

Case Study: Dementia

Mr. John Doe, 82-Year-Old Male with Dementia and Memory Loss

Patient Overview: Name: John Doe

Age: 82 years

Gender: Male

Primary Diagnosis: Memory Loss, Dementia

Secondary Diagnoses: Hypertension, Type 2 Diabetes Mellitus, Chronic Obstructive Pulmonary Disease (COPD)

Current Medications:

- Donepezil 10 mg daily
- Memantine 20 mg daily
- Lisinopril 20 mg daily
- Metformin 500 mg twice daily
- Albuterol inhaler as needed

Presenting Concerns: Mr. Doe is an 82-year-old male with a 10-year history of senile degeneration of the brain. Initially diagnosed with mild cognitive impairment, his condition has progressed to advanced dementia, marked by significant memory loss, disorientation, and inability to perform activities of daily living (ADLs). He was brought to the clinic by his daughter, who reports a noticeable decline over the past six months. Mr. Doe now needs assistance to walk, is unable to feed himself, and has lost 15 pounds in three months due to poor oral intake.

He is also experiencing agitation, particularly in the evening (sundowning), and experiences some incontinence. He has developed recurrent pressure ulcers and is minimally verbal, with difficulty recognizing family members.

Clinical Assessment:

- **Cognitive Function:** Significant decline, Mini-Mental State Examination (MMSE) score of 5/30.
- **Physical Function:** Needs assistance with most ADLs, including dressing, feeding, and toileting.
- **Nutritional Status:** 7% weight loss over three months, BMI of 18.2 (underweight).
- **Skin Integrity:** Stage 2 pressure ulcers on the sacrum and left heel.
- **Infections:** Recurrent urinary tract infections (UTIs) over the past six months; one hospitalization for aspiration pneumonia in the past year.
- **Behavioral Symptoms:** Agitation, restlessness, sundowning, minimal response to verbal cues.

Eligibility for Hospice Care: Determining hospice eligibility for dementia patients can be difficult due to the slow and unpredictable nature of cognitive decline. While dementia alone

does not always clearly indicate a life expectancy of less than six months, other physical signs can provide a more accurate prognosis. In Mr. Doe's case, his recurrent **urinary tract infections**, **non-healing pressure wounds**, and **aspiration pneumonia** are key indicators that he is in the terminal stages of his illness.

These complications, while not directly related to worsening memory loss, are indicative of his body's decreasing ability to heal and fight infections. The presence of these conditions suggests that Mr. Doe likely has less than six months to live, making him eligible for hospice care.

- **Recurrent UTIs** signal his immune system is compromised, increasing his vulnerability to further infections.
- **Non-healing pressure wounds** are a sign of declining skin integrity and the body's inability to repair itself.
- **Aspiration pneumonia** indicates a loss of protective reflexes, often a life-threatening condition in patients with advanced dementia.

These physical complications point to an overall decline in health, despite the absence of specific signs of worsening memory loss, the primary diagnosis.

Conclusion: Mr. Doe's advanced dementia, along with recurrent infections, pressure ulcers, and aspiration pneumonia, indicates a terminal trajectory with a life expectancy of less than six months. His condition meets the criteria for hospice eligibility, where the focus will shift to comfort care and support during the final stages of his illness. Hospice care will provide symptom management, reduce hospitalizations, and enhance his quality of life.