VIPE ACADEMY

STUDENT GUIDE: CHRONIC CONDITIONS AND ELDERLY CARE

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Case 2: Elderly Care and Dementia

Case Objectives:

- Identify and interpret the early clinical, cognitive, functional, and psychosocial indicators of dementia progression in an older person (mild stage).
- Develop a person-centred, interprofessional care plan that states the contribution of each profession (general practice, nursing, occupational therapy, physiotherapy, nutrition, pharmacy, social work) and set at least one measurable goal to maintain functional independence, improve safety, and maximise quality of life.
- Coordinate interventions across primary care, family carers, home care services, and community resources.
- Apply ethical and legal principles: informed consent, mental capacity, supported decision-making and advance care planning, in line with national legislation.

Case Presentation: Medical Note

00.- Patient Identification Name: Joseph Miller Age: 78 Sex: Male DOB: 18 September 1947 Nationality: British Occupation: Retired post office manager Marital Status: Widowed Residence: Third-floor flat without lift access Location: Urban residential area, Manchester, England Date of Examination: 10 August 2026 Historian: Patient and daughter (primary informal caregiver)
01.- Trigger Event Mr Joseph's daughter telephones the GP practice after he was found disoriented several streets from home. She also reports increasing memory lapses and medication errors. The family agrees to seek professional assessment and support.
02.- Chief Complaint (CC) *Joseph:* "I'm just getting older; I forget things like anyone my age." *Daughter:* "His memory and confusion have been getting worse for 12–18 months; he got lost last week and is not taking his tablets properly."
03.- History of Present Illness (HPI)

Joseph is a 78-year-old widowed man brought to the GP practice/primary care centre by his daughter, who requested the appointment, because of progressively worsening memory problems, confusion, and functional decline over the past 12–18 months.
His daughter reports increasing forgetfulness involving recent conversations, appointments, and daily tasks. He often repeats the same questions several times during a conversation, misplaces personal belongings, and has increasing difficulty recalling recent events while remaining able to remember events from many years ago. Over the last six months, his family has noticed greater difficulty performing instrumental activities of daily living which include medication management, handling finances, shopping, and keeping track of medical appointments. Medication adherence has become inconsistent despite the use of written reminders, and several utility bills have recently gone unpaid.

One week before consultation, Joseph left home intending to visit a nearby shop but was later found several streets away at about 6 pm, in slippers and without his keys or phone, disoriented and unable to explain where he was going. This is the first such episode. Although no injuries occurred, the event significantly increased family concerns regarding his safety while living alone.

The patient minimises his symptoms, attributing them to normal aging. However, his daughter reports progressive social withdrawal and loss of interest in previously enjoyed activities such as gardening, reading newspapers, and attending a neighbourhood social centre. He now spends most of the day watching television and interacts less frequently with friends and neighbours.

Sleep has become fragmented, with difficulty maintaining sleep and frequent nighttime awakenings. He commonly naps during the afternoon and reports feeling tired throughout the day. Appetite has gradually decreased, and he has experienced an unintentional weight loss of approximately 3 kg during the previous six months. He denies pain, visual hallucinations, delusions, falls, or acute changes in consciousness; his daughter states she has never witnessed any hallucinations and delusions.

04.- Past Medical History (PMH)

- Hypertension diagnosed 15 years ago
- Type 2 diabetes mellitus for 12 years, general, no reported hypoglycaemic episodes (generally well controlled)
- Hyperlipidaemia Bilateral cataract surgery at age 72
- No previous diagnosis of cognitive impairment or major psychiatric disorder
- No history of stroke, traumatic brain injury, epilepsy, or Parkinson's disease
- Vaccinations up to date according to age recommendations
- Low mood after bereavement five years ago, treated by the GP with paroxetine; denies recent reassessment
- Last eye test approximately 2 years ago; hearing never formally tested

05.- Medications

- Enalapril 20 mg once daily
- Metformin 850 mg three times daily

- Simvastatin 20 mg once daily
- Paroxetine 20 mg once daily
- Omeprazole 20 mg once daily OTC

Mr Joseph prepares his own medicines with written reminders, no pill organiser or blister pack. Several missed doses noted by his daughter as she counts his pills.

06.- Family History

- Mother: Alzheimer's disease diagnosed in her late 80s
- Father: Deceased at 75 from myocardial infarction
- Sister: Hypertension, alive and independent
- Denies known family history of Parkinson's disease, Huntington's disease, or other neurological disorders
- Denies known family history of major psychiatric disorders or substance abuse

07.- Social History

- Employment: Previously a post office and previously in a band
- Widowed six years ago; lives alone in a third-floor flat (three flights of stairs, no lift)
- Daughter lives nearby, visits 2–3 times weekly, and serves as primary informal caregiver
- Previously active in community activities and social gatherings
- Progressive reduction in social participation since spouse's death
- Increasing dependence in instrumental activities of daily living (IADLs) including medication management, transportation, shopping, and financial management
- Remains largely independent in basic activities of daily living (ADLs) such as dressing, feeding, and personal hygiene
- Denies tobacco use
- Denies alcohol use
- Denies illicit drug use
- Limited support network outside immediate family
- Family expresses growing concern regarding patient safety, future care needs, and caregiver burden

Diet:

- Frequently skips breakfast
- Prefers simple meals and ready meals, dentures fit poorly, which limits what he can chew.
- Low fruit and vegetable consumption
- Reduced appetite during recent months
- Fluid intake below recommended levels

Activity:

- Denies structured physical exercise
- Short walks several times per week only when accompanied
- Increasing sedentary behaviour and prolonged television viewing
- Reduced participation in meaningful leisure activities per daughter

08.- Review of Systems (ROS)

- Neurological: Admits Memory impairment without focal weakness, tremor, or seizures
- Cognitive: Admits Progressive memory impairment, difficulty learning new information, misplacing objects, disorientation to time
- Psychiatric: daughter states he is spending more time by himself and not interested in his usual activities- seems depressed, occasional irritability, poor insight into deficits. When asked directly he denies feeling low but says "there's no point going out"
- General: Admits Fatigue, decreased appetite, unintentional weight loss
- HEENT: Denies vision changes after cataract surgery, denies hearing impairment significantly affecting communication, wears dentures, occasionally feels difficulty chewing- last dental exam 1.5 year ago, admits dry mouth
- Cardiovascular: Denies chest pain, palpitations, orthopnoea, or syncope,
- Respiratory: Denies cough, wheezing, or dyspnoea at rest
- Gastrointestinal: Admits Reduced appetite, no nausea, vomiting, or abdominal pain
- Genitourinary: Admits Occasional nocturia, no dysuria or haematuria
- Endocrine: Denies heat/cold intolerance or major endocrine symptoms
- Musculoskeletal: Mild age-related joint stiffness, no recent falls (confirmed by daughter), patient admits to feeling more unsteady on his feet
- Haematological: Denies unusual bruising or bleeding
- Pain: denies pain (0/10)

09.- Physical Exam

- Height: 170 cm
- Weight: 68 kg (previously 71 kg six months ago)
- BMI: 23.5 kg/m²
- Vital Signs: BP 148/82 mmHg, HR 76 bpm, Temp 36.5°C, RR 14

General: Elderly male, appropriately dressed, cooperative but mildly confused during interview. Mr Joseph interrupts his daughter several times and appears uncomfortable with some of her answers.

Cardiovascular: Regular rhythm, no murmurs, peripheral pulses present and symmetrical with no edema noted. Respiratory: Clear to auscultation bilaterally, no wheezes, rhonchi, or rales.

Abdominal: Soft, non-tender, no organomegaly.

Musculoskeletal

- Mild reduction in gait speed,gait- intact but slow, wide based;
- Globally weak muscle strength ⅗ , general reduced range of movement of large joints-more marked in the hip and thigh muscles;
- Flexed kyphotic posture;
- Difficulties standing, unable to assess balance;
- Needs both arms to rise from a chair; falls onto daughter and provider as they assist him out of the chair

Skin

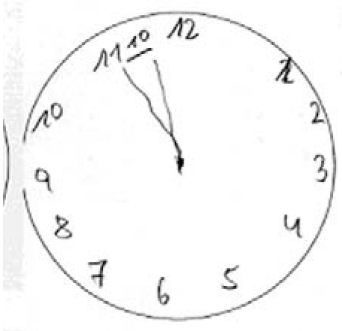
- Varying stages of bruises on body noted on his right forearm and right shin

Neurological

- Alert and oriented to person and place; partially oriented to time
- Short-term memory impaired (recalls 1/3 objects after 5 minutes)
- Difficulty with delayed recall and executive tasks
- Cranial nerves II–XII intact
- No focal neurological deficits- sensation intact

Psychiatric/Cognitive Assessment

- Affect mildly flattened
- Mini-Mental State Examination (MMSE): 21/30 (mild-to-moderate cognitive impairment)
- Montreal Cognitive Assessment (MoCA): 17/30 (significant impairment in memory and executive function)
- Clock Drawing Test: abnormal placement of numbers and hands consistent with executive dysfunction



Laboratory Values (from chart 3 months ago)

- Total Cholesterol: 200 mg/dL
- LDL Cholesterol: 112 mg/dL
- Estimated GFR: 78 mL/min/1.73m²
- HbA1c: 7.2%