

Primary Care, Older Persons and Mental Health

VIGNETTE

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Virginia, age 79 years, has been attending your GP clinic since the early 1980s. You first met Virginia in 1990 (when you joined the clinic). You remember her as a vivacious, strong-willed, independent career woman with a quirky and stylish dress sense. She was well-groomed, active and had a healthy weight.

Now an ungroomed, overweight, unoccupied and inactive older woman, Virginia's characteristic approach to her chronic age-related health issues is one of determined avoidance. In the last couple of years, you've suggested numerous strategies and referrals, with which Virginia doesn't follow through. As her health deteriorates and her issues become more complex, you recognise the need for a team approach, but Virginia resists the notion.

In preparation for an upcoming follow-up appointment with Virginia, you spend time reflecting on her story.

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Originally from a small country town in regional New South Wales, Virginia was an only child of older, conservative parents. She attended the local state school. At the age of 15, she was 'sent' to Sydney to see a 'special doctor' her mother knew, who dealt with unwanted pregnancies. On her return, she was enrolled in a Catholic boarding school in a nearby local regional centre.

In 1959, upon completing school at age 18, Virginia moved to Sydney and enrolled in a photography course, keen to be free of '*small minded judgement of regional life*'. She'd loved photography from a young age and hoped, one day, it would support her financially.

Over the next decade, whilst she '*moved with the wrong crowd and generally got up to mischief*', she successfully completed her course and continued to pursue photography, while supporting herself with various clerical and secretarial positions. In her early thirties, Virginia secured a job as a set dresser through a social connection with Colin, a partner of a small independent film company. Over the next eight years, Virginia worked with the film company while pursuing her photography in her own time. Her long-term plan always had been and still was to exhibit her work.

Virginia and Colin enjoyed in an '*on and off again*' casual relationship, which '*worked for both of us*'. At age 39, upon discovering she was pregnant, they decided to '*give it a go*' and moved in together; '*we were committed to each other, but also to our own artistic pursuits.*'

Virginia had '*an easy pregnancy. Apart from smoking I didn't stop doing anything - including work, right up to his birth.*' Her son, Sonny, was a healthy, happy child. Postnatally, Virginia experienced '*the baby blues*', struggling to attach to Sonny. Her GP referred her to a psychiatrist, who prescribed a course of antidepressants.

Virginia responded well to the medication, however while her mood stabilised, she continued

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to find parenting challenging. She returned to work sooner than anticipated, moving Sonny into her studio and employing a nanny. She felt conflicted by the decision. She was happy to be back at work, but angry that her *'first love'*, photography, was *'the fall guy'*.

Immediately upon returning to work, Virginia claimed to feel restored; *'I'm married to work. Motherhood is not for me. Art and work are what sustain me.'*

As the years pass, the family unit attend your clinic as required. None have any major medical issues, however Virginia earns a reputation amongst clinic staff as being dismissive, chaotic and reckless; she regularly cancels appointments, doesn't fill repeat prescriptions in a timely manner (often misplacing them) and needs nudges to follow through on specialist appointments. Colin acts as the mediator, often diffusing conflict; he takes his health more seriously than Virginia, who states that thinking about health is *'a distraction from the more important things in life'*.

In her early 50's, Virginia comes to see you, complaining of menopause symptoms impacting her sleep and work. *'I can't keep up with the young ones, they make me feel too old for set dressing. They get so easily irritated with me. And Colin, well he's too busy to defend me. I feel at sea.'* You prescribe HRT, which Virginia claims helps somewhat.

Towards the end of 1998, Virginia attends your clinic complaining of occasional episodes of chest constriction and shortness of breath. The episodes have been going on for a couple of months. Virginia blamed smoking, which she'd resumed to cope with the *'stress at work'*.

A consultation by a cardiologist determines early stages of cardiac failure. Virginia attends follow up cardiologist appointments randomly, regularly cancelling and rescheduling. She manages her heart medication erratically, apparently dismissive of the treatment regime.

In 2003, following ongoing tensions between Virginia and a younger team mate, Virginia abruptly resigns, citing health issues. She comes to you requesting sleeping tablets; *'I'm just tired all the time. I feel like I need to recharge.'*

In 2006, Sonny moved to Melbourne. Virginia tells you *'I miss having him around, I feel so alone.'*

Virginia regularly attends your clinic between 2007 and 2008. She is experiencing more angina episodes and a developing chronic pain in her right hip, for which she takes both prescribed and over the counter anti-inflammatory and pain relief medication. She refuses to follow through with a cardiology consultation and a hip X-ray; she *'hasn't the time'*, she explains, *'I'm down-sizing our home.'*

By the end of 2008 Virginia is experiencing significant discomfort in her hip and disturbed sleep. She agrees to a hip X-ray, which identifies early stages of osteo-arthritis, but she refuses to see an orthopaedic surgeon. *'My mother had three hip replacements in her time. Those surgeons, they are just spruiking for work. Easy money for them.'*

From here on, every time you see Virginia, she appears more and more lacklustre. During one consultation, she states *'no-one, thankfully, told me that old age felt like the life force draining out of you. I've gone from colour to black and white. Had I known I'm not sure I'd have chosen to find myself in this place.'* You remind her she is not

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'old'; she responds belligerently 'old or not, I've got nothing left to offer'.

In the years that follow Virginia makes more regular appointments with you, increasingly using them to vent anger and disappointment. She reflects that she inherited her *'father's heart'* (he died from a heart attack in his late fifties) and her *'mother's hips'*. Despite her conviction from an early age to *'not be like my boring conservative parents'*, she despairs that she has ended up like them.

A myriad of excuses are offered in response to suggestions to manage her health issues; *'I don't need friends. I have no need for people'*, *'Sonny has his own life now'*, *'I've never exercised in my life. I like to keep busy, that's my exercise.'* She doesn't follow up your numerous referrals to an occupational therapist, physiotherapist and myotherapist. Additionally, she resists the idea of home help; *'What? Paying someone to help me? No thank you.'*

In 2017, she has a successful angioplasty which sees a lessening of her angina episodes. She was anxious before the surgery and her recovery was slow; *'that surgery knocked the wind out of me.'*

In 2018, Colin dies suddenly from a brain aneurism. Virginia is devastated; *'Colin is all I had, all I am.'* She doesn't *'want to talk about it, it is too personal'*, but she does request a course of antidepressants and sleeping tablets. Her health continues to deteriorate. She is still smoking and has put on weight; in fact, she is 17 kilos heavier than she was ten years ago. Her hip has affected her mobility, and she now relies on a walking stick. She feels safer *'pottering'* at home than being *'out and about putting stress on my heart'*, the absence of a lift in her apartment block not helping her

social isolation. She will not entertain the idea of seeing a psychologist, claiming a GP is all she needs.

In her last appointment, you suggest a referral to a geriatrician. Virginia refuses to consider your suggestion and states a GP is all she needs. But since Colin's death she hasn't been presenting as often. You urge her to think about a team approach and arrange a follow up appointment.