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Geriatric Atrial Fibrillation Cases ACOI 2011 Annual Convention and Scientific Sessions October 12-16, 2011

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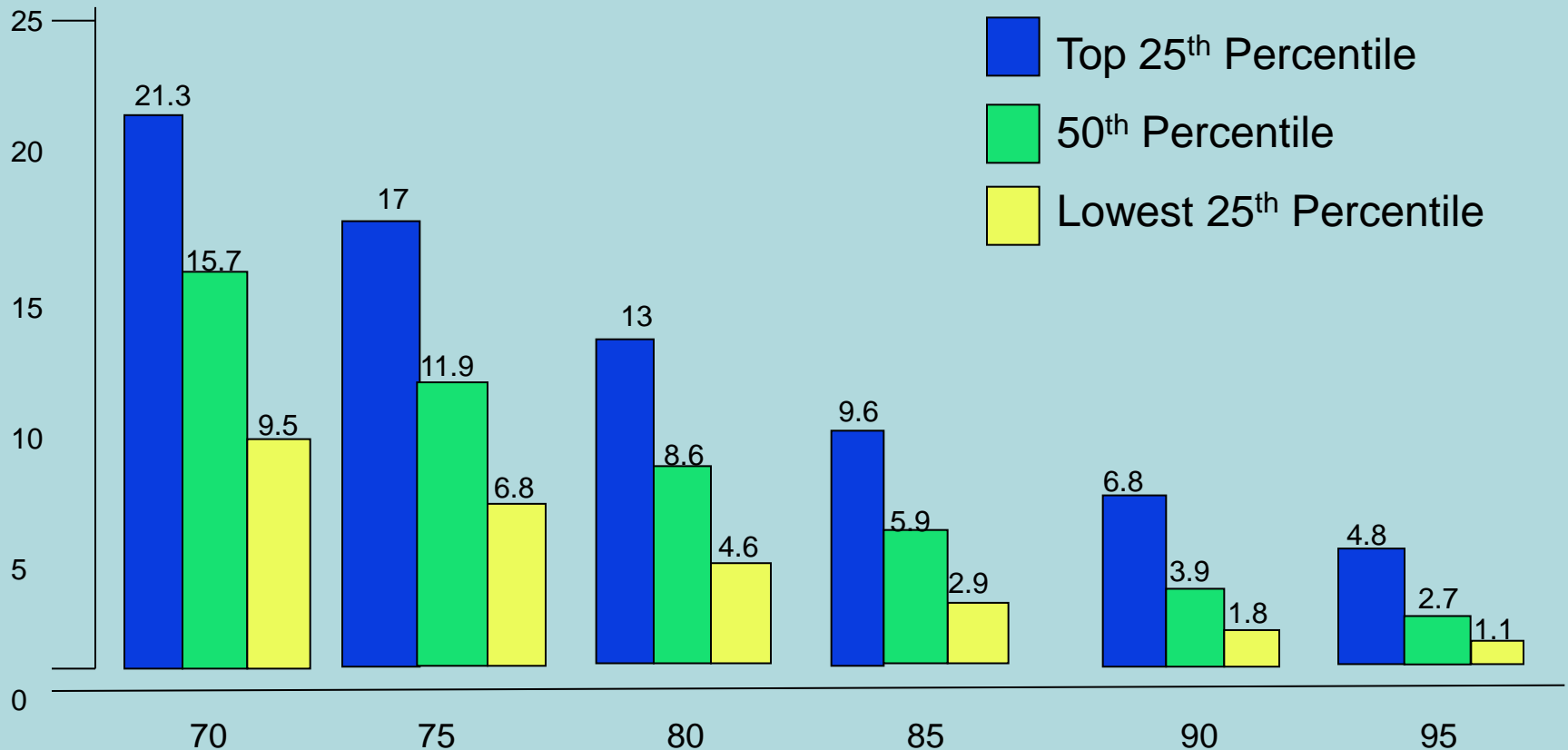
Chief, Division of Geriatrics

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Mrs Tessie Trulove

- A 78 year old cowgirl who presents to your office as a new patient.
- She has a **PMHx** of Hypertension 25 years ago but denies taking any medications except for a multivitamin currently. She wasn't very interested in coming to see the doctor but her daughter insisted since she plans to tour with the Ft. Worth Women's Barrel Racing Competition over the next few months. She denies any new complaints except that on occasion she feels her heart "jumping" in her chest.
- On physical exam today, her blood pressure is **170/90**, **pulse is 111 irregular irregular**, **RR 18 unlabored** and afebrile. **She is 5' 5" and 150#.**
- She is independent in all of her ADLs/IADLs. Her MMSE is 30/30 and normal clock draw
- Her **physical exam is WNL** with the **exception** of the elevated blood pressure and a cardiac exam with an irregular irregular rate at 111 BPM, Normal S1/S2, No gallop, Grade 2/6 holosystolic murmur.
- An **EKG** reveals Atrial Fibrillation, normal axis, and mild LVH

?What would be the best course of tx for Ms Trulove?



A: Life Expectancy for Women

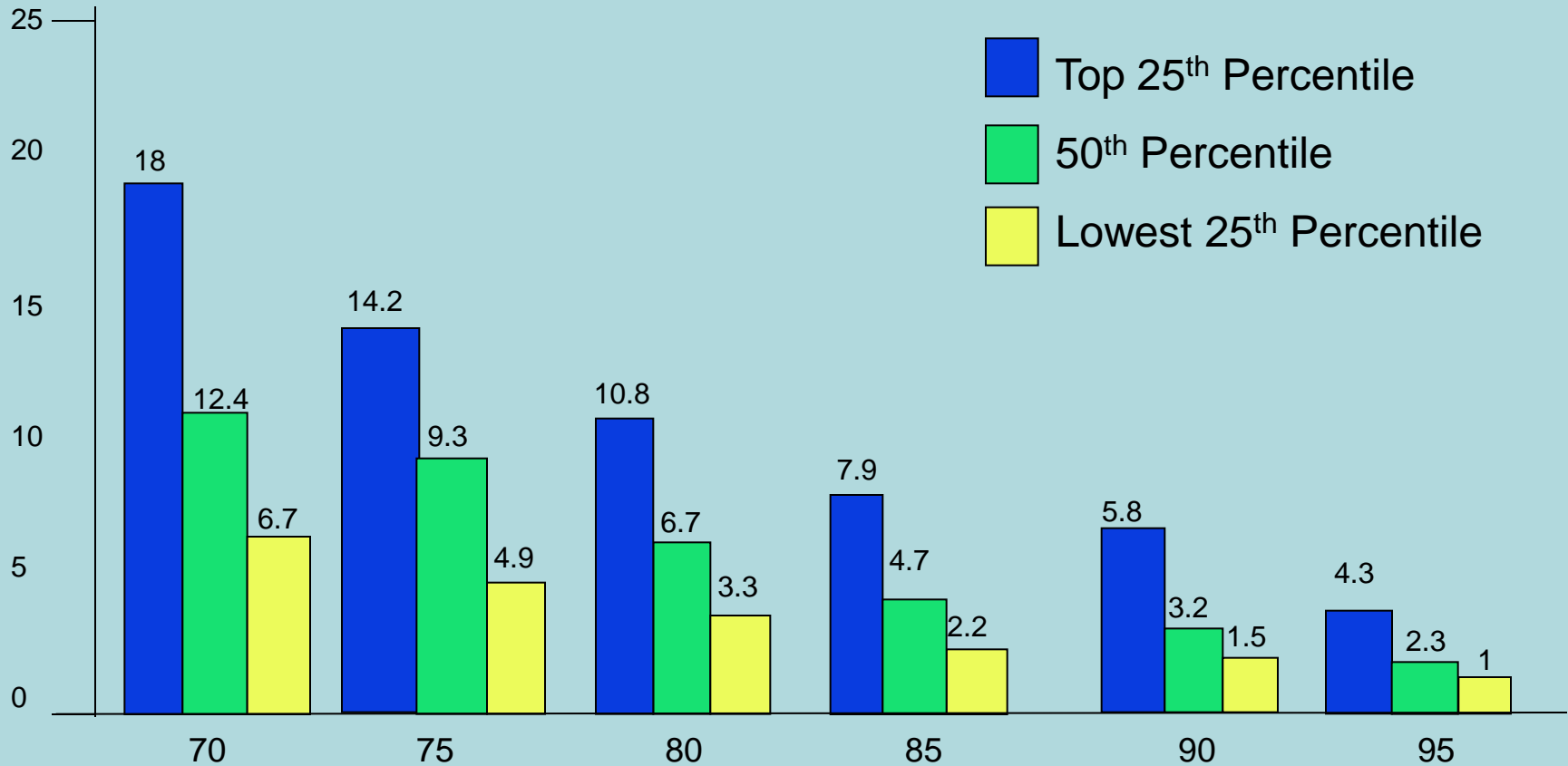
Upper, Middle and Lower Quartiles of Life Expectancy for Women at Selected Ages- JAMA, June 6,2001:285(21)

Mr JR Texan

- 87 year old African American retired Tarazzo Tilemaker who lives with his brother in a single family home.
- **PMHx** significant for Ischemic Cardiomyopathy with an LVEF 40% by echo, NYHA Class 2, Chronic Atrial Fibrillation and LBBB s/p cardioversion x 1 now with paroxysmal atrial fibrillation/flutter, Hyperlipidemia, Hypertension, Diabetes Mellitus diagnosed 2 years ago, and a GI Bleed about 15 years ago.
- He no longer drives. He is otherwise **independent** in his ADLs and IADLs. His MMSE is 27/30.
- His current **medications**:
- Carvedilol 3.125mg BID
- Diovan HCT 320/25 daily
- Glipizide 2.5 mg daily
- Omeprazole 40 mg daily
- Warfarin 5mg daily

? What is his risk of bleeding ?

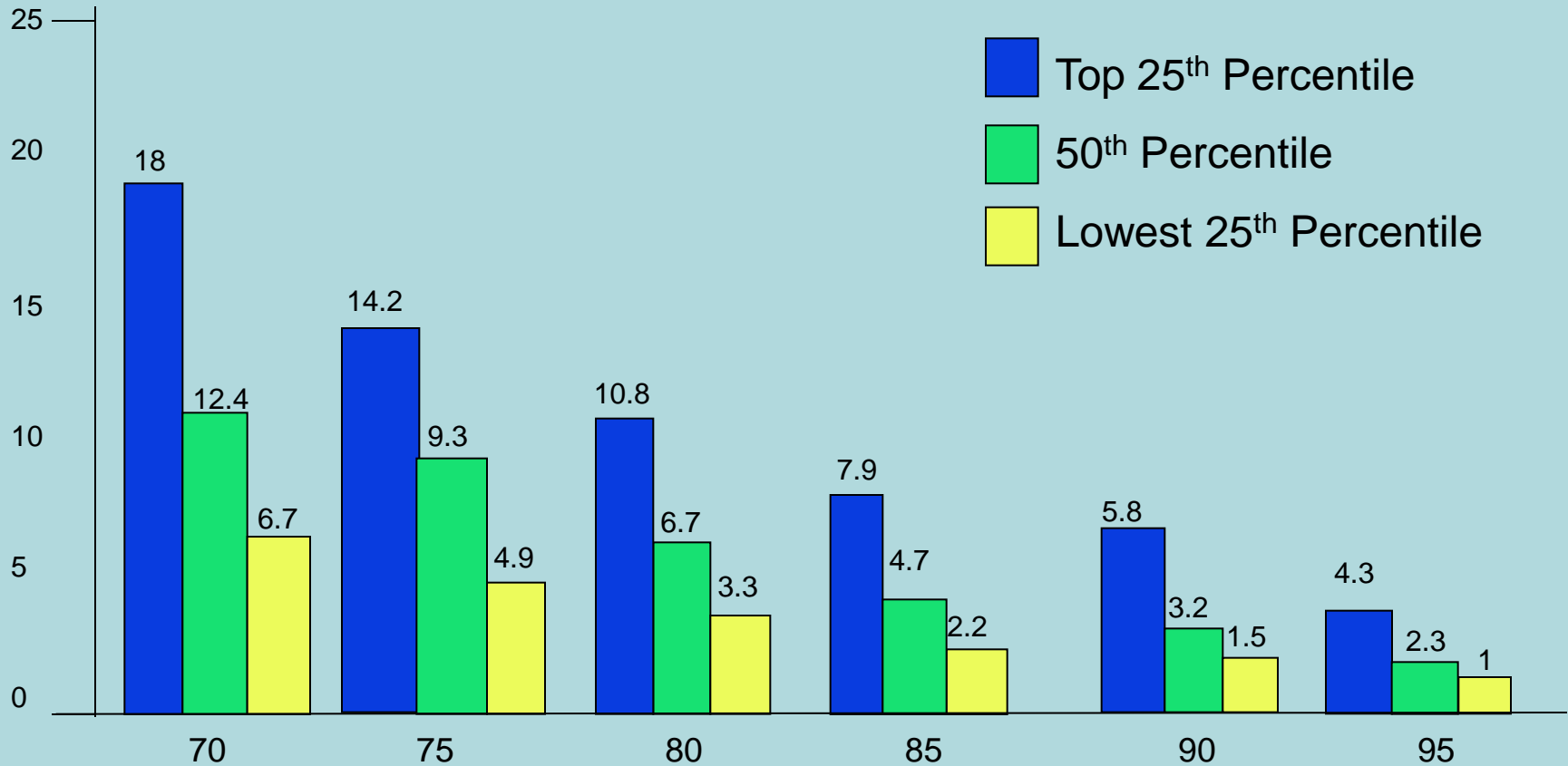
?Would you consider any options for treatment ?



**Upper, Middle and Lower Quartiles of Life Expectancy for Men
at Selected Ages - JAMA, June 6,2001:285(21)**

Mr Bubba Houston

- 74 year elementary school bus driver whom you have followed in your office for several years.
- **PMHx** of Morbid Obesity, Hyperlipidemia, Hypertension, Depression and Paroxysmal Atrial Fibrillation. He did pursue a lap band procedure 2 years ago but has not been successful in obtaining his weight goal. His current weight is 290# and height is 67" (BMI = 45.4 kg/m²) He is independent in all of his ADLs and IADLs.
- **Medications** include:
 - ASA 81 mg daily
 - Atenolol 50 mg daily
 - Lopid 600mg BID
 - Diovan/HCTz 80/12.5 daily
 - Loratadine 10 mg daily
 - Multivitamin daily
- *?Would you consider Oral Anticoagulation Tx?*

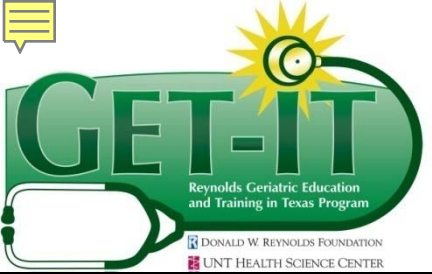


**Upper, Middle and Lower Quartiles of Life Expectancy for Men
at Selected Ages - JAMA, June 6,2001:285(21)**

Mrs Jimmie Joe Sweetypie

- 85 year old resident of Happy Trails Nursing Facility that you are asked to accept as a patient since her current physician will no longer come to the facility. You review her medical records at the facility and note her **medical history** to include Hypertension, Right basal Ganglia Stroke 4 years ago, Chronic Atrial Fibrillation, CAD, CHF, Hyperlipidemia and Dementia. She is **dependent** in all IADLs and most of her ADLs with the exception of being able to feed herself and walk with her walker. She is incontinent of bowel and bladder.
- Her MMSE is 10/30.
- Her **medications** consist of:
 - Warfarin 3mg daily, Lisinopril 5 mg daily, Metoprolol 12.5 mg daily
 - Furosemide 20mg daily, Donepezil 10 mg daily, Simvastatin 40mg daily
- Her **vital signs** include a BP 110/70, pulse 70 irreg irreg, RR 18 unlabored and afebrile
- Her weight is 100# and 61" tall
- She has a bruise on her forehead from a recent fall. There are some other small bruises on her arms.

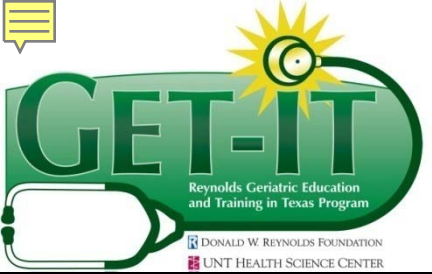
?Would you make any changes in this patients medication regimen?



Reisberg Functional Assessment Staging (FAST) Scale

FAST Scale Item	Activity Limitation in AD
Stage 1	No difficulty
Stage 2	Forgetting location of objects Subjective work difficulties
Stage 3	↓ Job functioning evidenced by coworkers Difficulty traveling to new locations
Stage 4	↓ ability to perform complex tasks (dinner planning, managing finances)
Stage 5	Requires assistance in choosing proper clothing

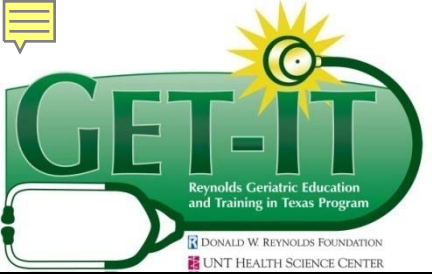
Reisberg, Psychopharmacol Bull 1988;24(4):653-659



Reisberg Functional Assessment Staging (FAST) Scale

FAST Scale Item	Activity Limitation in AD
Stage 6	↓ Ability to dress, bath, and toilet independently
Substage 6a	Difficulty putting clothes on properly
Substage 6b	Unable to bath properly, fear of bathing
Substage 6c	Inability to handle mechanics of toileting
Substage 6d	Urinary Incontinence
Substage 6e	Fecal Incontinence

Reisberg, Psychopharmacol Bull 1988;24(4):653-659



Reisberg Functional Assessment Staging (FAST) Scale

FAST Scale Item	Activity Limitation in AD
Stage 7	Loss of speech, locomotion and consciousness
Substage 7a	Ability to speak limited (1-5 words per day)
Substage 7b	All intelligible vocabulary lost
Substage 7c	Nonambulatory
Substage 7d	Unable to smile
Substage 7e	Unable to hold head up

Reisberg, Psychopharmacol Bull 1988;24(4):653-659

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