

Case Study: Alice

You see Alice in the care home because she has had a fall. She is 80 years old and getting frail.

Alice has a history of hypertension, hyperlipidaemia, depression, osteoporosis, osteoarthritis, and unstable bladder. She has been in the care home for one year as she wasn't able to manage at home because of reduced mobility and function related to her arthritis. Alice is social and tries to keep active and feels that she has a reasonable quality of life in the care home, but she has no children or grandchildren. Many of her friends (and her husband) have died. She is rather sick of taking all the pills.

She has never had any definite cardiac events, though she did have an admission with chest pain about 5 years ago. Cardiac bloods were negative and a treadmill test was inconclusive, as she managed only 3 minutes before stopping with knee pain. Given the chest pain and her BP was still 155/100, metoprolol and aspirin were started at this time.

Alice thinks she may have tripped on the lounge rug but is not sure. She does not think there were preceding palpitations or faintness. She has had the odd other fall in the last few months. She has constipation. She is oriented and apart from mildly reduced short-term memory has no signs of dementia. She bruised her shin and hurt her hip but is otherwise ok. Her BP is 140/90, dropping to 115/90 on standing.

Medicine:	Duration/Indication:
Aspirin	5y, post chest pain
Metoprolol	5y, post chest pain
HCT, Enalapril	15y, hypertension
Simvastatin	10y, TotalCh/chol 6
Acetaminophen	15y, arthritis 1pm
Ibuprophen	10y, arthritis 2 daily
Omeprazole	3y, non-specific upper GI Sx.
Fluoxetine	2y, depression after husband died. Not back to former self, but stable
Oxybutynin	6 months urge incontinence
Alendronate, Calcium Calciferol	8y, after #wrist and osteopenia
Temazepam	20y. insomnia
Lactulose	5y, constipation