Vera's Story

Vera Deitweiler, age 80, lived alone after her husband died. Over a period of years, Vera seemed to experience one "mishap" after another – in her kitchen, home and yard, and while walking to visit a nearby neighbor. She attributed her problems to "old age," noting that she had always been clumsy person. She developed a number of "strange" ideas, like the beliefs that "little people" were in her house at night and that an "old woman" was spying on her. Self and home-care deficits, including failure to regularly bathe, groom, and change her clothes, or to wash dishes and clean the house as earlier in her life were out of character, as Vera had always been meticulous in her appearance and home maintenance. The family suspected Vera was not eating as her clothing hung loosely, and in spite of their prodding, she failed to make grocery lists for weekly shopping. After considerable discussion about Vera's well-being, her family agreed that she should move to the assisted living residence in town.

On admission, Vera was pleasant and oriented. She attributed her weight loss to eating alone, and not enjoying food preparation for just herself. She seemed to transition easily, but spent most of time in her favorite chair looking out the window and "day-dreaming," not even reading the daily paper or croqueting as was her life-long habit. When questioned about her inactivity, she replied she was "getting old," and sitting felt good. Weight loss continued after admission, as Vera failed to attend meals unless reminded. She occasionally complained that an "old woman was spying on her," and became upset when staff assured her "no one was there," cursing at them in German, and telling them to get out and leave her alone!" Staff began to resist helping Vera with personal care, reporting that they "never know what to expect" – as she was sometime cooperative and agreeable, and other times "difficult" and "resistive."

1. What additional information would you like to have to better understand Vera's health status/behaviors?
2. Which signs/symptoms are consistent with cognitive decline/impairment? Is there another possible explanation?
3. Which signs/symptoms would you report to the primary care provider and/or discuss with the family?

George's Story

George Jones, age 85 years, moved to Shady Acres Assisted Living after his wife died. At the time, he was still driving and performed all activities of daily living by himself. His main reasons for moving to the community were social and nutritional, as he had been very reliant on his wife for both throughout their 60 year marriage. George adapted well to the community, participated in most activities, and enjoyed all meals. In fact, weight gain became a concern as he added additional pounds to his already large size, and needed new clothing. He became well-known for his love of sweets, and "cheating" on his diabetic diet. Staff finally set up an ashtray outside his apartment on the patio to help reduce cigarette butts he left when 'bird watching" and having a beer during nice weather – both habits he reported as having "given up" before his wife died. George drove independently for the first year of residence, then concluded it was better to give up his car due to the cost and instead let his family or the residence staff drive him to his healthcare appointments. George had always enjoyed playing cards, shooting pool, and watching ball games with others at the residence. Over time, he spent more time in front of the TV watching sports, and less time in other activities, including both of his favorites – pool and cards. He complained that the women must be using a "stacked deck" of cards since he couldn't seem to win, and directly accused one of the men of "pocketing" pool balls while his back was turned. These views were not well-received by other residents and often led to arguments and harsh words that staff had to "break up." The most upsetting event, however, was George ting lost on his walk to the liquor store to buy beer, a trip that was only a few blocks and that he had made many times. Family demanded to know what staff have "done" to their dad to cause him these problems.

1. What additional information would you like to have to better understand George's health status/behaviors?
2. Which signs/symptoms are consistent with cognitive decline/impairment? Is there another possible explanation?
3. Which signs/symptoms would you report to the primary care provider and/or discuss with the family?

Henry's Story

Henry, age 77 years, lived in their independent living apartment with his wife Sally for three years before Sally died from cancer. Staff report that Henry was "never quite the same" after Sally died. Before Sally's death, Henry was described as a very quiet and polite man who seemed to follow his wife's lead on nearly all activities, both in and outside their apartment. Following her death, Henry stayed in their apartment most of the time unless staff invited him to meals or activities. On leaving the apartment, he was observed to wander aimlessly, talking to himself, even when the invitation was to come to a meal or activity. His usual sharp appearance deteriorated to showing up in sweat pants and T-shirts that were often both wrinkled and soiled. When staff tried to engage him in conversation, he was polite, but was described as seeming "distracted" and "not making much sense" when asked about his usual activities, mood, or health. Family all lived out-of-state, so didn't visit regularly, leaving many questions unanswered about Henry's health and usual habits given his earlier reliance on Sally. In spite of staff efforts to help Henry dress, groom, and attend meals and engage in activities, many expressed concerns that he was "failing" and "just not right." The Nurse Manager initiated a call to Henry's daughter to ask for her assistance and guidance, and was told "Dad is on his own now. I never could do anything right the whole time I grew up, so am not going to try now."

1. What additional information would you like to have to better understand Henry's health status/behaviors?
2. Which signs/symptoms are consistent with cognitive decline/impairment? Is there another possible explanation?
3. Which signs/symptoms would you report to the primary care provider and/or discuss with the family?

Julia's Story

Julia was admitted to the newly build senior living community after family convinced her that the services were more "suitable" to a woman of her "stature" and that she "deserved" to not be bothered with home maintenance in her later years. In truth, her sisters believed that Julia was no longer safe to live alone. Admission history revealed that Julia was a single woman who worked as a reporter and traveled extensively. She had a long-standing history of bi-polar disorders that was well-controlled until her mid 50's when her declining kidney function made treatment with lithium no longer possible. Although she was stable for many years with minimal psychiatric medication that was monitored by her primary care provider, but recently had engaged in "manic-like" behaviors. Always friendly, outgoing, and generous, Julia began to give away possessions and money to friends, neighbors, and later strangers she met on the street. Family concerns were expressed to the primary care provider, who said that a supervised living environment was better than medication given the issues, and recommended the new-built senior housing community – which Julia finally agreed to. After settling into her patio apartment, other residents reported concerns that Julia tended to talk openly with strangers about living alone, where her home was, and the vast art collection that she had acquired during her travels. She continued to give possessions away, making many neighbors uncomfortable with the gifts and also their sense of safety related to vandalism. When staff talked with her about their concerns, she announced that she was a "big girl who could talk care of herself" and her neighbors should "mind their own business." Staff noted that Julia was very talkative, but also very repetitive, often "talking in circles" and not coming to a point. As the weather got warm, Julia was observed disrobing on her patio, as if to sun bathe nude, which caused much concern by neighbors.

1. What additional information would you like to have to better understand Julia's health status/behaviors?
2. Which signs/symptoms are consistent with cognitive decline/impairment? Is there another possible explanation?
3. Which signs/symptoms would you report to the primary care provider and/or discuss with the family?