Geriatric Screening Case

Case Information:

Age: 88
Gender: Female
Weight: 107 (Lost 3 lbs in past month)
Blood Pressure: 155/82

History of falls. Brought by family to be established as a new patient. Recently relocated with husband to a senior residence to be with son’s family.

Previously had GI bleeding from diverticular disease; overactive bladder, osteoporosis, GERD, hyperlipidemia, ASCVD with previous NSTEMI.

Frail-appearing, tremulous with vertigo, unsteady gait, depressed mood, ambulating with a cane. Outside records reveal: CT abdomen with diverticuli, ECHO with normal LV function, LDL 57, HDL 103, B-12 421, VID D –25OH 14 (20-57), Ald 4.2, Cr .8, PCv 39, TSH 1.45.

cCr (Crokcroft-Gault) = .85 (140-age) (wt kg)/72 x Cr

Medications: Calcium, Vitamin D, SSRI, ASA, ACE-I, B-blocker, CCB, statin, PPI, laxatives, Aricept, Vesicare.

Questions for discussion:

1. Are there always benefits to initiating evidence based guidelines for CVD prevention?
2. How do you balance disease-based guidelines in the presence of other co-morbidities or limited life expectancy?
3. What is her renal function despite normal Cr?
4. What are the risks of polypharmacy?
5. How can you maximize outcomes?