



GERIATRIC EDUCATION SERIES DEMENTIA

COGNITION CASE STUDY 1 – MRS. CEE

Mrs. Cee is a widowed 78-year-old woman living alone in a 2-bedroom apartment. Her son lives in the area and visits regularly.

Her PCP is concerned about memory, driving and ability to manage her medications. She recently missed an appointment. Mrs. Cee has no concerns regarding cognition and reports being independent with all ADLs and IADLs. Her blood pressure is 180/87. Her son is worried about changes in her short-term memory. At a recent visit, she made him lunch and her famous chicken pot pie did not taste as usual. The week prior, she had burned a pot. He has noticed that she is increasingly argumentative.

She was admitted to hospital with a delirium in 2 years prior which was believed to be due to taking multiple medications, including analgesics and sedatives.

Investigations

- CT head – extensive microangiopathic disease in the periventricular white matter.

DURING THE ASSESSMENT

Mrs. Cee cooperatively participated in the assessment since her PCP requested it but thought PCP was being overly concerned. She understood all instructions and was able to articulate her responses clearly and logically, albeit with short brief sentences. Mrs. Cee did not lose her train of thought and was able to focus throughout the two-hour assessment.

Cognitive screening

- MoCA 22/30 (normal is 26 or above)

| PAST MEDICAL HISTORY | MEDICATIONS |
|--|--|
| Hypertension | Ramipril 5mg 1 tab daily |
| TIA (4 years prior) | ASA 81mg 1 tab daily |
| Diabetes | Metformin 500mg, 1 tab three times daily |
| Grade 1 cystocele with overflow incontinence | Oxybutinin 40mg 1 tab daily |
| Osteoporosis with compression fracture @ T12 (2 years prior) | Prolia Injection every 6 months |
| Insomnia | Trazodone 50mg 1 tab at bedtime |
| Vitamin B12 Deficiency | Vit B12 1200mcg 1 tab daily |
| Delirium (2 years prior) | |
| Decreased hearing | |

DISCUSSION QUESTIONS

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|----------------------|--|
| IDENTIFY | 1. Is further assessment warranted? 2. What are her risk factors for developing cognitive impairment |
| SCREEN/ASSESS | 3. What are the changes in cognition, function, behaviour, and safety? 4. What was the onset and progression of the changes? 5. What cognitive screen was used? 6. What more needs to be done to determine the cause of her cognitive impairment? |
| INTERVENE | 7. What strategies and interventions would you recommend? |
| APPLY | 8. How would you apply this to your work context? |