

## Case Study

You are the medical student entering the room to talk with a follow-up patient. Your patient has arrived 30 minutes late.

Tia is an 81-year-old woman with hypertension, mild cognitive impairment, osteoporosis, and heart failure with reduced ejection fraction (EF 20-25%) presenting to clinic today with falls. She self-identifies as Native American and is brought in by her daughter. You note that she is walking with a rollator and takes a prolonged time to come to the examination room.

### Social History

She is a retired schoolteacher currently living in a 2-bedroom apartment in Lexington, Kentucky. She is the sole source of income for the household from her social security. She has basic Medicare coverage. The family reports that it can be hard to afford to pay for her medications.

Tia self-identifies as a transgender woman and uses she / her pronouns. She began receiving gender-affirming therapy at age 35. Her daughter is from a prior relationship with her ex-wife. Tia notes her sexual identity on intake paperwork as bisexual. She lives at home with her daughter in addition to her partner and other members of their chosen family. She continues to be sexually active with her partner. Her partner identifies as male.

She has no advance directive in place (no living will, designated power of attorney) Tia is reliant on others at home for caregiving. She has fallen twice in the last month and has forgotten to take her diuretic multiple times in the past week (according to their pillbox). Her family is having difficulty currently meeting her care needs at home.

### Past Medical and Surgical History

- HFrEF – Systolic Heart failure with an ejection fraction of 20-25%
- Mild Cognitive Impairment (MoCA score of 24/30)
- Hypertension
- Osteoporosis
- S/p appendectomy
- Breast augmentation
- Bottom surgery, s/p orchiectomy, vaginoplasty
- Facial feminization

### Medications

- Canagliflozin 300mg subq daily – Heart failure
- Amlodipine 5mg PO daily – Hypertension
- Lisinopril 40mg PO daily – Heart failure
- Estrogen patch 100mcg – Gender Affirmation
- Furosemide 40 mg PO daily – Heart failure
- Carvedilol 6.25 mg PO BID – Heart failure

- Senna PRN – Constipation
- Multivitamin
- Vitamin D – Osteoporosis
- Zoledronate – Osteoporosis

Questions:

1. What further elements of a comprehensive geriatric assessment would you want to obtain?
2. What are the perceived and actual barriers our patient may face in interacting with the health care system?
3. What are unique needs, concerns, and challenges that may arise as our patient's medical status is deteriorating specific to transgender and gender diverse older adults?