



## Case for 2024 Interprofessional Student Symposium for Dementia: Helen

### **Demographic Information**

**Name:** Helen Johnson

**Age:** 84

**Diagnoses:** Vascular Dementia, Hypercholesterolemia, Hypertension, Osteoarthritis (right wrist and fingers, right knee and hip)

**Prior living arrangement:** Entrust Retirement Community- Assisted Living, Memory Care Unit

**Current Placement:** Entrust Retirement Community - Skilled Nursing Facility (SNF)

**Insurance/Payer:** Medicare/ Social Security Retirement and Mail Handlers Pension

### **Current Medications:**

- Lisinopril (Prinivil) 10mg daily
- Amlodipine (Norvasc) 10mg daily
- Lipitor 10mg daily
- Aspirin 81mg daily
- Donepezil (Aricept) 10mg daily
- Memantine (Namenda XR) 20mg daily
- St John's Wart capsules 500 mg daily
- Turmeric Curcumin capsules 1500 mg daily

**Past Medical History:** Helen was a smoker for 29 years, but quit smoking when she was 55 years-old; vascular surgery 1985 and in 2008 (femoral popliteal bypass graft). Helen experiences urinary incontinence. She has bursitis in her right knee with significant pain.

**Purpose of Meeting:** Helen's son, Darius, is concerned about her adjustment in the facility. Her cognitive functioning has declined and she appears anxious and apathetic. She is the only African American resident on that wing. At times, Helen has no language "filter," including her directing racial slurs toward Latinx staff members which is out of character for her. Helen and her son paid for her stay in memory care out of pocket for over 2 years. She has drained her savings and Darius is unsure that he can pay the costs of her return or if she will be able to return. Memory care at Entrust currently costs \$5,500/ month. Helen is in day 35 of her Medicare SNF benefit with a \$200 per day co-pay. Darius cannot pay the costs of her return to Memory care at Entrust and can only afford the co-pay for an additional 14 days of SNF care. Since Helen has not adjusted well and he is not pleased with her progress this past month, Darius would like to know what the facility recommends. (Note Days 1 - 20: \$0 copayment (Note: If you're in a Medicare Advantage Plan, you may be charged copayments during the first 20 days.) Days 21 - 100: A \$200 copayment each day After day 100: You pay all costs)

**Current Concerns:** About a month ago another resident knocked on Helen's door, but she did not respond. It sounded like Helen was moaning, so the resident went to nursing staff to report the concern. When the floor nurse went into Helen's room, her blood pressure was up to

200/165, and she was sitting on the floor, leaning against the couch. Helen was very confused and anxious, and responded minimally; she did not have a fever. The nurse activated an emergency call to take Helen to the local hospital. Helen denied falling, but could not explain why she was sitting on the floor. A CT of her head revealed abnormalities possibly due to a more recent stroke(s). Helen refused to walk due to pain in her right leg and wrist, but X-rays indicated no fractures. OT/PT/Speech evaluated Helen in the hospital and recommended short term SNF placement for therapies. At that time, she was able to feed herself only a few bites when the food is set up for her, required max assist for toileting, dressing, bathing, and transfer from bed to walker. After a 4 day stay in the hospital, she was discharged to the skilled nursing unit (SNF) at Entrust.

She has been receiving physical and occupational therapy at least 4 days per week for nearly 4 weeks in the SNF. She has met her physical therapy goals for walking with a rollator walker. Her transfers sit to and from standing reached a moderate assist level 2 weeks ago and have shown inconsistent change since that point. She has regained independence with self-feeding and improved with independence in dressing. She has made little to no progress toward independence with bathing or toileting.

During her most recent hospital stay, Helen had a swallow assessment from the hospital. Helen has developed dysphagia, which is likely due to her dementia, and she requires a change in diet consistency.

**Social History:** Helen grew up in segregated Charleston, WV. Her early life centered on activities important in that African American community: church, school, and extended family. Helen began working in the 8<sup>th</sup> grade, assisting her aunt who was a domestic worker for a prominent White family that lived in an affluent neighborhood. Following high school graduation and throughout her working career, she was a secretary. Helen finished the last 17 years of her career at the DuPont Nemours Plant in Charleston as the executive secretary to the plant manager until she retired at the age of 73.

Helen married in her early twenties and had two sons. She and her husband enjoyed close to 7 years of retirement together after he retired from the U.S. Post Office as a mail handler. During that time Helen was reportedly very meticulous and independent. She handled the bills, cooking, and grocery shopping.

Five years ago their older son passed away suddenly. Then, three years ago Helen lost her husband of almost 60 years to Lewy Body Dementia. Shortly after, she was diagnosed with mild depression and vascular dementia. As a result, Darius, who lives in Mason, OH, moved her out of her home of 50 years in Charleston to the Entrust Retirement Community Memory Care Unit in Cincinnati, where she could get 24/7 care. The decision to move Helen was not easy; she felt that she was “fine”, did not need any help and that “we take care of our own.” Helen was resistant to in-home care, did not want to live with or burden her son and his family, but it was unsafe for her to live alone. Helen has many friends and family whom she talked with daily prior to her recent hospitalization. She has five grandchildren, one great granddaughter, and two daughters-in-law but only her son has been able to visit while in the SNF.

**Daily Self-Care and Routines Prior to Hospitalization:** Darius and her care coordinator provided the following information about her prior daily routines. Helen woke up by 7 a.m. and wandered around the unit with her standard walker for the first hour of the day. When breakfast was offered about 8 a.m., she fed herself cereal or toast and coffee. However, usually between 9 a.m. and 10 a.m. she asked why she didn't have any breakfast. She had a similar pattern for lunch and dinner, eating a small amount, complaining of being hungry a couple hours later. She required set up, reminders, and supervision for her dressing/bathing (no clothing fasteners) and minimum assistance for toilet transfers. She spent hours wandering around the unit with several short naps throughout the day. About 30 times a day, she asked staff about her husband or sons.

**Behavioral/ Emotional Functioning:** Historically, Helen was a mild-mannered, cordial, and sociable woman with impeccable grooming and dress. She is a gentle spirit, fun, funny, and loving. Since moving to SNF, she has become withdrawn and frequently appears sullen. Helen needs assistance to perform ADLs as her cognitive functioning has significantly declined. She is confused by daily activities that were once second nature (e.g., toileting and grooming). Due to her cognitive decline, Helen does not fully comprehend her husband's or son's passing. She often asks caregivers (Darius and facility staff) when her husband and other son are coming to visit; she becomes agitated when told that they will not visit. Helen recognizes Darius by name and face, but is frustrated at times, accusing him of trying to be the "parent" as he is now making more decisions for her.

**Spirituality/ Routines/ Rituals:** Helen reports she prays daily and is seen praying or singing spiritual songs many evenings. Recently, she has refused to attend the Baptist congregational services on Sundays in Entrust Retirement Community Room. Darius was surprised about her refusal to attend services as she has been attending Baptist services every week her entire life.