

Answers to Dementia/Sensory Impairment Case

1. What other history would you get from patient/family?

Exact time course of forgetfulness. Functional history, how long son has been doing IADLs and why. Sx of depression. Behavioral problems: agitation, wandering, paranoia, accusatory behavior, sleep disturbance.

New info: Rather abrupt decline in function a few years ago. Recent continued decline. Tried to walk out of the house. Refuses to take a shower. Sleeps okay.

2. Is there anything else you would add to her physical?

Exam for visual fields and acuity (Snellen); hand held audiometer test for hearing

New info: Fields full. VA –count fingers only. Remarkably impaired hearing with hand held audiometer

3. What is the differential diagnosis of her son's "chief complaint".—i.e. refusing to go to senior center?

Dementia (most likely vascular given sudden onset and relatively stable course till recently, possibly mixed with Alzheimer's as well. Need to rule out metabolic problem like B12 deficiency or hypothyroidism), depression (loss of husband and function), sensory impairment (decreased vision possibly due to retinopathy, cataracts) and impaired hearing.

4. What is the appropriate workup as indicated by the history and focused physical exam?

Some test of cognitive function e.g. Folstein MMSE; "dementia bloods": CBC (clues to B12 deficiency), chem 7 (glucose) or profound metabolic disturbance, B12 (?deficiency), TSH, RPR. Imaging study of the head as indicated by neuro exam and history. No need for CT of the head if classic history of Alzheimer's disease. But if need to R/O subdural hematoma, stroke, or space occupying lesion based on history or PE, it's appropriate to obtain scan.

New info: MMSE 18/30. B12=198 (nl 200-900 pg/ml), Hemoglobin 10 g with MCV 90, BS 200 mg/dl. CT head done because of sudden decline in function three years ago and new decline in past three months: several lacunar infarcts, periventricular white matter disease, atrophy

5. What is the appropriate management?

Ophthalmology referral to correct vision if possible. Audiometry to see if appropriate for hearing aids or amplification device. Better control of BP. Referral to dementia ADH program. Family referral to Alzheimer's Association support group. Can try behavioral maneuvers like redirecting or distraction before bathing; if unsuccessful can try low dose haloperidol or resperidone. Can consider donepezil (Aricept). "Wander Alert" bracelet. Infrared door sensors or locks out of site (avoid those that use keys). Consider home health aide to help with caregiver stress. Address health care proxy if patient has capacity to decide. Advance directives. Assess family's ability to care for patient at home and whether more supervision is needed at home or patient needs more supervised setting—i.e. ADH, nursing home with Dementia Unit. Education for family regarding safety like gas shut-off valves, smoke detectors, etc. Can try to involve patient in the discussion as much as possible.

New info: Saw ophtho, had laser treatment, cataract surgery and correction of refractive error—VA improved to 20/40. Hearing aids were recommended but the patient's family couldn't afford so they got an amplification device at the local electronics store and MMSE is now 22/30. B12 repletion. Increase in BP meds and now normotensive. Attending ADH for dementia patients—loves it and brings you a clay pot she has made. Has HHA. Gets 0.25 haloperidol before bath. Son attending support group where he has made a friend. "Wander Alert" bracelet.