



### A Surprise Meeting with Secondary Diogenes Syndrome

Imagine for a moment you have come to visit your 79 year old widowed aunt on your out of town trip. Although you have not seen her for several years, you are looking forward to spending the afternoon in her quaint little home catching up on family gossip. When you arrive, you notice that the outside of her home is in a bit of ill repair, but you expect that since she is living alone, has no other relatives, and has trouble with arthritis. When she finally lets you in after what seems like a long time standing at the door, you are immediately confronted with disaster. A pungent odor hits your nose and your eyes start to water. You see a soiled floor, burnt pots, piles of newspaper, empty food containers and a garbage can that is overflowing. Her hair is matted and clothing soiled. She seems to act like nothing is wrong and lets you in to sit at the dining room table. She tells you she is feeling fine and doesn't need any help as she is doing all of her own business and doesn't want to end up "in the old folks home". Your visit becomes much more than you bargained for as you politely offer to take out her garbage and start to look for phone numbers of someone you think might help her.

Eventually you contact an agency specializing in elder care and are told that your aunt could be facing Diogenes Syndrome. Your contact person explains the characteristics of Diogenes which includes extreme self neglect, domestic squalor, excessive hoarding, social withdrawal, lack of concern over their residential situation, and refusal of help. You also learn that Diogenes is classified into two subtypes: Primary which is intentional and not necessarily related to mental illness and Secondary which is unintentional and related to such conditions as dementia, depression, substance abuse, schizophrenia, obsessive-compulsive disorder, personality disorders and developmental delay. They go on to explain the average age of someone in this situation is 75 and that one study reports an incidence of 5 cases per 10 thousand individuals over the age of 60. In the elderly, several factors also overlap including chronic health conditions, frailty, visual and hearing impairment, malnutrition, and social isolation. You start to realize there is more going on with your aunt than arthritis and "old age".

Your contact person explains that a thorough assessment of your aunt in her home is crucial focusing on physical, cognitive, emotional and social factors. Capacity and competency also come into play with regards to decision making ability. They explain it is essential to develop a relationship with her and slowly negotiate change. They also stress that home intrusion and forced placement is not recommended.

With a lot of gentle persuasion your aunt has agreed to have the local Community Care Access Centre complete an in home assessment for services "as long as they don't put me in a home!" Her physician has seen her and completed a thorough work up and has also referred her to Geriatric Psychiatry. The consensus is that your aunt is still capable with regards to making personal care decisions despite mild cognitive impairment and she had been suffering from anemia, hypothyroidism, recurring urinary tract infection, arthritis and severe social isolation.

Over the following weeks and months she gradually accepts visits with "strangers" who check her health status, mobility, cognition and mood and others who help with personal care and homemaking. Slowly she has relinquished her newspapers and agreed to part with most of the food containers for "recycling". With your help she has acquired bath equipment, blister packaged medications, a personal emergency alarm and meal plans to cover most days of the week. Although she still has some difficult days, she is content to remain at home and you

have contact names and numbers in case more help is needed.

Hamilton has one such program named the Hamilton Gatekeepers which is run by Catholic Family Services and employs 3 FTEs funded by MOHLTC. More information can be obtained at [www.cfshw.com/gatekeepers/](http://www.cfshw.com/gatekeepers/). Please contact Seniors Mental Health at 759-9396 for further references and information.

Barb Forest  
RSW SMHS

E F R A I L I T Y U Q N V I H L F K	CAPACITY
P H A I T N E M E D O K V O O A G E	COGNITIVE
Y Y T I C A P A C I S Y R R A P D L	DEMENTIA
T Z B F O O A K T X R E R S R S Y D	DIOGENES
B C M K T M G I O A Q P S Y D N R E	ELDERLY
U G W E Z S R N M A S V U R I E A R	FRAILITY
S I E R Z T T I I Y C T N T N G D L	GERIATRIC
K U H R U V R N N T W L D A G L N Y	HOARDING
Z G A N I P R D E L I R P I F E O A	IMPAIRMENT
A I L K D A R J A M O V H H P C C O	ISOLATION
B A W D B O T W P L R L E C L T E A	MALNUTRITION
M S R A M F A R A V Q I U Y A X S R	NEGLECT
F J D E E R O U I J T A A S L M I J	PRIMARY
B K A J D X Q P E C K B J P W M X N	PSYCHIATRY
L B E H B S E V T V V D X L M Q N N	SECONDARY
A E T H C X K Q S S D F W U M I E O	SQUALOR
Z I E J Q J Y F K S E N E G O I D D	SUBTYPE
W W B F Z C H N O I T A L O S I G Z	SYNDROME
	WITHDRAWAL

**Katherine Punch Resource Library**

For more information on dementia visit the Alzheimer Society's resource library.  
341 Trunk Road, Sault Ste. Marie 705 942-2195

**Upcoming Events—**

VON Algoma presents  
Advance Care Planning  
Wednesday April 18, 2012  
12:15-1:15 p.m.  
Sault Area Hospital Auditorium

Sault College  
Therapeutic Recreation Applications  
Date: May 7 to June 27  
Time: 6:30 to 9:30 pm  
Cost: \$189.20

Sault College  
Managing Blood Pressure  
Date: May 2 and 9  
Time: 6:30 to 9:30 pm  
Cost: \$49.54

Sault College  
Ethics and End of Life Care  
Date: May 29  
Time: 9 am to noon  
Cost: TBA (less than \$20.00)