

## CASE STUDY ON GERIATRICS

### CASE

MM, a 76-year-old white female, weight 50 kg, height 5'2." She has no known drug allergies.

**Chief Complaint/History:** MM was recently found to have Alzheimer disease. Before the diagnosis, her family noted that she was constantly misplacing familiar items, such as her keys and eyeglasses. She also seemed to be having difficulty remembering regular appointments and medications. She also often speaks of certain long-deceased relatives as being still alive and sometimes calls her son by her brother's name. Around the house, she often leaves the stove on after cooking. She regularly seems to get disoriented. She seems more irritable and anxious, even around familiar friends. Her family is concerned about her ability to remain living at home independently and recently started looking at group homes focusing on care of patients with early-stage Alzheimer disease. This has been difficult because MM gets angry during any conversations regarding leaving her home.

**Medical History:** Osteoarthritis, hypertension, history of iron-deficiency anemia, no longer treated, frequent urinary tract infections.

**Laboratories at last medical appointment:**

Sodium: 137 mEq/L

Potassium: 3.9 mEq/L

Chloride: 110 mEq/L

CO<sub>2</sub>: 25 mEq/L

BUN: 22 mg/dL

Serum creatinine: 0.9 mg/dL

Glucose: 105 mg/dL

Cholesterol: normal

Liver function tests: within normal limits

CBC and differential: within normal limits

Urine: clear, no bacteria or protein

**Social History:**

Tobacco use: None

Alcohol use: None in recent years

**Medications:**

Lodine >L 400 mg PO once daily

Univasc 3.75 mg PO once daily

Hydrochlorothiazide 12.5 mg PO once daily

Her attending physician prescribed her Aricept®.

# Case Geriatrics

**D Kirk**



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