Primary Care of the Psychiatric Mental Health.

Herb is an 84-year-old man who recently moved into an assisted living facility. He is widowed and has three grown children. The nurse caring for him has reported that he has been talking about wanting to die. He has declined since his wife died eight months ago and is no longer interested in activities he used to enjoy. He has medical conditions, including diabetes, hypertension, and chronic back pain. His daughter visited him after the facility reported that he had made comments about wanting to die. He agreed to make an appointment to talk to someone about his current mood and condition.

Question 1

It is important to note that Herb has a history of depression, which may contribute to his current state.

Additionally, it is essential to note that he has several chronic medical conditions, which may be contributing to his decline. It is also important to note that he has recently lost his wife and moved into an assisted living facility, which may contribute to his isolation and loneliness. Some essential questions missing include; family history? History of depression? What is Herb's current sleep pattern? What is Herb's current level of energy?

What is Herb's current level of motivation? What is Herb's current level of social interaction? What is Herb's current level of self-care? What is Herb's current level of insight into his present condition? Does he have suicidal ideation thoughts? Moreover, what is Herb's current level of compliance with treatment? Without this information, it is difficult to provide an accurate diagnosis or recommend an appropriate course of treatment.

Question 2

Some everyday developmental achievements for people in their 80s include living independently, having a solid social support network, and continuing to do activities they enjoy. Potential vulnerabilities for people in this age

group include declining physical and cognitive abilities, social isolation, and depression. In Herb's case, his potential vulnerabilities seem to outweigh his achievements. He has isolated himself from his friends, is no longer interested in activities he used to enjoy, and has talked about wanting to die. His daughter's visit was likely a positive step, but he must follow up with a mental health professional to address his depression and suicidal thoughts.

Question 3

The most likely precipitating factor for Herb's current condition is the death of his wife. This event has been a significant stressor for him, and he has steadily declined since she passed away. Other potential contributing factors include his medical conditions (e.g., chronic pain, diabetes, and hypertension), isolation from friends and family, and poor self-care. Herb's death wish may result from depression, a common reaction to loss. He may also be experiencing anxiety, which can be exacerbated by chronic health problems (Molnar & Frank, 2019). His poor self-care could be a sign of apathy or hopelessness.

His isolation from loved ones may also contribute to his loneliness and despair. If Herb has access to a firearm, this could be a significant risk factor for suicide. It is important to assess his level of risk and develop a safety plan if he is deemed at risk for harming himself.

Question 4

The differential diagnosis for Herb includes, but is not limited to, major depressive disorder, adjustment disorder with depressed mood, grief, and medical conditions such as dementia, delirium, and Parkinson's disease. Herb's symptoms—talking about wishing the Lord would take him, declining interest in activities he used to enjoy, poor hygiene, and sporadic eating—are consistent with major depressive disorder. Major depressive disorder is a mental illness characterized by a persistent low mood and loss of interest in activities. It

can include poor sleep, appetite changes, fatigue, and concentration problems. Depression can be triggered by a significant life event, such as the death of a loved one, and can also be caused by medical conditions, such as dementia or delirium.

Adjustment disorder with depressed mood is a diagnosis that can be given when an individual experiences a significant life stressor, such as the death of a spouse, and has difficulty adjusting. This diagnosis can be made if the individual has symptoms, such as low mood and difficulty concentrating, lasting for more than six months and interfering with their ability to function. Bereavement is a natural reaction to the death of a loved one and can include symptoms such as sadness, guilt, anger, and loneliness. While bereavement is typically a normal and temporary reaction, it can sometimes lead to complicated grief. This more prolonged and intense reaction can interfere with an individual's ability to function.

Dementia is a general term for a decline in mental ability due to disease or injury. Alzheimer's disease is the most common type of dementia, but there are other types, such as Lewy body dementia and front temporal dementia. Dementia can cause symptoms such as memory loss, confusion, and difficulty with activities of daily living (Molnar & Frank, 2019). Delirium is a sudden onset of a disorder that an infection can cause, a change in medication, or a medical condition. Delirium can cause symptoms such as disorientation, hallucinations, and problems with thinking and concentration. Parkinson's disease is a degenerative disorder of the nervous system that can cause symptoms such as tremors, rigidity, and problems with balance and coordination. Parkinson's disease can also cause problems with mood and cognition and can sometimes lead to dementia.

Question 5

The primary diagnosis for Herb is Major Depressive Disorder, Single Episode. The etiology of this disorder is most likely multi-factorial. Herb's primary diagnosis is major depressive disorder. The etiology of this disorder is complex and multi-faceted. There are biological, psychological, and social factors that contribute to the development of depression. Biological factors include a family history of depression, changes in brain function

and structure, and a person's overall physical health. Psychological factors include negative thinking patterns, a history of trauma or abuse, and a lack of social support. Social factors include poverty, social isolation, and chronic stress. Depression is a serious condition that can be debilitating. It is important to seek professional help if you are experiencing symptoms of depression.

Question 6

The most important thing to do when monitoring and assessing geriatric patients for physical complications is to perform a Geriatric Depression Scale comprehensive and physical assessment, this assessment should include reviewing the patient's medical history, a physical examination, and laboratory testing. Medical history: It is essential to review the patient's medical history to look for any chronic illnesses or conditions contributing to the patient's current condition. Physical examination: A physical examination can help identify any physical problems contributing to the patient's condition (Molnar & Frank, 2019). Laboratory testing: Laboratory testing can help identify any underlying medical conditions contributing to the patient's condition. After the comprehensive assessment has been performed, the next step is to develop a care plan based on the assessment findings. The plan of care should include measures to address the physical complications that have been identified.

Question 7

Several non-pharmacologic therapies can help Herb. These include psychotherapy, support groups, and activity groups. Psychotherapy can help Herb to process his grief and to adjust to his new living situation. It can also help him to understand and cope with his medical conditions. Support groups can provide Herb with social support and allow him to share his experiences with others in similar situations. Activity groups can help Herb to stay active and engaged. They can also provide him with a sense of purpose and meaning. These therapies can help

Herb to cope with his current mood and condition. Cognitive behavioral therapy (CBT) is an evidence-based approach to depression that focuses on challenging irrational thoughts and behaviors. It helps people learn new ways of thinking about their problems and how they feel about themselves (Kok & Reynolds, 2017). It also teaches them practical problem-solving techniques, self-monitoring, and interpersonal skills.

Question 8

Many potential medications could help Herb. Given that he is 84 years old, has recently lost his wife, and is generally declining in health, he is likely experiencing depression. Antidepressants are the most common medication used to treat depression, and many different types are available. Selective serotonin reuptake inhibitors (SSRIs) are often the first-line treatment for depression such as Fluoxetine. With the elderly population we must start the initial dose ½ of the required for adults. Due to their reduction in gastric PH which influences the drug absorption. As they tend to have fewer side effects than other antidepressants. SSRIs work by increasing levels of serotonin, a neurotransmitter that is associated with mood and emotion, in the brain. Other potential medications for Herb include tricyclic antidepressants and monoamine oxidase inhibitors (MAOIs). These medications work in different ways than SSRIs and may be more effective for some people. They could also consider adding lithium or another mood stabilizer to help prevent further episodes of depression.

In addition, Herb may benefit from medication to treat his other medical conditions, such as diabetes and hypertension. -Inotropes (such as norepinephrine) - These medications help increase the activity of the sympathetic nervous system by causing an influx of norepinephrine into the bloodstream. They can be used to treat symptoms of low blood pressure (hypotension), such as dizziness or fainting when blood pressure drops too low (Casey D. A. (2017).

-Antihypertensive (such as beta-blockers) - These medications block the effects of certain hormones released by the adrenal gland in response to stress and can be used to treat high blood pressure caused by stress or other conditions like diabetes mellitus two, which can cause high blood pressure).

-Anti-inflammatories (such as NSAIDs) - These medications reduce inflammation in the body by suppressing prostaglandins and other inflammatory substances produced by cells called mast cells that occur in response to tissue injury or infection).

Question 9

The national guidelines that should be considered with the treatment plans for Herb include Addressing his medical conditions: Herb's medical conditions should be addressed by his healthcare team to improve his overall health and well-being, which may include managing his diabetes, hypertension, and chronic pain, as well as treating his psoriasis. Improving his hygiene and nutrition: Herb's hygiene and nutrition are essential for his overall health and well-being, which may include helping him to bathe regularly, to eat healthy meals, and to stay hydrated. Encouraging social interaction: Social interaction is essential for Herb's mental and emotional health, which may include engaging him in activities with other residents at his assisted living facility and encouraging visits from his friends and family. Promoting mental and emotional health: Promoting Herb's mental and emotional health is essential, which may include talking to him about his feelings, referring him for counseling, and helping him to find ways to cope with his grief (Raue, Ghesquiere & Bruce, 2014).

In summary, the safety risks associated with Herb's condition include the risk of him harming himself, the risk of him harming others, and the risk of him not being able to care for himself. Herb should be closely monitored for any signs of self-harm or harm to others. If he begins to exhibit any such behaviors, he should be immediately referred to a mental health professional for evaluation and treatment. Herb should also be closely monitored for any signs since he cannot care for himself. If he begins to exhibit such signs, he should be

referred to a social worker or another professional who can help him make sure that he can continue to live independently.

References

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