CAPACITY CASE STUDY – MR. KAPPA

Mr. Kappa is a 75-year-old gentleman living alone in a dirty, cluttered one-bedroom apartment in an Ottawa Housing building. He presents with multiple chronic health conditions that impact on his function. He was referred to the Geriatric Assessment Outreach Team (GAOT) for assessment of cognition, function, risk, falls and concerns regarding financial abuse.

PAST MEDICAL HISTORY	MEDICATIONS
Hypertension	Bisoprolol 2.5mg 1 tablet daily
Coronary Artery Disease	Candesartan 4mg 1 tablet daily
Stroke (right sided deficits)	Clopidogrel 75mg 1 tablet daily ECASA 81mg 1 tablet daily
GERD	Pantoprazole 40mg 1 tablet daily
Cirrhosis – past alcohol abuse	Thiamine 1.2mg 1 tablet daily
Macular degeneration – legally blind	Bisoprolol 2.5mg 1 tablet daily

DURING THE ASSESSMENT

Physical Environment: Dirty (discolored walls, filthy sheets, dusty), unkempt, scant amount of food in home, garbage bags full of clothes and belongings (had bed bug treatment of apartment 2 months prior), bug infestation (bed bugs but also when assessor looked in the fridge, tiny flies came flying out. Scant furniture-mattress on the floor. Not disturbed by state of apartment. Apartment was deep cleaned twice in the past two years due to compalints from other tenants.

Social History: He grew up in poverty in a small community out West. Finished high school. Had several jobs in past: laborer, interior painting, and bar tender. His beliefs and values are deeply rooted in his culture. Had been homeless for many years so thankful to have a roof over his head. A friend helped him become sober in the past which enabled him to leave the shelter and move into his current apartment. He gives this friend money quite frequently because he feels so grateful and indebted to him even though it means he might not have enough funds to pay his rent or eat properly. His friend has a drug addiction but states that he will repay him the money. Client goes out daily to either a local shelter, to a community resource center where they have culturally sensitive programming or to the mall and hangs out with friends. He manages to organize himself to visit friends out West and lives in a shelter when he does. He never married, did not have any children, has minimal contact with his sister. He is unsure whether he has given his sister or his friend POA for property and/or health care.

Medical: 4 recent visits to ER in the last 5 months (fall, anemia, pneumonia, chest pain). Is followed by a nurse from PCO/Community nurse. Has resumed using alcohol in the past year, but denies significant consumption. Unclear compliance with medication.

Mobility: Walks with an unsteady wide based gait. Will occasionally use cane for support but not consistent.

Falls: 2 in last 6 months. (1) 4 months prior, resulting in traumatic head injury. He tripped over clutter

in his apartment. (2) 2 months prior, alcohol related fall in the street which resulted in injury to right knee.

Cognition: Resolved delirium from head injury. Attentive and engaged throughout the assessment. Able to provide details about past and present events. Tangential at times. Seemed to lack insight and

judgment regarding safety and functional limitations (as per clinician). Independence is very important to client. Declined services in the past as he did not want to spend all his time at home waiting for care providers to show up. Not getting lost. He knows his monthly income and payments due but is unsure about what is in his bank account.

Current: MoCA 16/25 (5 items removed due to visual impairment); 0/5 with recall (5/5 with cueing), ½ abstraction, 0/3 language.

Function: Independent with ADLs. Some difficulty with IADLs; sometimes forgets to pay his bills, difficulty managing his medication and does laundry and cleaning when he remembers. He declined personal support services at home. Eats main meal when out.

Future planning: When asked about his current living conditions, client told visiting nurse that he intends to move out West and this apartment is temporary. However, when he goes there for a visit, he always wants to come back to Ottawa. Housing coordinator worried that he will be evicted due to state of apartment, infestation and unpaid rent.

Safety concerns: Client denies worrying about any of these issues.

- **Medication Mismanagement:** Medications dispensed in blister packs which are littered throughout the apartment. Admitted to not like taking medication.
- **Financial vulnerability:** Giving friend money at the expense of paying rent and buying food. Friend knows his PIN number. Unpaid bills noticed in the home.
- **Malnourishment:** Reported weight loss of 15lbs in the last 2 years; clothing quite loose. Eats one meal daily at shelter, community resource centre or restaurant. May have peanut butter sandwich when gets home. Very little food in the home.
- **Falls:** environmental trip hazards, visual impairment, poor nutrition, inconsistent use of mobility aid, history of previous falls and loose-fitting clothing

DISCUSSION ALGORITHM

- **Is the client making poor life decisions?**
- **Do you wonder if these are poor choices or incapabable choices? What is the difference? Potential causes of each?**
- **If you suspect lack of capacity, which are you concerned about?**
- **What are the questions you would ask to assess capacity?**
- **What issues will capacity assessment not address?**
- **What further actions are within your scope of practice based on legislation?**