

## Harold at Admission

Harold is a 73 year old man who has been brought to the Accident and Emergency Department via ambulance on a schedule written by his GP. The GP, visited Harold today after receiving an urgent phone call from Harold's daughter this morning expressing concerns over his wellbeing. When Harold refused to go to hospital, he felt he had no option but to schedule him. At the hospital, a psychiatric registrar was called to assess him, with a view to admission.

According to the GP, it appears that Harold has been slowly declining over a 6 month period following the death of his wife of 45 years. Harold has lived alone since the death of his wife 6 months ago. His only child, a daughter, and her family live interstate. While friends and family rallied around him after the death, he had politely asked people to leave him alone while he grieved. His daughter has mainly communicated with Harold over the phone. While she thought that Harold sounded depressed, she had viewed it as a normal part of the grieving process. He had told her that he was sleeping a lot, had found it hard to get out of bed and had reduced appetite, but she felt that as a strong, resilient and resourceful man that he would be OK. He and his wife had been very close and she had died unexpectedly following a severe heart attack.

The daughter had contacted the GP after receiving a phone call this morning from Harold's neighbour of 40 years who said he had grave concerns about Harold's wellbeing. Whereas Harold had previously been a very social man, who frequently engaged with his next door neighbours, in recent weeks he rarely emerged from the house. Occasionally they saw take away from local eateries being delivered to the home. He was actually an excellent cook, who used to love cooking for family and friends. His previously immaculate home was being neglected; with the lawn now overgrown and the week's uncollected mail accumulating in the letter box and spilling out over the grass. When the neighbour has gone to visit him, he would say that he was OK but would not open the door. When he had gone to see him this morning, Harold had opened the door. He seemed physically unwell, was unkempt and appeared gaunt due to significant weight loss. Harold was wearing the same clothes that the neighbour had seen him in a few days previously. After a perfunctory conversation, he had thanked the neighbour for his concern and closed the door. His recent behaviour and appearance are totally out of character, as Harold was proud of his appearance and had always been impeccably dressed. The neighbour had become alarmed and called the daughter.

When the GP had gone to Harold's home this morning, he refused to let him in. The neighbour used his key to give him entry. The home which had been immaculate previously, was in a state of disarray. Food scraps and dirty dishes were piled high in the kitchen and dining room, covered with ants and flies. Harold was found curled up on the couch and asked them to leave him alone and go away. His GP was shocked by what he saw. Harold had always been a capable man, who owned and ran a successful engineering business. He had sold the business 10 years previously and had been enjoying a wonderful retirement with his wife. Harold had no prior history of mental health problems and was generally in good health. He only drank socially and had never used drugs. He was on medication for high blood pressure and hypercholesterolemia. Looking in the bathroom's medicine cabinet, it appeared that he hadn't been taking his medication for a few weeks. The GP had serious concerns about his physical health and its impact on his functioning.

When the registrar went to assess Harold he found him sitting in a slumped position with his head resting on his forearms. He was unshaven, his hair was oily and stringy, and he was wearing stained clothes and appeared not to have washed for days. He did not acknowledge the registrar and his affect was flat. He was initially unresponsive to questions; however, when asked questions that required only yes, no or short answers, he responded, but it seemed to take great effort.

His responses were very short and succinct. He was orientated to place and person but not time. He was unable to complete a Mini Mental State Examination (MMSE). When asked how he felt, he said “I am dead, I feel nothing”. He said that he no longer had organs in his body – that they have been replaced with lead. He said he felt heavy and it was hard to move. He said that he accepted that he may be this way forever, “there is nothing I can do about it”. He denied hallucinations.

The registrar ordered additional tests that would facilitate differential diagnosis and admitted Harold into the acute inpatient unit for care. Tests confirmed that he had had a transient ischaemic episode due to neglected cardiovascular issues. Tests also confirmed malnutrition, dehydration and a urinary tract infection due to inadequate self-care.