SimPHARM Case Description *(Summary)*

SimPHARM™

Case Level: Intermediate Learning
Case Run: 72 hours
Patient: Lilly White

Patient Description:

Introduction to Lilly:

You are seeing Lilly as part of a falls assessment program with the view to optimizing her medicines. Lilly lives in a retirement village. She is partially mobile and uses a mobility frame to get around. She is quite unsteady on her feet. She fell 1 year ago and is now quite nervous about moving around. Her husband died in an accident 2 years ago and her children live overseas. She is in an assisted living facility and is looked after by nurses trained in hospice care.

Gender: Female

Weight: 113 lbs. / 51 kg

Height: 5′ 4″ / 161 cm

Age: 82

Case Details

Lilly is a high falls risk. She has fallen previously and fractured her distal radius in what appears to be an attempt to break her fall. This suggests the fall was associated with a mobility issue rather than syncopal. She is frail, has bilateral weakness and sarcopenia. Her BP is low and she is a high falls risk based on her multiple comorbidities as well as on her labile BP readings.

The case imperative is to rationalize her medicines.

Pathologies:

Condition	Severity	Occurrence	Duration	Probability
Hypertension	Mild	Pre-existing	Whole case	100%
Iron-deficiency anemia	Mild	Pre-existing	Whole case	100%
Eczema	mild-moderate	Pre-existing	Whole case	100%
Osteoarthritis (both knees)	Moderate	Pre-existing	Whole case	100%
Osteoporosis	Severe	Pre-existing	Whole case	100%

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Current Medicines:

Amlodipine 10 mg daily

Cholecalciferol 1.25 mg monthly

Citalopram 20 mg each morning

Diclofenac CR 75 mg each morning

Ferrograd C Tablet 300 mg daily

Gaviscon Oral Liquid 5 ml prn

Multivitamins 2 tablet daily

Nortriptyline 25 mg each night

Acetaminophen 1000 mg every 6 hours

Quetiapine 25 mg each night

Simvastatin 20 mg each night

Temazepam 10 mg each night

Availability of drugs and laboratory investigations:

All drugs and investigations are available for students.

Debrief Notes:

Where to start is the student's biggest issue here. There are lots that can be done to help optimize her falls risk from a medication standpoint. Some are going to be relatively straightforward while others are going to be in the long term. We would anticipate the student withholding the calcium channel blocker and then reinstituting at a much lower dose if her SBP exceeds 140 mmHg. She is receiving citalopram from a previous episode of depression that was never reviewed this was prescribed with the companion drug, quetiapine to aid sleeping. Both could be flagged for stopping. Her combination of nortriptyline, quetiapine and temazepam will provide a good discussion point about how to start unpacking this combination. The nortriptyline will also potentially affect her BP and gait.