

**Human Behavior Course
2004**

DIAGNOSIS & FORMULATION IV
The Geriatric Patient

SMALL GROUP DISCUSSION FOUR

HUMAN BEHAVIOR COURSE 2004

VIGNETTE 4:1 - "PSYCHOTIC P SERGEANT MAJOR"

Chief Complaint: Mr. C is 67-year-old retired Army command sergeant major and combat veteran. You are the medicine resident on call and Mr. C's general internist for many years just hospitalized him but there is no clinic admission note to tell you the exact reason for admission, only an admission order stating the admission diagnosis as "R/O Psychosis." Mrs. C, his wife of 46 years, tells you tearfully that she is exhausted and confused by his strange behavior over the past week. You've never met Mr. & Mrs. C before today, and he is not saying anything to you now even though Mrs. C reassures you that he is fully able to speak.

History of the Present Illness: Mr. C has been in declining health for last 10 years or so from chronic obstructive pulmonary disease suffered as a consequence of many years of heavy cigarette smoking. The pace of that decline has increased markedly over the past year. During most of that time Mr. C has been wheelchair bound and on supplementary home oxygen therapy. Mrs. C tells you that it has been very difficult for Mr. C to cope with his disability. He has always been a fiercely independent man, and received "a chest full of awards" during his 31 years of military service including two silver stars and a bronze star with v-device for his valorous service and acts of heroism in the Korean War and the Vietnam War. Mrs. C tells you that there have been three distinct declines she has noted over the past year, two of those declines occurring in the past month. There have been no unusual stressors, she says, but each decline has manifest as changes in the way Mr. C thinks and acts. Mrs. C has noticed him becoming more reclusive, isolative, and secretive. Especially over the past week, Mr. C has become very suspicious and is "filled with wild ideas that everyone, even me, is out to get him." He rarely sleeps from what she observes, choosing instead to stay in his room (they sleep separately) nearly day and night. When she wakes up to check on him in the early hours of the morning, the lights are always on, his television volume is up, and she can hear him talking as though someone were in the room with him. She says he has continued to eat and drink pretty well and shows no inability to speak to her whenever they talk at meals or in their day-to-day dealings around the house. She has noted no major changes in his nutritional or weight status.

With some persuasion from Mrs. C., Mr. C agrees to talk with you "but only on unclassified matters." The command sergeant major denies any major change whatsoever in his health or his baseline level of physical symptoms over the past few weeks. When asked about his sleep patterns, he explains, "you would stand watch too, if you knew what I know...what's gonna go down here...then again, maybe you know" and then refused to elaborate further.

Past Psychiatric History: There is no history of psychiatric problems that Mrs. C knows about, but she recalls that Mr. C was "dark, quiet, and moody" for many months after returning from a year in Vietnam in the early 1970s.

Family Psychiatric History: Mr. C has a sister who was treated once for depression.

Habits: 50 pack-year smoking history, but quit smoking 7 years ago. No other evidence of substance misuse.

Social & Developmental History: Remarkable for a history of consistent success in the military, a masters degree in administration that he earned while on active duty, and his long and stable relationship with Mrs. C that dates back to shortly after his graduation from high school. Those who have worked with and under Mr. C have high praise for him as a person, soldier, and leader. Your conversation with Mrs. C offers clear evidence of her devotion to her husband and her ongoing support. Indeed, she seems overwhelmed with guilt and sadness at the moment because she is having doubts about her ability to continue caring for Mr. C and the thought of turning his care over to someone less committed to him than she is "tears [her] up inside." She has had many acquaintances over their years together, but she has no close social supports besides Mr. C and this is making it difficult for her to cope effectively now.

Past Medical History: COPD, moderate to severe. Past oral corticosteroid treatment but none now. History of lung reduction surgery in the past with mild to moderate improvement in COPD symptoms. History of two ICU stays over the past two years with brief intubations required to stabilize him.

Medicines: Supplemental home O₂, albuterol inhaler, and oral theophylline.