

Good case study on medicine: 75 year old overweight male presents

[Health & Medicine](#), [Obesity](#)



with numbness in both feet.

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Normal aging process symptoms

Numbness of both feet in an obese 75 year old male could be attributed to several causes inclusive of the normal aging process. Some are peripheral neuropathy; monnueropathy; diabetic neuropathy; spinal stenosis; slipped disk and peripheral vascular disease. With regards to aging and unassociated with any other disease process numbness in both legs at age 75 accompanied by obesity could signal nerve damage linked to poor circulation in the extremities (Digiovanna, 2000).

Blood vessels and heart muscles tend to age with age. This means that valves, nerves responsible for pumping blood to extremities may become worn. As such, numbness without any associating disease at age 75 could just be an active aging process dilemma. Importantly, this explains why a person will die after living along time without manifesting any disease. For example, inadequate blood circulation in the legs is a huge problem for the elderly because aging blood vessels narrow (Digiovanna, 2000).

This is due to cholesterol plaque buildup. If the person's body is capable synthesizing cholesterol effectively then legs problems due to circulation could be postponed towards a later time in the aging process. However, once one lives long enough circulatory issue throughout the body will occur.

Disease such as diabetes mellitus will intensify the process (Digiovanna, 2000).

Likely diagnosis

Since this 75 year old did not give a history of diabetes mellitus; essential hypertension or any neurotic disorder the most likely diagnosis could be peripheral vascular disease (PVD). My reason for suggesting this diagnosis is that while this patient was not diagnosed with diabetes mellitus or hypertension, which is two major predisposing conditions for PVD he is male, obese and over 65 years of age. Besides, this disease is associated with the aging process since it is caused by obstruction of large blood vessels (artery) exclusive of the coronary, aorta and brain. Instead the disease is directly linked to atherosclerosis, stenosis and ultimately thrombus formation. Essentially, chronic ischemia results in lower extremities symptoms such as numbness (Robless, Mikhailidis & Stansby, 2008).

Further, research shows where the typical sign and symptoms of PVD include numbness due to decreased blood flow. As the condition progresses ulcers which health slowly develop if intervention strategies are not taken to improve blood flow to the area. While these symptoms are not yet evident the likelihood for them to develop in this 75 year old obese man cannot be bypassed. Besides, it has been revealed from even more research that persons who are over 50 years of age; male and obese are at highest risk of developing peripheral vascular disease (PVD) (Robless, Mikhailidis & Stansby, 2008). Hence my conviction that this 75 year old numbness symptoms could be diagnosed mild PVD (Robless et. al, 2008).

Which diagnostic studies will confirm your diagnosis and why?

Once PVD is suspected an ankle brachial pressure index (ABPI/ABI) study is requested. If it is found that the ankle blood pressure value is lower than the arms, positively arterial blockages are evident. This means that circulation between the heart and ankles have been compromised. The normal ABI range is 1.00 -1.40. Patients diagnosed with PAD often demonstrate a reading of $ABI \leq 0.90$; 0.91 to 0.99 readings are borderline while > 1.40 values are indicative of noncompressible arteries. A mild to moderate ABI reading range is 0.41 to 0.90, Severe PAD has a reading of less than 0.40 (Shammas, 2007).

Follow up tests include:-

- Modern multislice computerized tomography (CT) scanners showing distinct arterial system imaging
- Magnetic resonance angiography (MRA) offers high-resolution three-dimensional (3D) imaging lower extremities, abdomen and pelvis at a single sitting
- Lower limb doppler ultrasound examination for detecting the extent of atherosclerosis (Shammas, 2007).

How do you think this patient should be managed?

As a health care professional in my opinion this 75 year old man should be managed by a primary physician along with a cardiologist and neurologists. The primary care physician is the provider who would have an accurate history of this patient's health status overtime and could predict a disease

course based on the current health status. A cardiologist would need to monitor this patient since PVD establishes a high risk for cardiovascular disease; Neurological monitoring is also mandatory since blood vessels transmit nervous impulses. Occlusion of blood vessels inevitably indicates that overtime nerve damage will follow. In the condition worsens a vascular surgeon ought to join the team of specialists monitoring this client in case amputation of toes may become necessary. However this is a last resort treatment after all other medical interventions have failed.

Medical interventions include treatment aimed at relieving claudication symptoms. They include antiplatelet drugs such as clopidogrel, aspirin, and statins. These drugs are intended to reduce clot formation; lower cholesterol levels in controlling intensity of the disease

What type of life style changes or home

modifications would you recommend to this patient?

Significant life style changes include increased exercise/activity. It may be necessary that measures be taken to regulate obesity by engaging in a loss weight program to help maintain a normal weight. Consequently, increased activity to improve lower extremity blood circulation eating a diet low in fat and cholesterol, which will limit more plaque from forming in blood vessels are the essential life changes needed.

References

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