

Montana Geriatric Education Center

Case Study

on

Assessment and Diagnosis of Depression in an Older Patient

Videoconference I

Objective: Given the following case, discuss evidence-based assessment specific to your discipline, of an older adult with significant depression.

Chief Complaint: MR is a 76-year-old female whose granddaughter is concerned about the patient's "nervous condition."

History of Present Illness: Mrs. Mable Smith, age 76, was brought to your office by her granddaughter, Trudy, for assessment of nervousness. Mrs. Smith lives in the two-story home her husband built 60 years ago on their ranch ten miles out of town. The patient's husband died five years ago, and Trudy, the 25-year-old granddaughter, has visited frequently since that time. She has become increasingly concerned about her grandmother's social isolation, lack of interest in activities and poor sleep. About a month ago, Mable's dog had to be euthanized at the vet's office and last week Mable was hospitalized herself for pneumonia. It was the hospital case manager's recommendation that Trudy stay with the patient while she continues her antibiotic therapy.

Trudy tells you her grandmother was quite active in quilting all her life, and has several blue ribbons she won at the State Fair through the years. In the past 18 months Mable has lost all interest in quilting and doesn't seem to want anything to do with past activities she enjoyed. In fact, Mable hasn't joined her friends for their usual monthly breakfast for about a year. She refuses to get another dog.

Trudy sometimes has to work nights and fears leaving her grandmother alone. In recent weeks she has found Mable drinking alcohol. Trudy states her grandmother reportedly needs her "nightcap" to help get her to sleep especially when Trudy is away. Mable is often afraid at night because last week an elderly acquaintance was robbed on his way to the grocery store.

Trudy sometimes hears Mable talking to her dead husband, and Mable says he still helps her make decisions. Mable often prays that "the Lord will just take me" so she can be with her deceased husband. Mable's appetite fluctuates and Trudy notes she sometimes doesn't eat for one or two days, insisting she just ate or isn't hungry.

Trudy has often mentioned that her grandmother should sell the ranch and move into town. Mable adamantly refuses relocating and fears this is a plan to ultimately get her to a nursing home.

Past Medical History: Osteoarthritis, hypertension, osteoporosis, anxiety, hypokalemia, gastro-esophageal reflux disease.

Medications:

Levaquin 500 mg PO daily X 10 more days for pneumonia

Hydrochlorothiazide 25 mg ½ tab PO daily for hypertension

Toprol XL 100 mg PO daily for hypertension

Acetaminophen 650 mg PO TID for osteoarthritis of hips and knees

Valium 5 to 10 mg PO TID for nerves

K-dur 10 mEq PO daily for hypokalemia

Nuprin 200 mg PO BID for knee and hip pain

OsCal 500 mg. with Vitamin D 200 IU mg PO daily for osteoporosis

Allergies: Sulfamethoxazole

Social: Mable is one of six children. Three of her siblings are deceased. She is the youngest of the other two siblings who now no longer drive. Mable has been a widow for five years. She resides in a two-story home in a rural area. She and her husband were ranchers and they had four children. Trudy is the youngest grandchild and is the relative who lives closest to Mable. The nearest neighbor is two miles away. Mable continues to drive. She has Medicare and a supplement.

Family History: Hypertension (father and two siblings). Colon cancer (one deceased sibling). COPD (father). Dementia (type unknown in the mother). The patient's mother died in a nursing home.

Physical Examination: 5'5" Weight 109 lbs. Highest weight was 135 lbs. BP 106/60. T 98.6 P 55 R 12. PE was unremarkable except for the following: MR was unkempt in her appearance although appropriately dressed for the weather. She was alert and oriented to person, place, time and season. She scored 26/30 on the MMSE. She missed an item on the 3-item recall and three items from the serial 7s. She stated she didn't feel the need to be at "another doctor's office" and couldn't understand why her granddaughter was concerned although she appreciates having company at night. She related her only "real" problem is "bad nerves" and the Valium helps her with that.

Laboratories: Most recent lab work available was from Mable's hospitalization indicating an abnormally elevated WBC and abnormal chest x-ray consistent with pneumonia.

Discussion Questions:

- 1) Identify the DSM-IV criteria for depression presented by the patient.
- 2) Evaluate the screening instruments utilized to further assess the patient's depression and comment on her current MMSE results.
- 3) Describe the patient's passive suicidal ideation and how it may be further assessed.
- 4) Identify any psychosocial stressors that may be contributing to her current status and how they might be addressed.
- 5) Identify any medications that may be contributing to the patient's current status. If appropriate, suggest alternative medications or strategies.