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had stabilized. He was to have follow up with his PCP and dermatology in 2-4 weeks.

Discussion: Vitamin C deficiency is more common than might be thought. The prevalence varies across the world with rates as low as 7% in the US and up to 74% in North India; however, overt scurvy is rare in industrialized countries.

Institutional and long term care settings may predispose patients to some vitamin deficiencies such as vitamin D deficiency especially in winter months. However, most long term care settings in the US have access to fruits and vegetables and have mandated oversight with registered dietitians, making vitamin C deficiency and scurvy something that clinicians do not see often and may not be high on a differential. However, if a clinical scenario is compatible, we should have a high clinical suspicion and vitamin C deficiency should be considered and treated.

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Adverse Cognitive Outcome in a COVID-19 Survivor With Underlying Dementia



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Introduction: Delirium in patients with COVID-19 can cause multiple adverse functional outcomes. However, the adverse cognitive effect in the elderly with dementia after surviving COVID-19 has not been widely described. We report a Case of a severe COVID-19 infection resulting in persistent cognitive decline.

Case Description: An 81-year-old male LTC resident with dementia, congestive heart failure, ischemic cardiomyopathy, diabetes, hypertension, depression, chronic urinary retention, depression, and anxiety who at baseline was wheelchair ambulatory, able to self-feed, and able to follow simple commands contracted the COVID-19 infection in July 2020. He developed pneumonia with acute hypoxic respiratory failure requiring high flow oxygen. He received a course of remdesivir and dexamethasone. In the initial phase of his illness, he developed acute severe hyperactive delirium. He became combative with staff and was severely agitated, requiring transfer to the ICU for multimodal management including intravenous dexmedetomidine, antipsychotics, and anxiolytics. CT Head on admission and post-fall (which resulted from his severe agitation) revealed advanced volume loss and moderate periventricular small vessel ischemic disease consistent with his diagnosis of dementia, but no acute abnormalities. On day 21 of admission, he stabilized and was transferred out of ICU. He remained somnolent despite discontinuation of his psychotropic medications and sedatives. His hospitalization was further complicated by Proteus mirabilis urinary tract infection, acute parotitis, and deep vein thrombosis of the left leg for which he was treated. His persistent somnolent state prompted the placement of a percutaneous gastroenterostomy tube. The patient was discharged to subacute rehabilitation on day 45 of admission. Presently he is over 100 days out from contracting COVID-19 infection and despite slow improvements remains both cognitively and functionally below his prior baseline.

Discussion: Delirium is an indicator of severe illness in older adults. Moreover, delirium can present as the sole onset manifestation of COVID-19 infection in older patients with dementia. Delirium occurring at the onset of infection is predictive of high short-term mortality and significantly worse physical function. Moreover, cognitive impairment can persist and affect 70%-100% of patients at discharge. We present our Case with baseline dementia who developed a significant worsening of baseline cognition after a turbulent 45-day hospitalization for COVID-19 infection. Despite an aggressive approach in addressing delirium, the patient had a significant decline in his baseline cognition. The pathophysiology of this persistent decline is unclear. Etiology is likely multifactorial, including the possibility of this decline being related to the viral infection. The effect of COVID-19 on the cognition of patients with dementia needs further study.

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Challenges for Geriatricians: A Case Report of Homebound Dual Sensory Impairment Patient With Social Isolation During COVID-19



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Introduction: A unique Case of a female patient with dual sensory impairment (DSI) who experienced prolonged hospitalization >1 month, and the challenges of social isolation during the COVID-19 pandemic.

Case Description: An 82-year-old female with congenital deafness, unilateral left vision loss and low right vision, sign-language dependency, home bound with frailty, and a history of cognitive impairment presented to the acute care hospital with newly formed delusions/hallucinations of her deceased husband, with possible suicidal ideation. At a home visit 2 weeks prior to admission, she remained independent of ADLs through compensation/homemaker services, and some IADLs including finance/shopping with help from her only friend (who knows sign language). She expressed confidence and satisfaction with current lifestyle. Over the hospital course, she was treated for right eye conjunctivitis, acute kidney injury, and delirium. She was also started on Citalopram for depression, with gradually improved mental status to baseline. She was deemed safe to return home with enhanced home health services and discharged on Citalopram 20mg daily.

Discussion: This Case illustrates the challenges of assessment and management of a DSI patient. The DSI population can experience both low availability of social support and loneliness due to curtailed frequency of social interactions and activities from compromised physical function, mobility, and limited ability to communicate with sound/visual cues. Our patient may have suffered worsening social isolation during the COVID-19 pandemic. Her only brother could not travel to visit with her. She faced limited availability of a sign-language interpreter and underwent prohibited dining with other residents in the cafeteria. Lastly, she had obstacles to using modern technology for social prescribing or video consultation as alleviation. Given all those risk factors, our patient was at particularly higher risk of developing depression and worsening cognitive impairment.

In addition, standard depression screening tools, such as Geriatric Depression Scale or PHQ-2/9, have limited data on reliability of diagnosis due to a patient's DSI. There is only one study on Major Depression Inventory which yielded acceptable reliability in DSI adults. There is little direction regarding recommended clinical practice or rehabilitation of DSI individuals. Some data suggested that improved staff education and rehabilitation programs or providing patients and caregivers with strategies to overcome communication breakdown is required. A multidisciplinary perspective on the assessment of reversible conditions and remediation of older adults is recommended. Fortunately, this patient had a positive outcome after a long hospital stay. While her congenital impairments could not be optimized further, social workers made progress in finding an assisted living facility specifically designed for hearing impaired patients.

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Cotton Balls and Socks—A Dangerous Combination: Foot Drop Related to Compression Stocking Use



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Introduction: Foot drop, from spinal or peripheral nerve disorder, affects gait and can contribute to falls. One of its more frequently identified etiologies is common peroneal nerve compression, often near the fibular