Vignettes – November 2012

Pt known to SL CMHT, with a diagnosis of dementia

The family contacted the CMHT with concerns that their father's condition had deteriorated he was expressing delusional beliefs that his wife had been seeing other men. He was experiencing some visual and auditory hallucinations, seeing images and shadows, which he believed were men trying to get into his house and hearing noises which he thought were men's voices.

Due to these experiences CM was not allowing his wife out of his sight, he was following her around the house where ever she went, she was not allowed to leave the house, he was locking the bedroom door at night, and one night when she got up to go to the toilet he tried to prevent her from leaving the room by putting his hands around her neck, resulting in an incident where she fell down the stairs. It was at this point that the family alerted mental health services.

The patient was seen by the Community Psychiatrist and a member of the home treatment team to facilitate a joint assessment. The outcome of the assessment was to accept the patient for home treatment.

The patient's children were staying with their mother and father during this period.

HTT Interventions

1. A urine sample was taken to eliminate a urinary infection, which could have been the cause for a marked change in the patient's mental health.
2. An ECG was undertaken at Kings College Hospital prior to the introduction of an anti psychotic medicine to ensure that this would be a safe option.
3. An anti psychotic, risperadone was introduced, taken in the evenings. The HTT over saw the administration of this, to monitor compliance, improvements and/or any side effects.
4. HTT were visiting both morning and evening to monitor the patient's mental state and risk to his wife and others.
5. The HTT supported the family and the patient's wife, offering reassurance, and psycho educational information regarding the patient's mental health and experiences.
6. An OT assessment was undertaken and handrails were fitted in the hallway to ensure safe use of the stairs and the ground floor toilet. No other adaptations were necessary.
7. Weekly reviews were held with community consultant and or care co-orindator, HTT patient and his wife and family members to review his recovery.
8. Twice daily visits were reduced to once a day as the patients started to improve.
9. Administration of medication was handed over to the family, the patient was accepting this with no difficulties and since it's introduction there had been significant improvement. The patient no longer saw shadows or heard voices, he no longer thought that his wife was seeing other men, he stopped following her around the

home, locking the bedroom door and she could go out alone without him trying to stop her.

10. HTT visits were reduced further to every other day and then to every third, the patient was discharged back to the Community Mental Health Team after a period of 4 weeks with the HTT.