



University Educational Centre in Clinical Pharmacy, Faculty of Pharmacy, Charles University, Czech Republic

Moderator: Fialová Daniela, PharmD, PhD, BCCP

## Workshop I

# Clinical Pharmacy in Geriatrics\_Võru\_Estonia

## Patient case II.

man, born 1940, 178 cm, 80 kg

non-smoker, retired, alcohol: 2 glasses of wine/beer per week

### Family anamnesis

Father: benign prostatic hyperplasia, died from MI

Mother: gynecological problems (not specified)

### Personal anamnesis

1974- appendix surgery, 1977- cholecystectomy, 2006- diagnosed benign prostatic hyperplasia, stable angina, 2010- coronary angioplasty (2 stents), several times hospitalized for gastroduodenal ulcer disease (last time in 1996), gastroesophageal reflux, hypertension (degree 3), since 2012 regular visit of psychiatric ambulance (every 2 months), generalized anxiety disorder

### Pharmacotherapy

Pantoprazol 40mg	1-0-0
Concor Cor 2,5mg	½- 0-1/2
Telmark 80mg	½-0-0

Anopyrin 100mg	0-1-0
Atorvastatin 10mg	0-0-1
Zoxon 4mg	0-0-1
Lyrica 150mg	1-0-0
Mirzaten 15mg	0-0-0-1
Prosulpin 50mg	0-0-0-1
Paralen 500mg	as needed (for pain)
Olfen 75mg	as needed (for pain)
Monomack depot 50mg	(he stores the drug, but does not use it)
Nitroglycerin	as needed
Atarax 25mg	1-1-1
Olfen gel	locally (as needed)

### **Current status**

unpleasant symptoms of benign prostatic hypertrophy (frequent urine excretion), BP 130/85, total cholesterol 4,3 mmol/ l, apathy, weight gain, symptoms of parkinsonism and pain in one knee (gout excluded)