

C.S. Pitchumoni and T.S. Dharmarajan

Questions and Answers

1. In the assessment of abdominal pain in the nonverbal or cognitively impaired older adult, the most important point is to include:
- A. A multifaceted approach that combines direct observation of behavior, family, and caregiver input
 - B. Multiple laboratory studies and imaging studies
 - C. Explorative laparotomy
 - D. Symptomatic treatment with pain medications and empiric antibiotic therapy (analgesic/antibiotic trial)

Answer: A.

Often it is difficult to get accurate history from the older adult, particularly if the patient is demented or in delirium. Memory loss, inability to express, language barriers are factors that interfere with proper history. A history has to be obtained also from the caregiver since the patient may be reluctant to reveal full history because of the above factors or a fear that a serious disease may be diagnosed. Laboratory studies may be misleading and one cannot dismiss serious intra-abdominal catastrophes because of normal blood count or chemistries. An explorative laparotomy is a very invasive diagnostic procedure that is unpopular now. Symptomatic treatment without a diagnosis is inappropriate.

2. A 68-year-old white lady is admitted to the hospital with the history of sudden onset of diffuse abdominal pain followed by distension. Her past medical history includes rheumatoid arthritis, hypertension, and diabetes mellitus. She was on daily doses of NSAID, Ramipril 10 g, and Metformin 5 mg twice a day. Her CBC showed a hemoglobin of 7, hematocrit of 20, MCV of 60 with normal

electrolytes and LFTs. The true statement with regard to the management of her acute abdomen is:

- A. Her anemia suggest cecal cancer and she needs an urgent colonoscopy
- B. A wireless capsule endoscopy is the initial procedure
- C. Her disease is associated with the medications she is on.
- D. She needs triple therapy for eradication of *Helicobacter pylori*

Answer: C.

NSAID induced peptic ulcer is seen more often in women who consume the medication for arthritic pain. These ulcers are characterized by lack of abdominal pain because of the analgesic property of the medication. When a complication occurs, such as perforation, as in this patient, the sudden onset of pain is associated with distention of abdomen and peritonitis. The iron deficiency anemia is a feature of low grade bleeding associated with NSAID use. There is no indication for wireless capsule endoscopy in a patient with suspected perforated peptic ulcer disease. Obviously, triple therapy for *H. pylori* is unwarranted.

3. An 82-year-old male with a 25 year history of hypertension and diabetes mellitus reports to the ED with severe right sided abdominal pain of 2 days in duration. He is known to have gallstone disease for more than 15 years, although asymptomatic. He has no nausea, vomiting, or fever. The diagnosis of acute cholecystitis is:
- A. Unlikely because of lack of fever, vomiting, or nausea
 - B. Must be entertained although he has no nausea, vomiting, or fever
 - C. Is certain because he was diagnosed with gallstones many years ago
 - D. Depends on whether he currently has leukocytosis or not

Answer: B.

A number of studies have shown that in the older adult, particularly if immunocompromised, fever, vomiting, or nausea may be absent. Even leukocytosis may not be evident. The index of suspicion for cholecystitis is high because of sudden onset of right sided pain and the patient needs abdominal ultrasound and HIDA scan. Presence of pericholecystic fluid, thickening of the gall bladder wall, or dilated bile duct are markers of symptomatic disease in addition to abnormal liver function tests. Previous history of gallstone disease, although might suggest a symptomatic stage, does not establish the diagnosis of cholecystitis.

4. An 85-year-old woman with Alzheimer's dementia is brought to the emergency department. The daughter states that she has been agitated for the last 2 days. The behavioral problem appears new. Medications include a calcium channel blocker, donepezil for Alzheimer's dementia, calcium carbonate for osteoporosis, and periodic laxatives (senna). The daughter, a school teacher, visits her mother regularly, but is unable to provide any further history. In the emergency department, the patient states that her "labor pains are back." Routine laboratory tests are normal. The best single approach to management here is:
- A. Use of haloperidol for agitation.
 - B. Focused examination and consider an abdominal cause for new onset of agitation.

C. Intensify treatment for Alzheimer's dementia as the agitation represents worsening.

D. Continue the same medications; as the tests are normal, discharge her home.

Answer: B.

Older adults with dementia are unlikely to provide a meaningful history. Any new onset behavioral change (such as agitation, apathy, depression) suggests an underlying problem; the behavioral abnormality may reflect pain, discomfort, or anxiety, and warrants evaluation for a disorder. In this case, the patient's referral to "labor pains are back" likely suggests abdominal discomfort or pain and perhaps brought back her memories of labor pain she had experienced years earlier. As this patient is on a calcium channel blocker and calcium, constipation and fecal impaction are possibilities. The daughter is not able to clarify this information. This kind of set up with lack of history and reliance on examination and observation is vital to diagnosis. Abdominal examination, including a rectal examination and perhaps a flat plate of the abdomen are initial steps (as routine laboratory tests are normal). Review and change of medications is the next step; discontinuation of the calcium channel blocker and calcium supplements, substitution with alternate agents, and changes in diet are indicated.