



DR. WITHERSPOON CHIEF OF STAFF

by J. M. MacDavid M.D.

Simple Things First

An elderly gentleman was admitted to a psychiatric hospital when it became difficult for the family to manage him at home.

He required corrected vision, but they lost his glasses and the hospital did not replace them. A hearing test confirmed his partial deafness, but he was not given a hearing aid.

He was placed in group therapy, but he could not hear what they were saying and, without his glasses, couldn't determine who was who. He became very confused.

The doctors interpreted his confusion as an indication that his mental status was deteriorating. They increased his antipsychotic medication.

But the higher dose caused tremors similar to Parkinson's disease. To stop the tremors, his doctors prescribed an anti-Parkinsonian medication. A side effect of the anti-Parkinsonian medication, however, is an inducement or aggravation of psychosis.

His trembling diminished.

His psychosis plummeted into a paranoid delirium.

His doctors promptly stopped all anti-Parkinsonian medications and reduced the antipsychotic to its original dose.

They then determined that, having reached maximum benefit of hospitalization, it was time to discharge him home, and did so.

The family was upset. When brought to the hospital, he was somewhat independent and could reasonably care for himself. Now, two months later, he was incontinent of bowel and bladder, soiling his clothes, and unable to walk without assistance. He had lost a great deal of weight.

Once home, he developed a serious complication they believe may have been caused by the abrupt cessation of the anti-Parkinsonian medications. He struggled with fevers and rigors yet survived the life-threatening event.

Shortly thereafter, however, he developed pneumonia and, less than two months after he returned home, passed away.



Dr. Witherspoon says:

If you come away with nothing else from this one, remember the devastating effects of sensory deprivation on the elderly. Confusion absolutely skyrockets. For that matter, confusion in *everybody* is exacerbated by sensory deprivation.

Studies have shown, if you rig someone with a breathing apparatus then submerge him in a tank of warm water in the dark, in silence, he will shortly begin hallucinating. I recall the account of a pilot who was alone on a life raft in the middle of the sea.

Within days he was plagued by hallucinations of ships and planes. When he was finally rescued, he wasn't sure the ship was there until he could feel the deck with his hands. This was a young man.

The elderly are profoundly affected by such changes. Without his glasses and hearing aid, the gentleman in this case was deprived of the two most important sources of contact with the outside world. Predictably, he got confused. Then his doctors fell into the old trap of uppin' the antipsychotics without taking a close look at what was going on.

And, yes, the anti - Parkinsonian medications should be tapered gradually.

Lessons learned?

With the elderly and their dementia, maximize intellectual stimulation and avoid sensory deprivation as much as possible.

Know your medications! The complication described here is well known.

Treat the whole patient! If ever there was a case to illustrate the importance of that concept, we've got one here. I'm not saying this is necessarily so, but there is a chance the gentleman would have been around a lot longer if only they had bothered to figure out where they lost his dadgummed glasses! Or heaven forbid, actually gone out of their way and *replaced* them.

Think about that.

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