

International IUD for Health Professionals Clinical Scenario 02 – A Caregiver’s Illness – Mrs. Wright

CHARLOTTE WRIGHT, a 77 year-old **retired** potter, has come to see her **primary care physician**, Dr. ARNOLD NELSON.

ARNOLD NELSON: Hello, Mrs. Wright, I am Dr. Nelson. I took over from Dr. Tran last year.

CHARLOTTE WRIGHT: Hello, Dr. Nelson.

ARNOLD NELSON: What’s brought you in today?

CHARLOTTE WRIGHT: Well, I have **COPD** and my breathing has been getting worse. The nurse I saw about 4 months ago told me to come see you but I didn’t think things were so bad then, and then my daughter insisted I come too. So here I am.

ARNOLD NELSON: All right, we’ll take things **one step at a time** since I don’t know you yet.

CHARLOTTE WRIGHT: That’s **just fine**.

ARNOLD NELSON: What is your profession?

CHARLOTTE WRIGHT: I used to be a potter, but I’m retired now.

ARNOLD NELSON: You said you have COPD. I see here on your **chart** that you also have high blood pressure – which has been stable for the past 8 years – and you are an ex-smoker. What medication do you take?

CHARLOTTE WRIGHT: Amlodopine 5mg, Rampiril, Simvastatin, Salbutamol and Symbicort.

ARNOLD NELSON: I’m impressed you know the list so well.

CHARLOTTE WRIGHT: I’m very good at taking my medications, and I’ve been **refilling** the **prescriptions** for so many years now...

ARNOLD NELSON: And do you ever have alcohol?

CHARLOTTE WRIGHT: Yes, my husband and I have a drink of whiskey every evening in front of the TV. It’s our little ritual. We’ve been doing it for 30 years and I think it helps Gary to do something so habitual.

ARNOLD NELSON: Is your husband in good health?

CHARLOTTE WRIGHT: Well, Gary has Alzheimer’s, but he’s doing all right. I can leave him for about an hour to go to the shop. It’s true that he has been getting worse over the past 12 months and I need to remind him about conversations, to eat, that he’s already fed the cat, that sort of thing. Mind you, the cat doesn’t complain, she gets fed 3 or 4 meals a day.

ARNOLD NELSON: So you **care for** your husband by yourself?

CHARLOTTE WRIGHT: Yes. It’s fine really. We work it out just the two of us.

ARNOLD NELSON: And you said you went to see the **nurse**?

CHARLOTTE WRIGHT: Yes, for my annual review, about 4 months ago. I had felt then that my breathing had seemed a bit worse and I had noticed that my **ankles** were getting a bit **puffy** at

the end of the day. But apparently it wasn’t worse than last year. Even walking on flat surfaces, my breathing made it difficult to keep up with my friends, like before.

ARNOLD NELSON: Yes, I have the nurse’s record here. It also says your blood pressure was 138/78, which shows good control of your high blood pressure. It also says here you were recommended to see me.

CHARLOTTE WRIGHT: Well yes, but the nurse said my COPD seemed unchanged, so I thought I must have been **making a bit of a fuss** when I felt my breathing was getting worse. I thought perhaps I was just **being silly** – I was getting a bit **worried** about Gary and the future.

ARNOLD NELSON: Has it gotten **significantly** worse since?

CHARLOTTE WRIGHT: Well, two weeks ago, we visited our daughter and her family for a little break, they live just a two-hour drive away, and my breathing difficulties increased. I had to stop to breathe on any **slight incline**, and my cough was worse.

ARNOLD NELSON: How so?

CHARLOTTE WRIGHT: Well, I just coughed more often, and it **brought up** clear mucus.

ARNOLD NELSON: And over the past 2 weeks, do you feel it has **remained** constant – your breathing difficulty and coughing – or has it gotten worse?

CHARLOTTE WRIGHT: Well, worse, which is why I finally came to see you. That and my daughter will phone and ask me about it. For the last 2 nights, I have woken up out of breath, but it **settles** when I sit out of bed for 30 minutes. I am a bit worried that testing will be **required**, though, because it is difficult for me to leave Gary very much.

ARNOLD NELSON: Do you find you’re using more than one **pillow** at night, whereas you used to use only one?

CHARLOTTE WRIGHT: Why, yes, actually, **funny you should ask**. I have been piling them up to try and breathe more easily.

ARNOLD NELSON: Do you get **winded** when you walk upstairs?

CHARLOTTE WRIGHT: Yes, yes, I do now.

ARNOLD NELSON: You said you were coughing up clear mucus. Is that still the case, and has there been any blood in the mucus?

CHARLOTTE WRIGHT: No, no blood, but I am still coughing up a lot of clear mucus.

ARNOLD NELSON: And what about your ankles. You mentioned to the nurse it was getting worse. Are they still **swollen** at night?

CHARLOTTE WRIGHT: Well, actually, they are swollen all the time now.

ARNOLD NELSON: Have you noticed anything else? Have you had any **trouble** doing things around the house or felt any other symptoms?

CHARLOTTE WRIGHT: I do seem to have less appetite. I think for the past two weeks, I have been eating less – I just haven't been hungry. Yes, that's right, since we visited Suzy.

ARNOLD NESLON: And do you think you have lost any weight?

CHARLOTTE WRIGHT: No. If anything, I was thinking I'd put on a bit of weight, but I haven't been eating any more at all.

ARNOLD NELSON: All right, do you mind if I ask you a few more routine questions?

CHARLOTTE WRIGHT: No, no, of course not.

ARNOLD NELSON: It doesn't say so on your chart but just to make sure – you've never **suffered from** a heart attack have you?

CHARLOTTE WRIGHT: Oh no, no.

ARNOLD NELSON: And have you ever felt any chest pain?

CHARLOTTE WRIGHT: No, I haven't.

ARNOLD NELSON: Ok, well, if you don't mind, I would like to examine you now. Would **you roll up your sleeve** so I can take your blood pressure?

CHARLOTTE WRIGHT: Certainly, there we are.

ARNOLD NELSON: Thank you. That's 130 over 80. Let me take your **pulse**. Ok, 90. I'll have a listen with my stethoscope now. Good, your heart sounds are just fine, no murmurs. Would you breathe in for me? No **whoezing**, which is good, but I can hear a little something **crackling** deep in your lungs. All right, let me check how much oxygen you have in your blood. If you'll lend me a finger? That's great, thanks. 97%. That's quite good. And let's see those ankles then. Hm, they are swollen to **mid-calf level** alright. Well Mrs. Wright, I am sorry to say you were right to fear more testing. I think it would be best to run a few fairly soon.

CHARLOTTE WRIGHT: Oh, but it's going to be difficult to leave Gary. He wouldn't be able to have me gone for more than this visit today.

ARNOLD NELSON: I understand that it might be difficult for you as **caregiver**, but we can **arrange investigations** when you are free to come. You are in no immediate danger, so we can space them out.

CHARLOTTE WRIGHT: Oh, good. But what tests do I need? How will they help?

ARNOLD NELSON: Well, it would be good to have a better look at what is going on to decide on a **course** of treatment. You'll need to do blood tests, an echocardiogram (where we see how your heart functions), an electrocardiogram (which is another way to see how your heart is behaving, with little electrodes), a chest X-ray to **investigate** those crackles I heard **on**

examination. Once we have all these results, we'll be better able to know what is causing your symptoms, whether you need **further** testing or if we can start treatment, and what kind of treatment you need.

CHARLOTTE WRIGHT: Why do you seem so concerned about my heart? It's my breathing that's difficult. What do you think is going on?

ARNOLD NELSON: Well, I am sorry to say that I do think your heart is **involved**: **shortness of breath** can indicate something is going on with the heart. In your case, I strongly suspect heart failure – which means your heart is unable to distribute enough **blood flow** to the body.

CHARLOTTE WRIGHT: But that sounds horrible, are you sure?

ARNOLD NELSON: No, I am not sure, which is why we really need those tests. But those episodes when you wake up at night through **lack** of oxygen and are out of breath, the increased difficulty breathing during the day, including when you are physically active like going up the stairs, and your lack of appetite—they are all quite typical symptoms of heart failure. However, it could also be idiopathic pulmonary fibrosis, which is **scarring** of the lung tissue, which also causes **strain** on the heart, or chronic pulmonary emboli that are small, but that is less likely.

CHARLOTTE WRIGHT: What is likely to happen to me? Will I be able to look after Gary?

ARNOLD NELSON: It really all depends on the **severity** of your condition and the cause of the heart failure, if that is what is going on. Some forms of heart failure can be treated just with changes in **lifestyles**, while others require medication. You might very well still be able to look after your husband.

CHARLOTTE WRIGHT: Is there anything I can do now, aside from the tests?

ARNOLD NESLON: Yes, for now I do think you need some tablets. I'll prescribe Furosemide, a diuretic, in small doses at first, and ask you to stay away from salt. This will reduce swelling in your legs and help relieve symptoms. I think we should also stop the Amlodipine and start you on Metoprolol instead—it's a beta-blocker. And we should make **appointments** for tests in the next few days. Then I'll ask you to come back and see me when we have the results, and we'll see **how you're doing with** the new drugs. Is that all right with you?

CHARLOTTE WRIGHT: Yes, that's fine, doctor, thank you.