Case Study: Mr. M.

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In psychological assessment, this paper seeks to evaluate the condition of Mr. M., who is seventy years old individual and lives at the facility where he works. He has a history of hypertension, hypercholesterolemia, and a few surgical procedures. Clinical manifestations of Mr. M. can be characterized into two groups i.e., Objective and Subjective. Subjective clinical manifestations are the ones experienced by Mr. M., such as fear, agitation, aggression, hypertension, memory problems. However, Objective manifestations include the signs and symptoms observed by the physician, family members, and friends (“Signs and Symptoms—Symptoms and Signs—Information page with HONselect,” n.d.). Mr. M seems to show a normal body temperature of 37 degrees Celsius. Blood pressure is normal with the use of ACE inhibitors. He has a normal heart rate of 93 bpm. His laboratory tests correspond to the lower levels of white blood cells. Apart from that, Mr. M. seems to show memory and behavioral changes. He forgets the names of family members and how to do tasks daily. He becomes agitated and aggressive quickly. Aggression is sometimes combined with fear.

Based on my observations, the primary diagnosis of Mr. M.'s condition is Dementia. Dementia is characterized as the medical condition which contributes towards the deterioration of memory, behavior, and ability of an individual to perform routine tasks such as walking, eating, bathing dressing, etc. (“Dementia,” n.d.). The clinical manifestation of Mr. M. corresponds to the signs and symptoms associated with Dementia. The condition affects older people. Considering Mr. M is 70 years, it may not be wrong to diagnose his condition with Dementia. However, it is not considered a normal phase of the aging process. The signs and symptoms of Dementia are characterized into three stages: Early stage, middle stage, and the late-stage (“Dementia,” n.d.). Mr. M seems to suffer from Late-stage Dementia as the stage leaves an individual dependent on other people because of inactivity. Memory changes are prominent and noticeable. Mr. M. does not recognize his family members, friends, time, and place. He requires assistance while performing daily tasks. He experiences heightened feelings of aggression and fear. All of these corresponds to the indication of Late-stage Dementia. The secondary medical diagnosis for Mr. M. is the viral or bacterial infection. Mr. M. has lower levels of white blood cells, which indicate the presence of viral or bacterial infection.

Further abnormalities may be expected in Mr. M.'s condition. These include the abnormalities associated with Dementia, such as abnormal thyroid function, vitamin deficiency, and normal pressure hydrocephalus ("What Is Dementia?" n.d.). In Dementia, there is an abnormal accumulation of cerebrospinal fluid in the ventricles of the brain, which increases the internal pressure. MRI and brain scans can be used to detect the abnormality (“What Is Dementia?,” n.d.).

Suffering from Dementia might be distressing for Mr. M. as he is unable to remember even his family members. His dependence on his family members may give him the feelings of helplessness. He may sometimes feel that he is unwanted. When a family member is not around, Mr. M can develop feelings of extreme aggression and fear. His condition is overwhelming for his family, as well. If he is a sole earner of his house, it can impact their financial status as he is unable to perform the daily tasks such as job. Moreover, the family may be bound to care for him at home; sometimes, it can affect their social lives. All of these pressures can cause greater stress to the family.

However, Dementia is untreatable but the condition of Mr. M can be supported with the number of interventions which include behavioral administration procedures such as behavioral therapy, cognitive enhancement and physical activities such as walking, exercise, etc. (Livingston et al., 2017). These interventions have been proved beneficial in managing the signs and symptoms associated with behavior and physical condition. The intervention I recommend to support Mr. M.'s family is counseling. Counseling and family therapy is a beneficial approach to enhance family social support and improve their standard of life and capacity to provide care and assistance (Livingston et al., 2017).

**Conclusion**

Based on the four potential problems faced by Mr. M. which include memory problems (inability to recognize family, time and place), behavioral changes (feelings of agitation, aggression, and fear), physical problems (inability to do the normal tasks) and hypertension, it is best to diagnose Mr. M with Dementia. The condition is untreatable; however, certain interventions are recommended for Mr. M. and his family, such as behavioral, cognitive, and physical, and family therapy, to cope with the situation.

**References**

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