

### Case #3 Mild cognitive impairment and Alzheimer's disease

- a. Compare and contrast your assigned client's presentation for each assigned diagnosis. Consider factors such as demographics, onset of symptoms, history of present illness, and associated risk factors.
- b. Compare and contrast the diagnostic criteria (assessment findings and diagnostic tests) for your assigned client and diagnoses. Support your response with the most current clinical practice guidelines (CPG) for each diagnosis.
- c. Compare and contrast the evidence-based management of each assigned diagnosis, including similarities and differences in pharmacologic and non-pharmacologic treatment, client education, referral, and follow-up care. Consider how the client's unique past medical history and social history impact care decisions.

MMSE, B12 and folate, Non contrast CT

- d. Consider how this week's care setting (a clinic with access to resources) impacts the assessment, diagnosis, and management of these diagnoses. Explain your rationale.

82-year-old male presents with complaints of frequent headaches, light sensitivity, and difficulty organizing his activities over the past several months. He reports that these issues began shortly after the loss of his spouse, which has caused increased emotional stress. The client describes the headaches as occurring several times per week, primarily in the afternoon, and associated with sensitivity to bright light but no nausea or vomiting. He denies any recent trauma, visual changes, weakness, or dizziness. Medical history includes coronary artery disease, hypertension, heart failure, and a permanent pacemaker. He denies any history of similar headaches in the past. Current medications include lisinopril, atorvastatin, metoprolol, and aspirin, with occasional use of over-the-counter pain relievers for headache relief. The client reports mild memory issues, particularly related to recalling tasks and organizing daily activities. He lives alone and reports a reduced level of physical activity and social engagement since his spouse's passing. Physical exam reveals the client is alert, oriented to person, place, and time, with mild hesitation during recall tasks. Vital signs are within normal limits. Neurologic exam is non-focal, and HEENT assessment is unremarkable except for mild photophobia.