

Most Difficult Case Conference

Marshfield Memory Disorders Clinic
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Introduction to the case

Longitudinal case followed for over a year with 3 neuropsychological evaluation and care in the Memory Disorders Clinic

Themes to Think About:

- Handling conflict between children of a patient who may no longer able to provide accurate information
- Challenges with detecting financial abuse/exploitation
- Completing/changing Healthcare POA when cognitive impairment is present
- Impact on family, patient, caregiver, and care team
- When to report to APS if patient with impairment provides conflicting and unclear information

Patient information and history

- 80 year-old right-handed white woman with 16 years of education, above average student
- Patient has no concerns about cognition
- Daughter's concerns:
 - Forgetting conversations
 - Repeating herself
 - Word-finding problems
 - Stopped reading despite no reported changes in basic reading or writing skills
 - More difficulty with problem-solving
- No reported changes in motor skills, visual-spatial skills, personality
- Sleep was described as good without REM sleep behavior disorder symptoms
- No hallucinations, delusions, or behavioral disturbance
- No significant psychiatric history, coping well with husband's death several months prior

Medical history

- High Cholesterol
- Hypothyroidism
- History of hyperglycemia
- Irritable Bowel Syndrome
- Osteoporosis
- TSH was 5.69 two months prior to the first neuropsychological evaluation, prescribed levothyroxine; TSH was 2.16 ten days prior to the first evaluation
- B12: 765
- Folate:>24.0
- Family History: Alzheimer's disease in both parents and her brother, onset in 70's-80's

Brain MRI prior to first evaluation

- "Multifocal foci of FLAIR hyperintensity are identified throughout white matter likely implying chronic microvascular ischemic and/or senescent changes. Chronic postinfarction changes in the left cerebellum and biparietal lobes periphery. No pathologic enhancement throughout the remaining brain parenchyma otherwise."
- "Small intrasellar hypoenhancing lesion with intrinsic heterogeneity likely due to hemorrhagic component. It may represent a pituitary microadenoma with intrinsic blood products although craniopharyngioma or other etiology remains in differential. Rathke cleft cyst is less likely given accompanying enhancement."

Medications

- **Alendronate** 70mg Tablet
Sig: 1 Tablet(s) (70 mg) by mouth once weekly
- **Cholecalciferol** (Vitamin D3)
Sig: 1 by mouth twice daily 50 mcg
- **Fluoxetine** (PROzac®) 40mg Capsule
Sig: 1 Capsule(s) (40 mg) by mouth once daily
- **Glucosamine Sulfate** 1,000mg Capsule
Sig: 1 Capsule(s) (1,000 mg) by mouth daily in the morning
- **Levothyroxine** 25mcg Tablet
Sig: 1 Tablet(s) (25 mcg) by mouth once daily
- **Lidocaine Topical 5%**(700 mg/patch)
Adhesive Patch, Medication Sig: 1 Patch(es) topically as directed to affected area. On 12 hours. Off 12 hours on one hour before bedtime remove in the morning On 12 hours. Off 12 hours
- **Lovastatin** 40mg Tablet
Sig: 1 Tablet(s) (40 mg) by mouth once daily
- **Magnesium** 250mg Tablet
Sig: 1 Tablet(s) (250 mg) by mouth once daily
- **Multivitamin-Folate-Calcium** (One-A-Day Women's 50+®) 400 mcg-500 mcg-calcium-20 mcg Tablet
Sig: 1 Tablet(s) by mouth once daily
- **Omega-3 Fatty Acids** (OTC) 1,000mg Capsule
Sig: 1 Capsule(s) (1,000 mg) by mouth once daily 1200 mg total per day
- **Ranitidine HCl** 150mg Tablet
Sig: 1 Tablet(s) (150 mg) by mouth twice daily
- **Tretinoin Topical 0.05%** Cream
Sig: Apply as directed topically daily at bedtime as needed on face
Not for use in pregnancy

First neuropsychological evaluation results

- Significant impairment in memory consolidation
- Mild impairment in semantic fluency
- Mild difficulty with executive functioning (insight, problem-solving, could not figure out pill box-13 errors)
- Remainder of cognitive skills are at least average for her age
- Meets diagnostic criteria for Major Neurocognitive Disorder
- Pattern is concerning for probable Alzheimer's Disease, imaging suggests a vascular contribution, although not as expressed clinically

Neurological evaluation

- MMSE was 22/30 primarily with memory difficulties.
 - 0/3 5 minute recall
 - Disoriented to month, date, day of week, struggles with year
- CRANIAL NERVES: Extraocular movements are intact, face is grossly symmetrical. Tongue is midline.
- MOTOR: No tremor. No cogwheeling or other tone abnormalities. Full strength throughout.
- SENSORY: intact to light touch/ vibratory sensation/ temperature throughout.
- COORDINATION: No dysmetria on finger to nose testing. No truncal ataxia during gait exam. No saccadic overshooting observed. Negative Romberg. Normal rapid alternating movements observed.
- GAIT: Normal stance and posture normal gait with good arm swing. Good turns. No bradykinesia. Good postural stability.

Second neuropsychological evaluation

- Urgent request by the daughter to activate Healthcare POA due to significant decline
- Completed 6 months after the initial neuropsychological evaluation
- Essentially stable compared to first
- Conclusion was that POA did not need to be activated as long as strategies were used to compensate for memory impairment

Circumstances around third neuropsychological evaluation

- 10 months following the second neuropsychological evaluation
- Initiated by Adult Protective Services
- Daughter called to cancel
- Patient presented with son
- Son reported financial exploitation of patient by the daughter
- New POA created recently while son was hospitalized excluding him from the document
- Patient has no recollection of updating this document

Results of third neuropsychological evaluation

- Decline compared to first and second assessments
 - Greater memory difficulty and disorientation
 - Greater difficulty with judgement, mental flexibility
 - Further decline in semantic fluency
- Unaware of any medical issues even with recognition cues, reports functioning completely independently at home (in fact, increasing supports needed even with basic skills)
- Results continue to be consistent with probable Alzheimer's disease with a likely vascular contribution
- POA not activated given ongoing guardianship process and circumstances around POA creation

Guardianship hearing and conclusions

- Police detective confirms that daughter spent at least 30,000 of patient's money on her own needs (e.g., house remodeling)
- Son is granted guardianship
- Son's now the main caregiver, son and daughter are not talking, legal proceedings are ongoing
- Patient continues to live on her own with home health coming 3 times per week



Topics for discussion

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