Your approach to dealing with the situations described in the following clinical vignettes is of great interest to us.

Instructions:

Please read the vignettes carefully and then write out your answers to our questions at the bottom of each one, making it as close to the reality of your personal clinical experience as possible. Please make your response as complete and detailed as you can.

Vignette 1: ***Louise, 67 years old***

Louise presents with a mental disability and a psychiatric disorder on the psychosis spectrum. After having long lived in a psychiatric hospital, when these were still considered mental asylums, she was transferred to a home for people with disabilities several years ago. She has always exhibited "clingy" behavior or distancing behavior from people who "persecute" her. As she ages, trying to come to terms with aging, the deaths of family members, the deaths of other residents' parents or residents themselves is making her more and more anxious, exacerbating her existing disorders. Her cognitive disorders (both functional and organic) are growing as she feels increasingly insecure, often requiring one-to-one care and support. Her mental disability, psychological frailty, and cognitive disorders are together leading to a massive deterioration in the patient's quality of life, and, as a consequence, this is also affecting her entire living environment.

Louise is progressively becoming more and more likely to refuse to take a shower or her medication.

Louise gets up from the table several times during her meals and goes walking in the corridor.

Our questions:

How would you deal with this situation? Who would you involve in your approach?

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Vignette 2: Eugénie, 60 years old

Eugénie presents with Down syndrome but no superimposed psychiatric disorders. As she has gotten older, she has slowed down. The patient is progressively requiring more and more assistance; she felt overwhelmed by the other residents' energy when in her home's living areas. This resulted in behavioral problems that manifested themselves as disruptive behavior engaged in merely to attract attention. Because of the growing age difference, she was referred to a specialized care unit for aging people with intellectual disabilities. After a good period of adaptation, Eugénie now faces three overlapping issues: firstly, cognitive disorders are becoming apparent following the delirium induced after a femoral head fracture; secondly, she has had to face up to the deaths of other residents, parents of other residents, and her own mother; and thirdly, the fact that her father is getting old adds to her anxiety. The specialized care unit's "morbid" atmosphere, with its many severely physically or cognitively disabled residents, stops her from having any rich or joyful interactions with the other residents.

Eugénie's behavior changes suddenly over the course of just one day, and she fell asleep several times, alternating with periods of crying out. The last two nights were agitated, and the night nurse had to put Eugénie back into bed several times. She gives the impression of being quite uncomfortable, she has no fever, but she goes to the toilet very frequently.

Our questions:

How would you deal with this situation? Who would you involve in your approach?

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Vignette 3: Roger, 64 years old

Roger is a resident presenting with Down syndrome. He was a resident with high potential, able to work in the community as a kitchen assistant, and able to live in a supervised educational apartment that let him have a lot of autonomy. Indeed, for a very long time, he lived in a couple and even got married despite his cognitive disorders resulting from the progressive onset of Alzheimer's disease. As his dementia developed and although he remained in excellent physical health, he left his sheltered accommodation to live in a bungalow in an institution and then moved into its specialized unit for aging adults with a psychopathology. Currently, Roger no longer communicates, his gaze no longer follows what is happening, and he is at times resistant to care, which he no longer understands. He moves around in a wheelchair, is subject to spasms, and has to be fed. Because the other residents and the staff very much like him, it is extremely difficult emotionally to see him in his current state, even disregarding the heavy burden of caring for him. He is no longer receiving any educational care.

In the last few days, Roger has become even more resistant to care than usual. He refuses to eat and drink and spits out his food. At night, Roger is agitated and wants to get out of his bed. During the day, Roger falls asleep in his wheelchair. In contrast to his usual behavior, there are no activities that interest him. He is more tense than usual. His heart rate is at 84, his body temperature is at 37.6°C, and his blood pressure is at 138/82. His respiratory rate is at 24 breaths per minute.

Our questions:

How would you deal with this situation? Who would you involve in your approach?

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Thank you very much for your time and for writing out your detailed reactions to these vignettes.

For the research team:

Karsten Ebbing, MD, Psychiatrist
Associate Supervising Psychiatrist, Service for Old Age Psychiatry (SUPAA)
Department of Psychiatry, Lausanne University Hospital (CHUV)
CH-1008 Prilly, Switzerland
Email: karsten.ebbing@chuv.ch