NR611 Week 1 Discussion – Caring for the Aging Adult

Client Situation and Holistic Concerns

John Barlow is a 77-year-old widower with steady emotional and physical decline since his wife's sudden death 14 months ago. He discovered her unresponsive after playing checkers and, in panic, misdialed 911 twice—fueling ongoing guilt. He rarely leaves home except for extended cemetery visits; activities he once enjoyed (church, barber shop, socializing) have stopped. On exam, he appears thin, frail, and disheveled with poor appetite, hopelessness, and denunciation of faith in God. These findings raise concern for late-life depression with complicated grief, malnutrition, fall risk, social isolation, and possible cognitive change (Devita et al., 2022).

Applying the 5Ms Framework

The Geriatrics 5Ms includes What Matters Most, Mentation, Medications, Mobility, and Multicomplexity. This framework guides a comprehensive care plan by offering a structured approach to addressing John's complex needs (Moye et al., 2022).

What Matters Most. John's grief and rejection of God have disrupted his sense of purpose and routine. It is essential to explore how these losses have changed his goals and daily routine. Setting SMART goals tied to meaning (e.g., daytime cemetery rituals; graded return to the barber shop/church once a week) helps ensure that his care aligns with his values (Moye et al., 2022).

Mentation. The patient shows ≥5 DSM-consistent symptoms (hopelessness, anhedonia, weight loss, guilt, fatigue) persisting far beyond two weeks—consistent with significant depression, likely alongside complicated grief. Use the GDS-15 for age-appropriate screening and the PHQ-9 for severity tracking; complete suicide risk screening (C-SSRS) even though he has not expressed suicidal intent, given his hopelessness. Screen cognition with a Mini-Cog baseline; follow with the MoCA only if results are abnormal (Devita et al., 2022; Abayomi et al., 2024).

Medications. The provider should complete a full medication reconciliation and use a start-low, go-slow approach with an explicit deprescribing plan to prevent unnecessary drugs and polypharmacy (Monette et al., 2023). If a medication is required, options such as sertraline or escitalopram may be considered. Given the presence of frailty and weight loss, mirtazapine may help improve appetite/ while keeping the total pill burden low (Monette et al., 2023).

Mobility. Frailty and low food intake are associated with increased fall risk. This risk will be addressed by using the Timed Up and Go (TUG) test to assess balance and strength. Referral to physical therapy and a home safety review can further reduce hazards and support safe mobility (Moye et al., 2022).

Multicomplexity. John's overlapping grief, depression, frailty, poor appetite with weight loss, and social isolation require coordinated interdisciplinary input. Collaboration across primary care, psychiatry, nutrition, physical therapy, chaplaincy, and family support helps ensure his care remains comprehensive and patient-centered (Moye et al., 2022).

Plan of Care

For John, I would begin with basic laboratory studies to rule out reversible causes of his frailty and mood decline. A complete blood count (CBC) is used to evaluate for anemia, which can worsen fatigue and slow cognitive growth in older adults. A comprehensive metabolic panel (CMP) would assess electrolyte balance and renal and hepatic function, both of which can influence mood and the safe prescribing of medications.

Additional testing should include a thyroid-stimulating hormone (TSH) with a reflex to free T4, as hypothyroidism is a well-recognized mimic of depression. Vitamin B12, folate, and vitamin D levels should also be measured, since deficiencies are prevalent in late life and contribute to fatigue, poor concentration, and depressive symptoms. An HbA1c is indicated to evaluate diabetes, which can further complicate frailty and energy levels. Finally, a baseline electrocardiogram (ECG) is recommended before initiating antidepressant therapy due to the increased risk of QTc prolongation in older adults (Devita et al., 2022).

Screening will be multidimensional. Because John meets several DSM-consistent symptoms, I would formally assess depression using the GDS-15 or PHQ-9 and document a plan for treatment and follow-up, consistent with USPSTF guidance to screen adults for depression when systems for diagnosis and management are in place (USPSTF, 2023). Although he has not stated intent, his hopelessness warrants a C-SSRS safety screen. Follow-up and reassess at 2 weeks, then 4–6 weeks to monitor trends in GDS/PHQ-9, weekly weights, falls/near-falls, and side effects.

For cognitive assessment, I would obtain a Mini-Cog baseline (a brief, validated tool for older adults) and reserve the MoCA only if the Mini-Cog is abnormal (Abayomi et al., 2024). Preventive screening is essential for colorectal cancer; individuals aged 76–85 require individualized decision-making based on overall health and prior screening history (USPSTF, 2021).

Since John is frail and has recently experienced weight loss, nutrition is a top priority. I would refer him to a registered dietitian for a comprehensive nutritional assessment, initiate oral nutritional supplements if needed, and monitor his weight weekly for changes. Because poor nutrition and appetite loss can worsen depression, these interventions would be coordinated with his mental health treatment plan (Monette et al., 2023).

Mobility and fall prevention are also critical. I would conduct a Timed Up and test and refer him to physical therapy for balance and strength training, while recommending home safety modifications, such as improved lighting and reducing clutter, to reduce his fall risk.
If symptoms persist despite counseling, pharmacotherapy may be warranted. SSRIs like sertraline or escitalopram are reasonable first-line choices. However, given John's frailty and weight loss, mirtazapine could be an appropriate alternative because it is associated with improved appetite and weight gain in older patients with depression (Monette et al., 2023).