiting from out of town. He has not seen her in over five years, but is concerned that she has either become demented or has cancer. He came to your office after searching for physicians off the Internet. Her regular physician is out of town. He reports that she looks skinny and unkempt compared to five years ago. He has brought along a picture from a family reunion 5 years ago to demonstrate his point.

Mrs. R is alert and pleasant to speak with. She admits that she doesn't look the same as the picture, because " I'm old! ". She adds that her grandson has always been one to make a 'mountain out of a molehill'.

When asked about change in her habits, her answers are vague. She cannot offer what she ate for dinner last night or what she did over the last week that was fun.

She brings in her pills in a bag. Her grandson also recalls that she was in the local hospital about 3 years ago for a urinary tract infection. Records from the hospital are faxed over and reveal the following:

PMHx: osteoarthritis both knees, and hypertension

Meds: Enalapril 10mg QD, celebrex 100mg BID, furosemide 40mg BID (matches pill bottles in bag)

ROS: No headaches or neuro changes. Notes slight increase in edema and shortness of breath for past month. Increased OA pain in her knees for past few months. Possible decreased appetite and difficulty sleeping.

Physical Examination:

In general: Pale, thin woman in no obvious distress. Fair grooming but no make-up.

BP 110/70 P 84 sitting, BP 100/70 P 100 standing R18, Afebrile

Lungs Fine bibasilar rales, improve with cough

CV Regular, 2/6 SEM without radiation

Abd Non-tender, no palpable organomegaly

Extr 1+ edema bilaterally, mild bony deformity in both knees

Neuro Alert and oriented

Gait: Difficulty with sitting to standing

Steps slightly short and hesitant

Balance fairly normal, but sways with eyes closed

Labs (others upon request)

CBC normal, Na 140 K 4.5, BUN 42, Cr 1.3,

UA normal

Questions:

1. How do you evaluate decreased intake and possible weight loss?
2. What factors might be contributing to worsening cognition in her?

2. How do you differentiate depression from dementia in a patient such as this?
3. What else do you want to know about her mental/ neurological health?
4. What interventions have been shown in randomized controlled trials to improve cognition?
5. What interventions have been shown in randomized controlled trials to improve nutritional status?