The Case of Mrs. C.
“Complexity, Confusion, Confabulation”

Or

The Three “C’s”

&

Four Roses
Panel members

Moderator: Ed Vandenberg MD, CMD,
Panel members:
Linda Farho, PharmD, BCPS
Brenda Keller MD, CMD,
Barb Robertson MA, RD, CNSD, LMNT
Laura Bilek PT, PhD,
Nancy Kelley-Gillespie, PhD,
Diane McGee RN MSN
Setting; the panel must take the position that they are each in private practice in a capitated medical system. They do not have a mutual-shared electronic medical record system.
Mrs C: “Complexity, Confusion, Confabulation”

- 83-year-old African-American female
- Outpatient clinic
- Progressive cognitive decline
- IADLs-burning food, medication errors, financial victimization?
- Alcohol consumption (little or lots?)
Co-Morbid Medical problems

- **Unintentional Weight loss:** ↓22# over 18 mo
- **Falls:** 1 mo. ago, no LOC, unable to get up
- **Osteoarthritis** – Cervical/lumbar spinal stenosis with radiculopathy
  - chronic pain, numerous meds, unable to travel or clean house.
- **Depression** – active x 15 yrs
- **Urinary incontinence-urge**
- **History of strokes** x 2 (1991 & 2006)
Past medical history

- Hypertension - poor control
- Allergic rhinitis - lots of symptom complaints
- Anemia - chronic disease
- Vitamin B12 deficiency - no replacement
- Hypothyroidism
- Vision impaired - glaucoma - no eye exams
- ? Restless leg syndrome
Social History
& Advanced Directives

- Seven children, all “coming and going” with limited responsibility
- Widow x 15 yr
- Jehovah’s Witness
- Family members claiming to be POA’s without documents
- Full code
Medications

- L- thyroxine 0.125 mg/ (thyroid)
- Detrol (tolterodien) LA 4 mg/d  (bladder)
- Valsartrar/HCTZ 160/25 q. d.  (hypertension)
- Requip 1 mg/d  (restless legs)
- IMDUR (isosorbide) 30 mg/d  (htn & heart)
- Ferrous sulfate 325 mg tid  (iron)
- Aggrenox bid  (stroke prevention)
- Gabapentin 300 mg bid  (neuropathic pain)
More Medications
(the “good” and the goofy stuff)

- Fentanyl 50 mcg patch q. three days
- Percocet 7.25/325 mg 2 tid (pain) (narcotics)
- Herbal life one per day
Physical exam

**VS:** lying 170/100; standing 160/90-118 # - HR 70

**ENT:** normal hearing; vision 20/40 corrected

**COR:** normal

**ABD/pelvic/rectal:** normal, heme negative stool

**MSK:** ROM normal with pain right leg

**Neuro:** Mild right hemiparesis. Gait; shuffling, problems with initiation. Fails up and go test.

**MS;** MMSE; 22/30 (1/3 IR); GDS 10/15
Neuropsychological testing.

- **Moderate impairment** - language, visual-spatial, memory
- **Severe impairment** - Trails B
Labs

**Abnormals:**
Hemoglobin-11, reticulocyte count-30,000 (0.8%), ferritin 286, K- 3.1, TSH-13, vitamin D < 7, vitamin B12; 200

**Normals:** CMP, UA, ESR, LFT, albumin 4.2, urine drug screen negative, heavy metal screen-negative
**IMAGING**

**CT head:** 1. Bilateral lacunar infarcts caudate head and anterior internal capsule. 2. Atrophy.

**Mammogram/chest x-ray**
- Normal

**LS spine**
- L1 mild compression fracture.
- Mild to moderate degenerative lumbar spondylosis.
- Postsurgical decompression L3 through L5
Home healthcare/pharmacy findings

Medications not refilled or un-used.

- **Detrol** (tolterodine) LA (bladder) -not refilled
- **Requip** (restless legs)-not refilled
- **IMDUR** (isosorbide) (htn & heart)-not refilled
- **Ferrous sulfate 325 mg tid** (iron)-bottle empty and refilled with L-thyroxine
- **Aggrenox** (stroke prevention) -not refilled
- **Gabapentin** (neuropathic pain) -not refilled
- **Fentanyl** (narcotic)-applies intermittently
- **Percocet** 2 tabs TID probably - takes regularly
- **Herbal life** 1 tab q. d. -takes regularly
Home Healthcare Nurse findings

- House disarrayed
- Old food in the refrigerator
- Empty alcohol bottles (Southern Comfort, Four Roses)
- Family members visiting, eating but providing little support.
Putting the plan together
What the clinical team did

Problem list;
1. Mixed dementia (vascular-alcohol).
2. Depression - minor.
3. Falls secondary to CVA, dementia, alcohol use, and medications.
4. Osteoarthritis.
5. Weight loss secondary to dementia and possible alcohol.
6. Hypertension.
7. CVA.
8. Anemia.
10. Hypothyroidism, noncompensated.
13. Impaired vision - under care.
15. Vitamin D deficiency.
Family Meeting

Patient and family goals;
1. To have her remain independent and in her own home as long as possible.
2. Improve her cognitive and physical condition
What the team did

**Dementia**
- establish power-of-attorney,
- activated power-of-attorney,
- stopped alcohol,
- increased social and cognitive activities,
- added Aricept (donepezil) (watch weight closely)

**Depression**
- Mirtazapine 7.5 mg nightly x 2 weeks then up to 15 mg, stop trazodone
- increase social and cognitive activities.
- ENOA has added case manager and will add 18 hours per week of home care.
What the team did

Falls
-Physical therapy, home safety assessment

Osteoarthritis-Pain
- Stop Percocet,
- Begin Tylenol 500 mg 2 tablets t.i.d.
- Begin oxycodone 5 mg 2 tablets t.i.d. and 1 q. 8 hrs. p.r.n.
- Future convert to OxyContin & limit the number of p.r.n. oxycodone.
What the team did

**Weight loss-dementia, alcohol, living alone.**
- Regularly scheduled meals,
- Family eating with her –scheduled

**CVA-Hypertension**
- needed for lipid & BP control,
- continue with Aggrenox.

**Vitamin B12, D deficiency & hypothyroid,**
- improved replacement, medication administration
- Home orthostatic blood pressures
- Vitamin D 50,000 units 2 times per week times five weeks
What the team did

**Vision impaired-glaucoma**
- see ophthalmology

**Urinary incontinence-urge**
- (worsened off Detrol)
- Attempt to teach delayed void exercises
- If fails trial of biofeedback.
- Adult incontinence briefs
Most recent PT report

Goals-improve endurance, strength, balance
Assessments:
- Tolerates re-strengthening exercises well
- Pain main limiting factor
- Showing slow progress
Plan:
Continue therapy 4 more weeks, if no further improvement discharge from therapy