# Case Studies - Long Term Care

**McMaster University**
**Division of Geriatric Medicine and**
**Regional Geriatric Program Central**

**think**

**Geriatrics, LTC**
**Interprofessional**
**Interorganizational**
**Collaborative Care**

## Osteoporosis

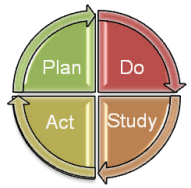
Mr. Shultz is a 75 year old widower. His wife died 8 months ago and he was admitted to Shelldale LTC home 2 months ago. His daughter lives out of town but is very supportive. She's noticed that he hasn't been the same since his wife's death. He's lost weight and is more agitated, complains of recurrent back pain, unsteadiness and sleep difficulties and is more withdrawn. He was started on antipsychotic and antidepressant medications about 6 months ago. He has refused any home support services. He had significant functional and cognitive decline since his wife's death.

He was discharged this morning from hospital back to Shelldale LTC homes. He had sustained a hip fracture after having had 3 major falls in the bathroom. His hospital discharge summary noted severe kyphosis , protuberant abdomen and mild COPD and includes the following information:

- Medications: Effexor XR 150mg OD; Zyprexa 2.5mg OD; Tylenol #3 ii QID PRN; Ventolin ii puffs BID prn
- Bone Mineral Density: -2.4 at Femoral Neck, -2.0 at Lumbar Spine
- X-Ray Lumbar Spine: T9, T0, T11 Compression Fractures
- Folstein MMSE: Score = 22
- Rehabilitation therapies: Refused all interventions

**Collaborating for better LTC resident outcomes**

- **Is ideal osteoporosis (bone health) and fracture prevention care achievable?**
- **What are the challenges?**




*Mr. Shultz demonstrates the complex health and personal needs of frail older people returning to a LTC home post hip fracture. In LTC, the prevalence of osteoporosis is 63% for those 65-75y and 85% for those 85+y. Men over 70y suffer more osteoporosis-related morbidity and higher mortality. Overall, 33% of older adults fall, 70% of fractures occur with falls and men sustain 1/3 of all hip fractures. Hip fractures are devastating. 31% of residents will die within 6 months of their hip fracture and 39% will die within 1 year. 40% of hip fracture survivors never return to their previous health. Longer term mobility is lost in 68% of residents post hip fracture. Many older adults who undergo hip surgery experience delirium .*

***How and why?***

How are osteoporosis, fracture prevention and falls related?
- List the major and minor risk factors for osteoporosis
- Is there gender bias re osteoporosis? How can this be changed?

What is the goal of care? What about bone health?
- What are key bone health protection strategies that should be implemented for this resident? Do they apply to other residents?
- How will they be maximized in LTC?

What about his medical conditions, medications, functional and cognitive decline, family, community supports, safety, nutrition, social isolation, and other issues?
- How will his choices, values and QOL be respected?

***Who What and Where?***

Who will be assessing, treating and monitoring?
Who are the key health professionals/care providers?
What are the osteoporosis-related resources in the community?
- Associations, newsletters, family supports, fall prevention and fracture programs, experts, other programs?

Are there financial and physical barriers to receiving care?
Is osteoporosis/fracture risk part of falls programs? Quality care?
- Do falls assessment include osteoporosis and fracture risk?

Should health care professionals be educated re osteoporosis?

Feb 2009 Developed by ML van der Horst//Dr Alexandra Papaioannou, McMaster University- Division of Geriatric Medicine-Hamilton and Ontario Osteoporosis Strategy for Long Term Care

ONTARIO OSTEOPOROSIS STRATEGY FOR LONG-TERM CARE

Ontario Osteoporosis Strategy

McMaster University Health Sciences

For more information & resources Go to **www.fhs.mcmaster.ca/medicine/geriatric/ and www.rgpc.ca**

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