

Summary

Mr.B is an 80year old previously mentally healthy gentleman presented to the National Institute of Mental Health (NIMH) for the first time due to progressive loss of memory and hoarding behavior since six months duration and poor sleep, disinhibited behavior and wandering behavior and aggressive behavior for three months duration and was brought to NIMH following his attempt to assault his sister. He had no previous suicidal attempts or active suicidal ideas. There is no patient history or family history of dementia or other psychiatric illnesses. He is a known patient with uncontrolled hypertension and hypercholesterolemia for ten years.

Mental State Examination did not reveal any mood or psychotic symptoms and central nervous system examination was normal. His mini mental state examination (MMSE) was 11/30 and Montreal cognitive assessment (MOCA) was 9/10. Geriatric Depression Scale was normal. His Barthel index was 95/100 at the admission. Other geriatric problem was urinary incontinence but had no recurrent falls or sensory impairments or inappropriate polypharmacy.

He was diagnosed to have multi-infarct dementia and developed ST elevation myocardial infarction, anemia and acute kidney injury on chronic kidney disease and was managed pharmacologically and non-pharmacologically.

His Barthel index deteriorated to 50/100 but MMSE and MOCA remained static but behavioral and psychological symptoms improved and on post-discharge follow up he was well taken care of. There were no elder abuse and caregiver depression.