

PASRR Summary of Findings

Diagnostic Impressions

Axis I Primary: 300.00 Anxiety Disorder

Axis I Secondary: 296.20 Major Depressive Disorder

Axis I Tertiary: Rule out 294.8 Dementia NOS (by facility report)

Axis III: Arthritis, peripheral arterial disease, renal insufficiency, deep vein thrombosis, a cardiac murmur, history of stroke. She recently experienced a wrist and arm fracture when she fell in her apartment.

Summary/History

Ms. R is an 80 year old woman returning to nursing home care at after a brief stay at XXX behavioral health unit. Ms. R had only recently been admitted to the XXX nursing home, when she became increasingly sad and had commented to staff: ‘I just don’t want to live anymore’.

Before she became a resident of XXX [nursing home], Ms. R has lived for more than 17 years in XXX assisted living facility where she has been since her husband, [P], passed away. Over the past year, Ms. R’s daughter, [J], has been very worried because Ms. R has had declining health and was having difficulty cooking, doing laundry, and walking safely about her home. Five months ago, Ms. R’s beloved cat died, and [J] says that Ms. R has been ‘devastated.’ Less than a month ago, Ms. R. fell and severely fractured her right arm and wrist. [J] and Ms. R sought nursing home care near XXX, because that is within five minutes of [J’s] home.

Over the past six months, Ms. R has lost 94 pounds. Though her records report she had gastric restriction surgery, [J] reports that surgery was more than 28 years ago. She believes Ms. R’s dramatic weight loss was because of not eating secondary to her struggles with depression and anxiety. Ms. R remains significantly overweight. The nursing facility only recently realized the profound weight loss that had occurred over the past several months, much prior to admission.

After Ms. R. was admitted to the nursing home, she became very anxious. [J] believes that Ms. R has experienced a difficult time adjusting to her roommate, and would be much better suited to sharing a room with a roommate that is matched to Ms. R’s personality. For example, Ms. R’s current roommate does not like for the television to be on, and Ms. R relies on listening to the television to entertain her and to help her sleep. Ms. R has had much greater difficulty sleeping at night since her admission to the nursing home. Ms. R has also said that she fears losing her independence when she sees others around her relying on nursing home staff to take care of them. [J] says that Ms. R was very close to a neighbor at the assisted living facility and she misses that friendship. Ms. R describes herself as very “shy” and says that makes it difficult to develop friendships easily.

Ms. R said that she has had treatment for depression twice in the past—when her husband died 17 years ago and about seven years ago when she began struggling with pain from arthritis. During both of those times, Ms. R had talked about wanting to die and had been admitted to the behavioral health unit at XXX hospital. Both times, Ms. R had stopped eating, bathing, and had become preoccupied with worries about ‘bad things’ happening. Though

Ms. R has made statements about death before both hospitalizations, [J] said that had also assured her: 'I won't do that to you.' Both Ms. R's father and her grandfather committed suicide.

After both psychiatric hospitalizations, Ms. R was prescribed an SSRI (Paxil after the first admission and Lexapro after the second) which she continued to take for between 6 and 8 months after discharge. In both situations, she stopped taking medications because 'I got tired of them'. Both [J] and Ms. R say that Ms. R's anxiety resumed to its 'pre-treatment' state after she stopped taking antidepressants. Ms. R feels she was at her calmest and least depressed when she was prescribed Lexapro. She is currently prescribed Cymbalta and she says that she continues to feel very anxious.

Ms. R's records state that she has diagnoses of dementia and depression. However, [J] says that she has only seen "low level" cognitive loss and believes Ms. R can process and reason when she can get "past the anxiety". The Saint Louis University Mental Status Exam was attempted during the assessment to measure her cognitive skills and, though she was not able to complete all items because of her fractured arm, she knew the responses to many of the verbally based items in the assessment.

Unique Personal Characteristics, Skills, and Talents

Ms. R likes music, singing gospel songs, doing jigsaw puzzles, and crocheting. Ms. R is compassionate, has a good sense of humor, and describes herself as 'a good friend'. One of her favorite pastimes is watching TV mysteries.

Specific Limitations and Needs

Ms. R's daughter reported that Ms. R is fearful of falling and is less willing to walk around. Ms. R utilizes her "Hover-round" for mobility. She does have pressure ulcers that require monitoring and treatment. Ms. R currently requires hands-on assistance with bathing because of her right arm fracture; however, she will be able to bathe independently with a bathing stool when her fracture heals. She needs some assistance when she transfers and dresses.

If she were to return to the community, she would need total support with housework, accessing transportation, shopping, meal preparation, and laundry. For medication supports, she needs set ups.

Recommendations

Ms. R experiences a high degree of anxiety, some fearfulness and hopelessness, and sadness at present. Each may be positively influenced by helping Ms. R experience her environment as a predictable place, where she has an ability to engage in activities she prefers and finds calming, and where she experiences a degree of control over making choices about aspects of her environment that are important to her (e.g., use of the TV).

Ms. R noted that she likes music, singing, puzzles, and crocheting. Using these activities as a bridge to encourage socialization may help Ms. R find meaning in peer relationships while a resident. Her compassion and humor will likely serve her well in connecting with others, though we strongly encourage the NF to assist Ms. R to engage in meaningful socialization activities, as these may be of benefit to decrease her felt isolation and improve her mood. Ms. R will certainly benefit from continuous family involvement, and supportive counsel from NF staff for reassurance, motivation and encouragement. Maintaining as much opportunity for her to self-determine day-to-day activities and as much consistency as possible with her daily schedule, staff, and surroundings will be helpful in relieving her anxiety in response to change or loss.

It is recommended that Ms. R's antidepressants be monitored by a psychiatrist and possibly re-evaluated. Ms. R feels she was at her calmest and least depressed when she was prescribed Lexapro. She is currently prescribed Cymbalta and she says that she continues to feel very anxious. A neurological exam or follow-up would help with clarification of diagnosis and treatment recommendations, to clarify the possibility of a dementia diagnosis, given the impact on her thinking of both depression and anxiety and due to a history of having had a stroke.

It is further recommended that Ms. R be referred for individual therapy to bolster her ability to successfully manage stressful situations and anxiety, and to address any felt losses (such as loss of independent living, and her beloved pet) that impact her hopefulness. Ongoing medication review by a psychiatrist and a physician is recommended to ensure that medications are effectively treating target symptoms.

It is vital that the nursing facility monitor Ms. R's levels of anxiety and hopelessness. They are her typical first signs of an impending decompensation. It will be most helpful to track and record what events, strategies, or activities reduce her felt anxiety, and conversely what appears to lead to increased rumination, anxiety, or hopelessness. It is also vital that the nursing facility monitor Ms. R's eating and weight.

Significant changes, positive or negative, in anxiety, hopelessness, passive thoughts of suicide, eating, weight, and sleep should be recorded at least weekly, as well as reported to the treating psychiatrist/physician and individual therapist. Early recognition of any signs of increased anxiety will let all staff know when intervention is needed or the care plan needs to be updated to avoid decompensation of mood and health.

Ms. R may benefit from having a PT evaluation, therapy or physical activity plan to increase her strength and endurance.

Recommendations

Both PASRR specialized and rehabilitative services of lesser intensity are recommended for MS. R while she resides within the nursing facility (note each state determines which services are in the SS category and which are in the RS category. The categorization will vary state to state.).

Specialized services to be arranged by the state include:

- Medication and treatment management by a psychiatrist: To evaluate medication regimen, given her history of positive response to Lexapro and her continued difficulties since she began taking Cymbalta; to further evaluate dementia diagnosis; to determine need for ancillary therapy services.
- Individual therapy to address grief with changes in her life circumstances, including loss of her beloved cat and loss of independence with her admission to the nursing home

Rehabilitative services to be arranged by the nursing facility include:

- Neurological examination
- Socialization/leisure/recreation activities
- Family involvement in the her care
- Supportive counseling from nursing facility staff and reassurance when she is anxious
- Physical therapy evaluation and physical therapy, if indicated
- Close monitoring of intensity of anxiety, food intake, and weight monitoring, (see details above)
- Placement with a roommate that is better matched to her personality
- Once her fracture resolves, explore the possibility of community return supported by waiver services