Case 3 : PsychoGeriatrics

Clinical Case

A 78 years old woman previous autonomous, is admitted in ER by his worried family. She lived in Nursing home since 6 weeks after the death of her husband.
 She has some behavioral disorders since 2 weeks : hallucinations, desorientation, anxiety, inconsistence langage, she walked around last night and falled .
  She refused blood sample, didn't let herself examine at ER first.
In a second time a blood sample,a cerebral CT and RX were realized.

Medical History

- TIA (Transient Ischemic Attack)
- Hypercholesterolemia
- HTA
- Diabetes Non Insulin Dependent
- Meniere's Disease
- Depression
- Osteoporosis

Treatment

- Betahistine 3x/day
- Sipralexa 10 mg 1X/day
- Loramet 1 mg /day
- Metformin 500 mg 2x/day
- Zocor 40 mg 1x/day
- Paracetamol if necessary
- Ditropan 5 mg 1/day
- Fosamax 70 mg 1/week
- Cacit D3 1000/800 1x/day
- Cardioaspirine 80 mg 1x/day
- Quietapine 25 mg 1 x/day

Complementary Exams

Biology : GFR MDRD 60 ml/min Glycemia 199 mg/100 ml HA1C 7%
CRP 10 mg/dl Cholesterolemia 250 mg /dl
B12 ,Folates Normal
Thyroid function Normal

Cerebral CT : Leucoaraiose Scheltens Score 1- 2

Wrist Rx : fracture

Thorax and Abdominal RX : cardiomegaly and stercoral stasis

Clinical examination :

12/8 RC 88/min reg 36.6 96% Satu weight 66 kg
Co B1 B2 reg ss-
Po clear
Abdominal examination –
Neurologic exam: confused ,agitated, cranial nerves ok no larerality

CGA : Geriatric Assessment   Before her admission at Nursing home

- ➢ **ADL Katz scale** 7/24 autonomous (accidentally incontinence)

- ➢ **IADL Lawton scale** 6/8 (need help to prepare meals and go to the store)

- ➢ **MMSE** 24/30 (0/3 memory and loss in orientation)

- ➢ **MOCA** 18/30

- ➢ **Tinetti** 19/28

- ➢ **MNA – sf** 11/14

- ➢ **GDS** 10/15

- ➢ **Social:** Nursing Home since she lost her husband

1. You are the Geriatrician from the Internal Liaison Team:
   What are you doing first ? Do you know different scales for delirium?

2. Do you change something about the treatment?
   Could you explain inappropriate prescription?

3. What do you propose after the acute phase?

4. Could you give some hypothesis of diagnoses?
   Could you speak about Dementia or not?

5. Do you know the Scheltens score?