North East Specialized Geriatric Centre
Centre gériatrique spécialisé du Nord-Est

Date: May 1, 2019

PLEASE NOTE that Project ECHO® Care of the Elderly case recommendations do not create or otherwise establish a provider-patient relationship between any ECHO Care of the Elderly Hub team member/presenters and any patient whose case is being presented in a Project ECHO® setting.

All resources are posted in the COP website, under "May 1 – Delirium". You must be logged in to view the resources.

Case Synopsis:
83 y.o. with multiple falls in 2 months. She went to ER at least twice for falls. She was treated by ER for UTI with Nitrofurantoin. Complaining of generalized weakness, feeling off balance, poor concentration, and lethargy and "foggy head" for past 2 months. Does not report any urinary symptoms, denies any improvement after UTI treatment.

1. What is the cause for the generalized weakness and lethargy?
2. Did she have a UTI causing delirium and falls?
3. Is this a syndrome post-delirium?
4. Any further work-up needed at this stage?
5. How can we manage her symptoms better, as she has been attending the clinic almost weekly complaining of same symptoms?

Summary of Recommendations

- Cardiac workup given history of autonomic dysfunction, hypertension (ECHO and Holter Monitor)
- Further screening of diabetes with HbA1C
- Assessment of bone health including BMD (then CAROC or FRAX) to identify fracture risk and to consider additional fracture prevention strategies in the context of frequent falls
- Functional assessment with standardised tools (e.g. Get Up and Go, Functional Reach, Chair Stand test)
- Assessment of depression/anxiety using validated tools (e.g. PHQ-9, GAD-7) and possible referral to SW via LHIN/Home & Community Care or geriatric mental health outreach to support patient's coping at home
- Comprehensive psychosocial assessment to identify presence of social isolation, loneliness, or lack of engagement with previously enjoyed activities due to fear of falling and to capture a sense of her personhood, life history, family/friends support
- Assessment of dietary intake/nutritional status
- Further assessment of sleeping problems including completion of sleep diary
- Reassessment of COPD with PFT as a possible contributing factor to her fatigue and lethargy

- Fluctuating course of inattention maybe a positive sign for delirium or possible symptom of underlying depression.
- Explore possible use of alcohol as a cause. Could utilize a screening instrument such as the Short Michigan Alcohol Screening Test-Geriatric version (SMAST-G) or Senior Alcohol Misuse Indicator (SAMI) for example. Geriatric day program referral may offer social, mental and physical activation
- Deprescribe potentially inappropriate medications. If persistent/bothersome gastritis, consider famotidine as the least anticholinergic H2 blocker. 300mg ranitidine=40mg famotidine
- Broad approach to care and investigations as a general geriatric principle with the view that a culmination of factors (e.g. foot drop, UTI, anticholinergic effects from Ranitidine etc.) have played a role in her symptoms rather than one single cause
- Referral to geriatric outreach team for a comprehensive geriatric assessment and to help identify any issues in the home that may not be apparent in the clinic setting

Resources:

- Oakville Trafalgar Memorial Hospital's Geriatric and Senior Specialty Services https://www.haltonhealthcare.on.ca/services_/28763/s29695-geriatric-and-senior-specialty-services