

# GP CME July 2025

## Geriatric cases

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# Case 1

- 81 year old Chinese lady referred cognitive concerns
- 12 month history of STM impairment
- Repetitive conversation
- Preserved LTM
- Retired school teacher

# PMHx

- IHD – PCI 2014 to RCA
- Hypertension
- Dyslipidaemia
- IGT
- Glaucoma
- Moderate L-spine OA

# Meds

- Aspirin EC 100 mg daily
- Candesartan 16 mg daily
- Atorvastatin 80 mg daily
- Ezetimibe 10 mg daily
- Colecalciferol 1.25 mg monthly
- Laxsol two tablets nocte
- IV Zoledronate
- Souvenaid

# History

- Monitored over 12 months with GP and public geriatrician
- RUDAS 26-28 over this period
- Functionally independent
- Husband took over cooking (mainly due to back pain)
- Husband has always managed bills/finances

# Investigations

- Normal FBC, renal, LFT, TSH, B12/folate. HbA1c 45
- CT brain – Mild general atrophy

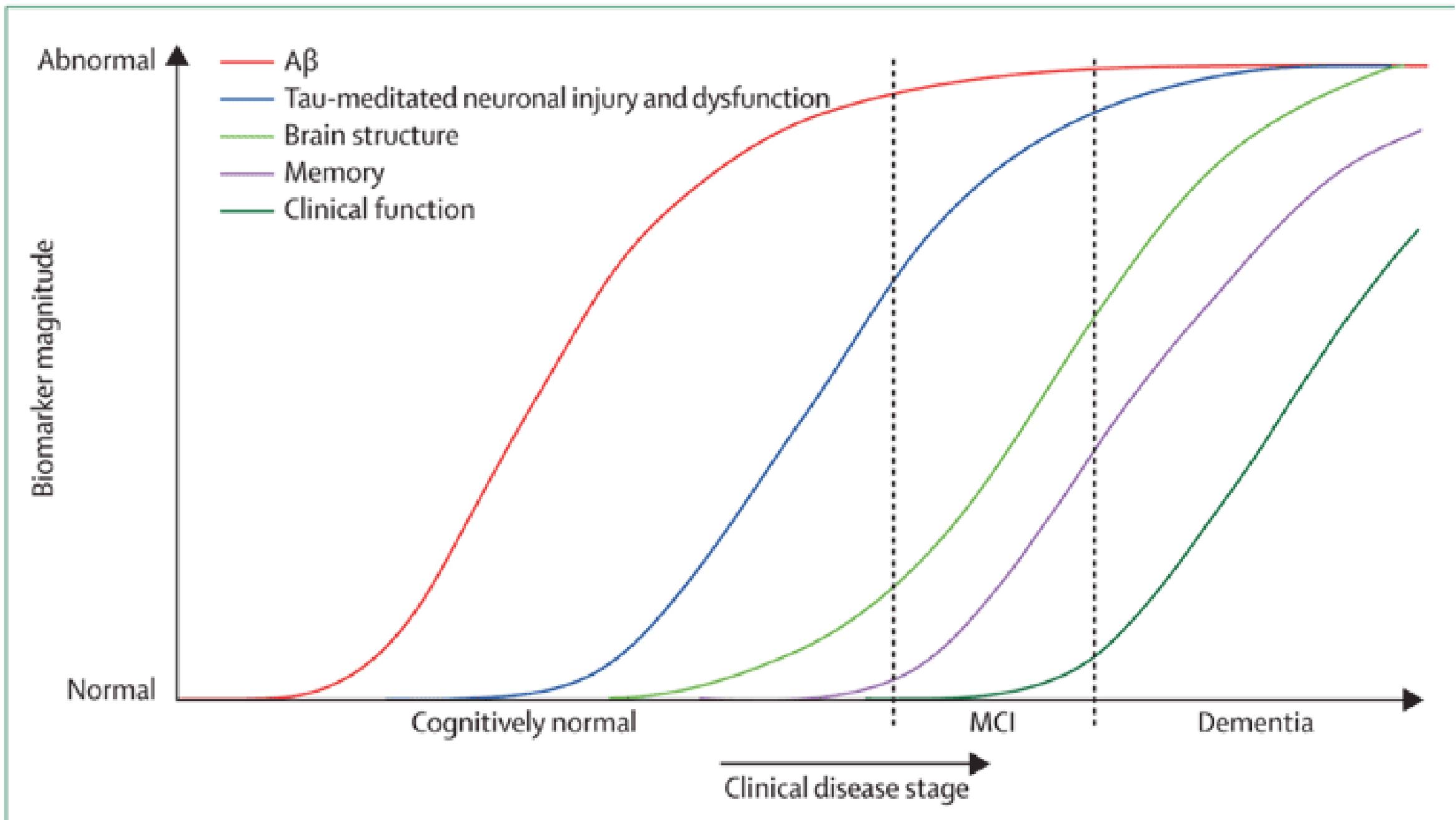
CT brain



# ? Diagnosis

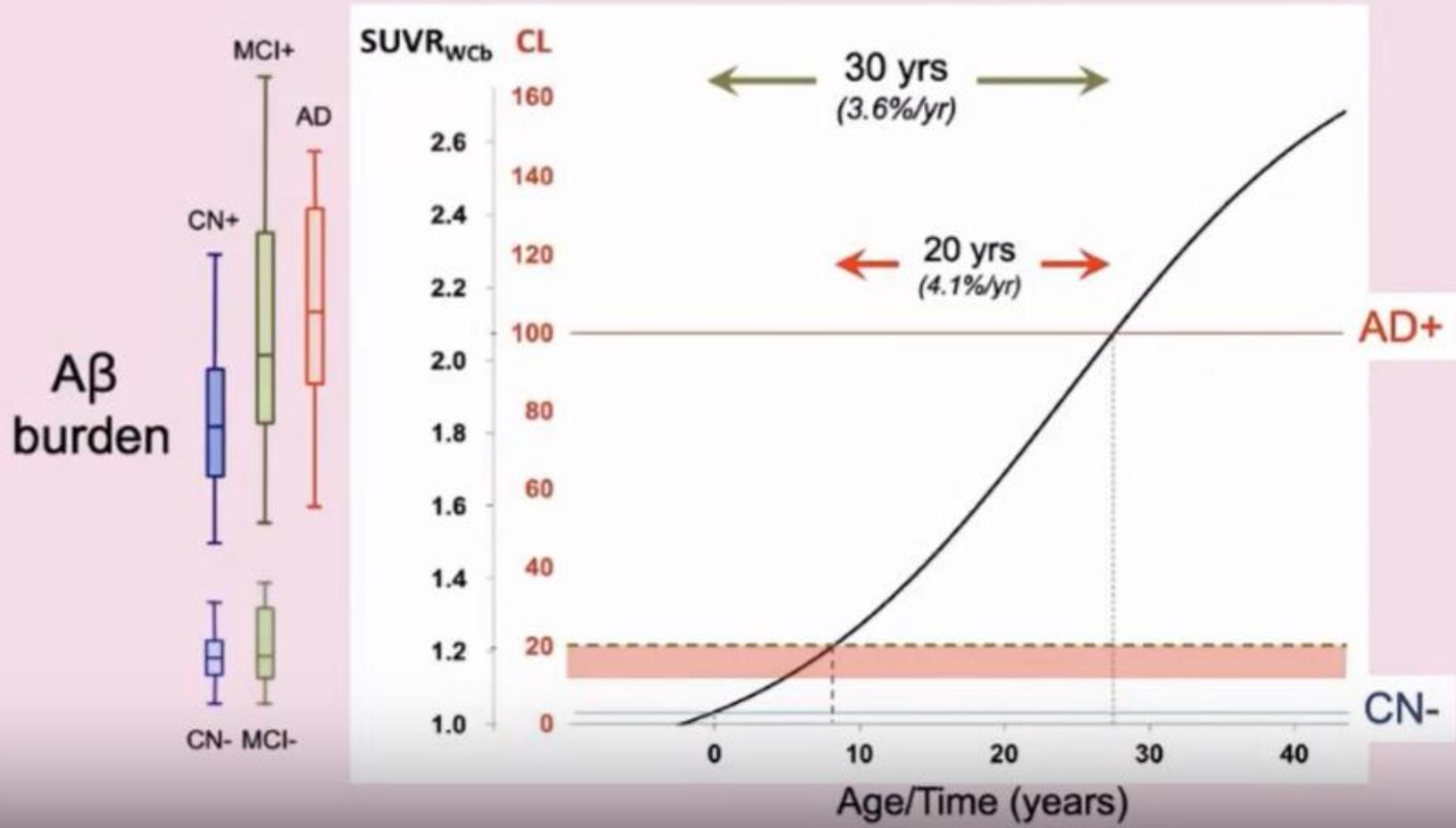
- What's her options?
- What other investigations?

- MRI brain
  - Volumetric measurements
- PET scan
  - FDG vs Amyloid
  - Centiloid score



# A $\beta$ deposition over time

5-9 year follow-up (PiB/NAV)



(Villemagne and Rowe)

Age 60      Age 80

# Treatment

- Donepezil
  - ? Consideration
  - ? ECG
  - ? HR monitoring

# Case 2

- 70 year old
- Second opinion
- 2 year cognitive decline – worse last 12 months
- MRI brain general atrophy – felt most consistent with alcohol related
- Some issues with ataxia

# Background

- Previous increased alcohol
- Chronic headache
- Chronic abdominal pain/loose bowel – normal Ix
- History of various tropical infection – malaria/brucellosis

- High functioning consultant – in water infrastructure
- Managing multiple contracts with plan for large project oversea for 2 years
- Blames poor sleep and chronic headache for lack of concentration
- Cognition issues appears fluctuating
- Variable reports of current alcohol intake
- ACE-III 78/100 (previous 81/100)

Investigations/management?

# Case 3

- 86 year old Chinese lady
- Cognitive concerns – for 5 years
- Apparently diagnosed with “dementia” in Australia – unspecified subtype – RUDAS 16/30
- Lives in service department with self funded support for meals and medication
- 2 Children – daughter lives in Australia, son in Auckland
- EPOA welfare – daughter, property daughter and nephew

- Request for capacity to change the will (initiated by nephew with “approval” from daughter)
- Lawyer provided strict instructions but initially limited background

What do you need to know?

- Does she have a will? What was in her last will? When was it done?
- Why has she decided to change?
- What assets does she own?
- How will she distribute it? What other family members are there?
- Who else should you talk to?
- How would you conduct the assessment?