

Agenda Item 14

Low level need case study for dementia select committee – Friday 4th December 2009

Bill and Edith

Bill and Edith have been married for 54 years. Bill is 84, and following a minor heart attack 12 years ago, has been diagnosed with heart disease. He takes a number of different medications to manage this and, other than some age related frailty, is in good health. Edith is 79, has no known health conditions and appears to be a very robust, healthy woman. Bill and Edith have one daughter, Sue, who lives in London. Sue visits them once a month.

Bill and Edith moved into sheltered accommodation six months ago, when the three storey town house they were living in became unmanageable. They have a tendency to keep to themselves and have not shown an interest in participating in any arranged activities within the sheltered accommodation. They do not attend any day centres, nor do they receive any other form of support. Once a month when Sue comes to visit, she takes them to the supermarket to buy all the heavy household products they need. They buy the rest of their shopping as and when required from local shops. Their home is always clean and tidy, and they make use of the communal laundry room within the sheltered accommodation block.

To all around them, Bill and Edith have the appearance of a very self sufficient, able couple.

Change in circumstances

When out shopping with Edith one day Bill has a sudden stroke and is hospitalised for two weeks. Sue comes to stay with her mum in this period, and together they visit Bill in hospital. Bill is discharged with a reabling care package. This includes visits twice a week from occupational therapists and physiotherapists. Bill also attends a rehab centre two days a week. Bill's mobility is greatly affected, and he is only able to support himself standing for short periods of time. The therapy he is receiving is helping him to regain his mobility, and in time he should recover well. But at present he is unable to leave the flat unaided, or undertake housework activities..

With Bill less mobile, it becomes apparent that Edith is finding it difficult to cope. The flat is unkempt and Edith seems to be confused when undertaking day to day activities. Bill is supported to attend the rehab centre two days a week, and Edith is left at home alone. She often stays in her nightwear until Bill returns.

When Sue next visits she is surprised to find that there is very little food in the flat and Bill says that Edith is anxious about going outside on her own. When she did leave the flat she had to be helped home by a neighbour. The neighbour tells Sue that her mum did not seem to know her way home, and was quite distressed. Sue begins to feel concerned about her mum's behaviour and asks her dad about it.

Bill confides that when he was well, he had been supporting both of them in the flat. He was doing most of the housework, and was taking responsibility for shopping and cooking. He was also sometimes having to assist Edith in getting washed and dressed each day as she has become quite confused about doing this herself. Bill also states Edith's short term memory has been troubling her.

Sue is very surprised to hear this information from her dad, and is very upset that she was not aware of what he was having to cope with. She is surprised to find that she had not noticed any of these behaviours in her mum when she has visited in the past.

Support for Bill and Edith

*Sue takes her mum to see her GP, and the GP refers Edith to the local Community Mental Health Team for an assessment. In the meantime, the GP recommends that Sue help her parents to contact the Brighton and Hove City Council **Access Point**. The Access Point will provide them with information and advice on what support is available, and help assess them to get a better understanding of what type of support they may need. As it is anticipated that Bill should make a recovery, the level of support needed may reduce once he is physically better.*

Edith breaks her ankle

With Bill on the mend, he and Edith are able to go out together again during the day. Whilst out shopping, Edith slips and breaks her ankle. After an operation and some recuperation, Edith can be safely discharged from hospital. It is evident that Edith will require some ongoing support for a short period of time and she is referred to the Intermediate Care Service (ICS). The ICS team are able to provide support to Edith in her own home. It is apparent that the trauma of her injury/operation and the time spent in hospital have enhanced the confusion that Edith experiences. The ICS are able to support her, and the Registered Mental Health Nurse (RMN) based within the ICS team is able to visit Edith, assess her needs and support the ICS team in supporting Edith.