

## Old Age Psychiatry CBL 2: Problems remembering

### Learning outcomes:

- 1) To be aware of the diagnostic criteria for dementia
- 2) To be aware of the key clinical features of Alzheimer's disease
- 3) To be aware of investigation findings that support a diagnosis of Alzheimer's disease and of the limitations of these investigations
- 4) To be aware of medications used for the cognitive symptoms of Alzheimer's disease
- 5) To be aware of key non-medication strategies for people with Alzheimer's disease and their families.

Dorothy is an 84 year-old lady. She attends the local memory clinic with her daughter after being referred by her GP. She herself thinks that her memory might be a little worse than it was in the past. Her daughter Alison reports a 2-3 year history of increasing difficulties remembering things that have happened and things that they have spoken about in the recent past. She notes that Dorothy's memory for things in the more distant past is quite strong, but that often she will forget even within the same conversation something that Alison has just told her. At first Alison put this down to Dorothy growing older but over time it has become gradually more noticeable and it is now making it difficult for Dorothy to manage with many day to day tasks without support. Dorothy lives alone and has done since her husband Charlie died three years ago. Once a week she meets friends in a local café and twice a week she goes to her club. If there is ever change in the arrangements for these activities, Dorothy asks Alison repeatedly in the days beforehand. She often asks repeated questions about other things too. Alison lives in the same town and visits several times a week; she helps Dorothy with her shopping, which tends to be pretty much the same things every week. Alison notices that Dorothy doesn't seem to attentive to the cleaning and often thinks that she has done the vacuuming when it looks like she has not. Dorothy eats mainly ready meals now which go in the microwave; she had had some difficulties leaving pans on the hob a few months ago and she agreed with Alison that she would find ready meals easier to manage. Dorothy's bills are mostly on direct debit but whereas she used to deal with letters that were addressed to her, she passes them to Alison to help her these days. Dorothy does not drive and uses her bus pass to get around. She is still able to get the bus to the café to meet her friends.

Dorothy's sister lives in a residential home and has Alzheimer's disease.

- 1) **Does Dorothy have dementia?**
- 2) **How is dementia defined?**
- 3) **Which points in Dorothy's history support this diagnosis?**
- 4) **What type of dementia is most likely to be causing Dorothy's symptoms?**
- 5) **What other possible causes are there for her symptoms?**
- 6) **How would you test Dorothy's cognition? What type of difficulties will be most obvious on cognitive testing? Is the cognitive test score diagnostic?**

- 7) a) Would you do any blood tests? Which?
- b) Why do we do blood tests when we suspect dementia?
- 8) Dorothy has an MRI brain scan. It is reported as showing “Generalised atrophy and moderate bilateral hippocampal atrophy. There is mild periventricular small vessel ischaemic change”
- a) Why was an MRI scan requested?
- b) Does this help to understand the cause of Dorothy’s symptoms better?
- c) What do you think is the significance of the finding of small vessel disease?
- 9) A person-centred care plan is developed following the assessment and diagnosis in the memory clinic. What might be included in this?
- 10) If Dorothy was driving a car and wanted to continue doing so, how would you approach this issue?