

# CASE SUMMARY

## “The Titanic Syndrome”

Mr. J was a 79 year old widower whose only child, a daughter Ms. M, called Matrix from her home in Europe to request assistance for her father while he underwent surgery and radiation for prostate cancer. She said when she saw him about 18 months earlier, he was able to live independently, drive his own car, shop and prepare his own meals. His only help was a housekeeper who came every other week to do cleaning and laundry. The doctor had told his daughter that he would need some nursing assistance to manage a catheter after his surgery, which resulted in the daughter's call to Matrix.

The Matrix Care Consultant visited Mr. J at his home about two weeks before his scheduled surgery. He resided in a two story single family home with four bedrooms and a full bath upstairs, a half bath on the main floor, and a partially finished basement which contained the washer and dryer. The main floor of the home was clean and tidy except for the kitchen which had many dirty dishes stacked on the counters. There was bread, milk, butter, jam, ketchup, steak sauce and onions in the refrigerator; TV dinners and ice cream in the freezer; and graham crackers, canned soup, coffee, teabags, packaged macaroni and cheese and paper plates in the cupboard.

When the Care Consultant asked to see Mr. J's bedroom and bathroom upstairs, it was obvious that the housekeeper did not clean the upstairs of the home. Mr. J's bedsheets were obviously dirty. There was clean and

dirty clothing all over the bedroom, presenting a hazard to walking safely about the room. The bathroom was extremely dirty with a foul odor and black grime in the tub, sink and toilet. There were no grab bars or other assistive devices in the bathroom. The other three bedroom doors were kept closed, and a musty smell was noted when they were opened.

During the Comprehensive Assessment, Mr. J stated that he was independent with all his Activities of Daily Living and Instrumental Activities of Daily Living. However, when questioned, he could not remember what he had eaten that day or the day before. He couldn't describe how or when he last bathed or how to use the washer, dryer or microwave. His medications were in bottles on the kitchen table. When the Care Consultant asked Mr. J what they were for and when he took them, he tried reading the labels but was unable to state what they were for and gave inconsistent replies about when he took them. The Care Consultant asked to see his car, and she noted various dents and paint abrasions. Mr. J was unable to remember how these occurred. Mr. J said that he handled his own finances, but was unable to find his checkbook when the Care Consultant was present. He was unable to describe how to call 911 in an emergency.

The Care Consultant conducted the Cognistat, a brief screening exam of cognitive functions including orientation, language skills, short term memory, judgement and reasoning. Mr. J's scores

were in the mildly to moderately impaired range in orientation, memory and judgement and within normal limits for his age in the other categories. These scores indicated that Mr. J may suffer from dementia. In addition, the Care Consultant noted that Mr. J seemed depressed and very anxious about his diagnosis of prostate cancer and the impending surgery. He was upset that his daughter was unable to leave her job and be with him during the surgery.

Based on her findings, the Care Consultant quickly prepared a written report of her findings and faxed it to Ms. M's office in Europe. The report identified a need for help with bathing, laundry, cleaning, meal preparation, medication management, money management, transportation, shopping, and equipment use. The Care Consultant also recommended that Mr. J see a geriatric psychiatrist for evaluation and treatment of his possible depression and dementia. Ms. M immediately asked the Care Consultant to implement the services her father needed. The Care Consultant contacted the urologist who was agreeable to postponing the surgery until the daughter could come in a month, and she proceeded to discuss with Mr. J the need to have some additional help at home to make sure he was in the best possible health before his surgery. She also made arrangements for the psychiatric evaluation and for home nursing care after surgery, and continued to serve as Mr. J's health advocate for several years.