

ADDITIONAL

CASE STUDIES

Case Study 2

Mrs. Frank is a 92-year old widow. Her husband passed away some 20 years ago.

She has remained in her rural country home, active in her church and very engaged in volunteerism, maintaining an immaculate 3 acre yard and often in a very congenial mood.

Mrs. Frank had a cardiac episode about the time her husband became ill. She had been placed on Digoxin by her primary care physician, but other than this and eye drops for macular degeneration, Mrs. Frank is a healthy and vibrant woman.

One day, while on a ladder trimming her apple tree, Mrs. Frank falls and fractures her pelvis. She is admitted to the hospital, where she had surgery to repair the pelvis.

For the next two weeks she is completely “out of it.” She hallucinates. She is agitated. Mrs. Frank is prescribed anti-anxiety medication as well a blood pressure medication, in addition to the Digoxin.

Mrs. Frank is admitted to a Rehabilitation facility where she improves slightly; enough to be admitted to a skilled nursing facility. She constantly asks to be taken home, continues to be forgetful and confused and is diagnosed with having progressive dementia.

Mrs. Frank is never to return home and passes away within 2 years during a slow decline in both physical and mental health.

Case study: Withdrawn executive

A 62-year-old female retired executive began having difficulty finding words.

She slowly began to lose her ability to express ideas.

She became quieter and somewhat socially withdrawn.

She also started to have trouble writing.

When talking, she took a long time to express her ideas. Others told her that she had trouble "spitting out her words."

Social graces remained preserved, although she expressed profound frustration regarding her speech, and she developed a major depression.

There was no family history of dementia.

Case Study: “It’s NOT my fault!”

Mr. Ellis is an unmarried older adult living in government supported independent living.

As his social worker, you notice that over a series of months, he is becoming more isolated and speaking to you less and less.

He seems generally apathetic to most situations around him, aside from a daily trip to the store for groceries.

You notice challenges with his keys, balance and navigating the community’s revolving front door.

When you initiate a general conversation, he seems to create stories of events that you do not recall.

He is also seemingly unaware of any decline in his health, but does continue to engage in the strange and confusing story-telling.