Why dad has become unmanageable

"Doctor, we are desperate. You are aware that after Mum's death my father moved into our home. For the first six months everything went fairly smoothly. We could cope. Recently however, my dad has become tiresome. Nothing seems to satisfy him. He has become unmanageable in more ways than one."

Mary Bester and her husband have come to discuss her father's behaviour. I have seen the old chap for relatively minor complaints on a few occasions. My impression so far has honestly not been that he is such a tiresome patient. But there must surely be good reasons why Mary and her husband are airing grave concern. Out of the blue I remember a remark made by the old dad during one of the consultations. "I feel so much better after visiting my doctors. The only trouble is that all my aches and pains start up again when I get home."

Although there are possibly two sides to this coin one cannot ignore the growing tension that is so often found where there is the dual responsibility of caring for one's own children as well as for an ailing elderly parent.

As always, a careful history assists one to come to a conclusion and to help formulate advice.

"Mary, what precisely do you mean when you say your dad has become unmanageable?" She does not seem to be hurt by my direct question and responds softly but firmly.

"When you were off over the long weekend dad had to be admitted to hospital for an attack of pneumonia. The staff complained from the beginning because he was so noisy and restless. A few weeks before admission he had started acting strangely in many ways and mentioned feelings of worthlessness and guilt. At that stage he also refused to take his hypertension tablets because he felt that they made him depressed. We could not help suspecting serious impairment of his intellectual functioning. Also he definitely showed an increased body sway and has had two minor falls. I am mentioning all this not to try to influence you to help us get him into an old-age home. This is definitely not what we have in mind."

In text-books and medical journals mental ageing processes are often presented as being well-defined and...
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demarcated. But unfortunately in real life they are often
over-lapping and a huge variety of factors must be
remembered in the individual case. For instance, just some
of these factors are the number of physical illnesses
predisposing to acute confusional states, psychiatric illness
as a possible underlying problem, and the ability to
differentiate between the benign senescent forgetfulness
and gradual failure of intellectual functions, suggesting
dementia. Cerebral atrophy is also not the only cause of
poor stability and a tendency to fall. Conditions which may
contribute include certain drugs, arthritis, poor vision and
simply loss of confidence.

I am about to proceed when the telephone rings. It
provides me with more time for reflection and sorting out.
"It is possible to give an explanation for some aspects of his
behaviour. I hope that this might assist you to be able to
cope. His depression, for instance, can be the result of
certain anti-hypertensive medicines. Other factors make it
possible to distinguish between depression and
dementia."

Mary's husband interrupts. "A young doctor in the family
is of opinion that dad is demented and that he is really
suffering from Alzheimer's disease. He says that my
father's loss of memory especially for recent events, is one
of the earliest signs of Alzheimer's disease."

"Yes, we are aware of this possibility and it has been stated
that about 70% of patients with dementia are having senile
dementia of the Alzheimer type. It is also true that loss of
memory, especially for recent events and this occurs
regardless of the age of onset, is one of Alzheimer
dementia's earliest signs. But this is then followed by
definite intellectual impairment with loss of initiative and
inhibitions, failure of learning and emotional liability which
follow and are accompanied by other things such as
difficulty in clothing oneself, failure to recognise people
and places and, consequently, peculiar behaviour."

It was Mary's turn to cut me short. "Is my father suffering
from depression or dementia?"

"In depression there is also as in dementia a slowness to
reply, but a correct answer follows eventually. Also his
feelings of worthlessness and guilt are more in favour of
depression. The episode of confusion in hospital was
temporary and was most probably the result of his
pneumonia and aggravated by the medicines, dehydration
and even severe constipation."

"Doctor, perhaps we have more insight now, but we must
confess ignorance as to his management. Would you be so
kind as to give us some general guidelines."

I realise that it is my function not only, although most
important, to assist this couple but also to give advice
which might assist their father to cope with daily living.

"It is first of all essential that he does not suffer from
unnecessary problems and therefore he should be treated
as promptly as possible for conditions such as wax in the
ears, poor sight and related problems. One would have to
be very careful in the use of tranquilizers for insomnia,
restlessness and aggressive behaviour. Especially avoid
giving large doses at night out of pure desperation.
Aggressive behaviour can lead to falls and possible
bleeding on the brain. It might from time to time become
necessary to let him lie on a mattress on the floor which is to
be preferred to a cot. At that stage it is important to get
domiciliary aid and, if possible, to have some consistency in
nursing. Those who help must use his name. In general,
your father's environment must be simplified and it is
sometimes incumbent on all concerned to consider relief
admission to hospital or a nursing home at times.

There is also a need to test his intellectual ability regularly
with questions such as: which town is this, the month in
which he was born, the place where he is now, his age,
which month is it now, who is now the State President and
what is the date today?"