



Case studies in geriatrics



Mr DM – 76yr old gentleman

- Lives with elderly wife in their own home with their two dogs
- Brought by daughter – concerned about falling and fear of falling



Mr DM

what should be done next

- a) Full history and medication review
- b) MRI brain
- c) Tinetti balance assessment
- d) Timed-up-and-go

Mr DM

Functional status – independent in basic activities of daily living, no longer driving and struggling to manage household finances (yet on the board of trustees for a conservation park)

medication

- Duloxetine
- Amitriptylline
- Seebri inhaler/budeflam inhaler/serevent inhaler
- Arcoxia
- Panado
- Zanicidip

conditions

- Depression
- Peripheral neuropathy
- Spinal stenosis
- Bronchiectasis
- Previous prostate cancer
- Hypertension



Mr DM what concerns you most?

- Multimorbidity
- Polypharmacy
- Potentially inappropriate drugs
- Falls
- Frailty



Mr DM what would you do?

- Stop amitriptyline and review need for other drugs
- Other investigations for falls
- Biokinetics/physiotherapy
- Screen for fracture risk
- Review frequently



Mrs MS 85yr old lady

- Lives in retirement home with 24 hour care
- 3 admissions in 3 months (each more than 10 days)

Mrs MS

Conditions

- HFrEF (EF26%)
- T2 Diabetes
- Hypertension
- Cognitive impairment
- Falls

Medication

- Glucophage
- Lantus
- Trustan
- Crestor
- Spiractin
- Carvedilol
- Clopamon
- Vesicare
- Coversyl
- Caltrate plus

Mrs MS

- Fecal and urinary incontinence
- >5kg weight loss (previously weighed 50kg) in 3 months
- Unable to mobilise or transfer
- Fatigued

Mrs MS is she frail?

- YES!
- F – Are you fatigued?
- R – Resistance (can you climb a flight of stairs?)
- A – Activity (can you walk around the block?)
- I – Number of Illnesses (≥ 5)
- L – Loss of weight ($>5\%$ in 6 months)



Mrs MS now what?

- Now clinically pneumonia again, heart failure and hypoactive delirium...



Mrs MS

- Advanced frailty
- Discuss with family – this is probably the best time for palliative approach