GP CME March 2022
Geriatric cases

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Geriatrician

COUNTIES MANUKAU HEALTH

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Case 1

- 77 year old Chinese lady referred for general unwell
- Nightsweats, palpitation, chest pain
- Multiple EC presentation “without cause” found

PMHx

- Intermittent CP – ETT, CTCA, echo normal 2018
- Dry mucosa ? Sicca syndrome
- Labile hypertension – normal 24 hour AMBP
- Benign thyorid nodule – annual USS monitoring
- Dystonic head tremor – neurology
- Osteoprosis
- Dyslipidaemia

Meds

- Atorvastatin 20mg daily
- Amlodipine 2.5mg daily
- Fosamax plus weekly

History

- Initial presentation to EC with acute headache and dry/blurry eyes
  - Reassured and basic investigation/clinical exam NAD
  - Subsequent diagnosed with acute glaucoma requiring urgent surgery
  - Since surgery, general sense of worry with intermittent left sided numbness, tremor, tiredness, excessive sweating. Believes eating honey helps with these symptoms.

  - Lives with husband but limited family in NZ. House bound with little socialisation since COVID lockdown.

- Reports prone to been anxious. Diagnosed with severe depression in her 40s. Reacted badly to antidepressant but resolved with family support.

- anxiety/depression with disordered breathing/HVS triggered by glaucoma and COVID lockdown
- Patient reluctant for antidepressant
- Reassured with further investigations
- Referred to Asian family service for counselling and better breathing physiotherapist (also available via Vagus centre)
- ? TMS if no improvement

- Although history raise possibility of anxiety with somatization, ensure organic cause is excluded

Cross sectional cohort study NZ

- Data from first 10 weeks of COVID in NZ
- Depression and anxiety exceeded population norm
- Smoking, alcohol, underlying health condition highest risk
- Lower loneliness, exercise and pet ownership associated with lower risk of depression/anxiety

- Open BMJ

Kiwis seek comfort of pets during Covid, splash out on premium petfood

Bonnie Flaws Tina Morrison · 05:00, Nov 24 2020

Case 2

- Mrs T
- 75 year old NZ European
- Fall with left NOF fracture, pubic rami fracture and toe fracture
  - Extrinsic fall – slip getting out of pool

Background

- Osteoprosis
  - DEXA 2020 – T score -2.2 (significant improvement)
  - Received IV zoledronate 2015, 2016, 2017, 2019 (recommended further dose due to high fracture risk but not given)
- Severe OSA
- Depression
- CHF due to diastolic dysfunction
- AF on dabigatran

- Post operative severe delirium with hallucinations due to poor oral intake, nausea from opiates, AKI from dehydration, anxiety and benzodiazepine dependence (accidental withheld for several days)

- Making steady progressive improvement

What is the most appropriate treatment for her osteoporosis?

What information do you need to know?

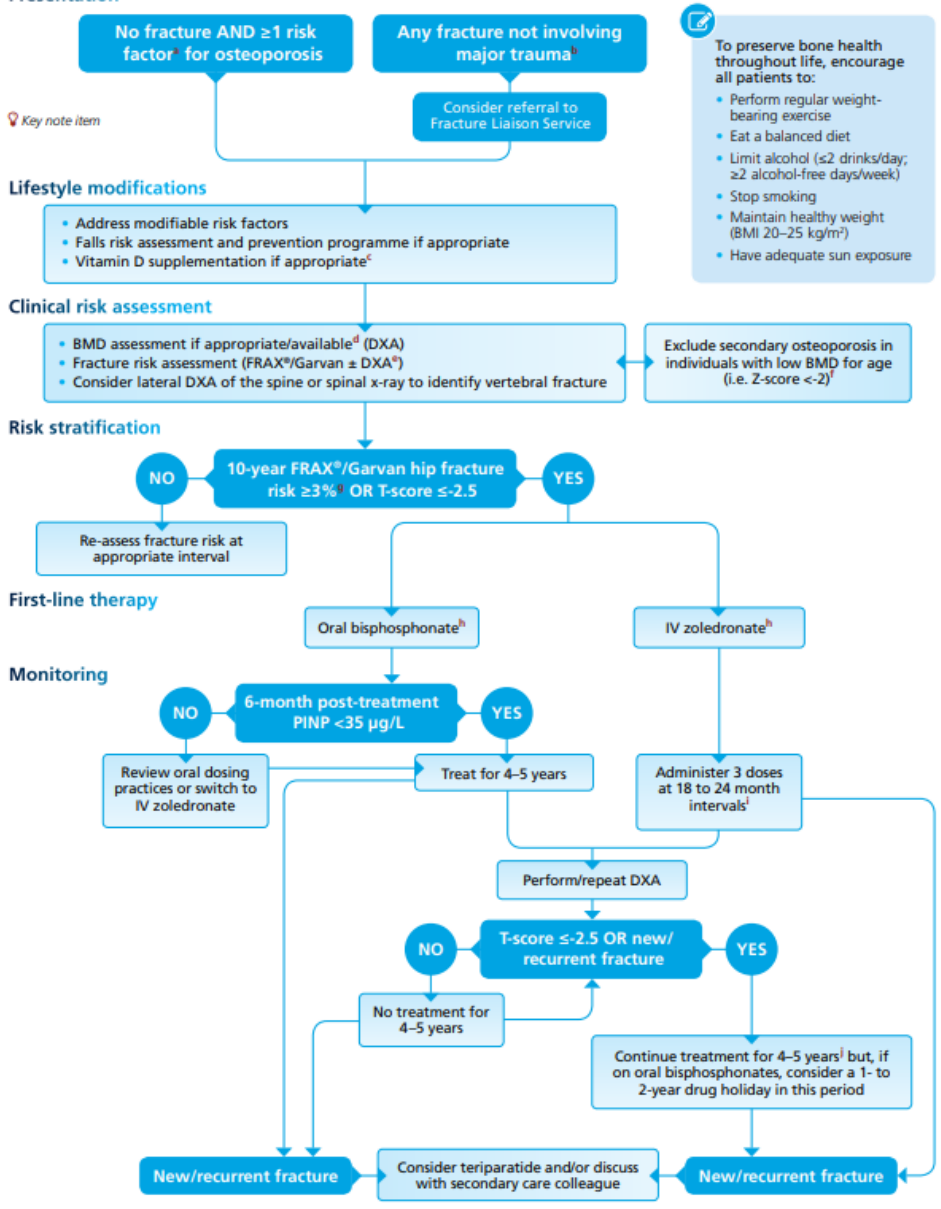
What further investigations might help?

- IV zoledronate
- Teriparatide
- Denosumab

What side effects would you be concerned about?

Guidance on the Diagnosis and Management of Osteoporosis in New Zealand

OSTEOPOROSIS NEW ZEALAND
Better bones, fewer fractures



BMD: *bone mineral density* **BMI:** *body mass index* **DXA:** *dual-energy x-ray absorptiometry* **PINP:** *procollagen type I N-terminal propeptide*

Is there evidence for treatment of osteopenia?

ORIGINAL ARTICLE

Fracture Prevention with Zoledronate in Older Women with Osteopenia

Ian R. Reid, M.D., Anne M. Horne, M.B., Ch.B., Borislav Mihov, B.Phty., Angela Stewart, R.N., Elizabeth Garratt, B.Nurs., Sumwai Wong, B.Sc., Katy R. Wiessing, B.Sc., Mark J. Bolland, Ph.D., Sonja Bastin, M.B., Ch.B., and Gregory D. Gamble, M.Sc.

December 20, 2018
N Engl J Med 2018; 379:2407-2416
DOI: 10.1056/NEJMoa1808082
Chinese Translation 中文翻译

fracture risk rather than osteopenia/osteoporosis