Full name: [redacted]

Sex: male

Race: Asian

Language: mandarin

Religion: unspecified

Date of Birth & Age: [redacted]

Marital status: married

Date and time: 4/27/26, 14:06

Location: Metropolitan Hospital, Geriatric primary care

Source of history: patient self & patient's daughter

Reliability: reliable

Referral source: self

Chief of complaint: "I feel dizzy when I'm outside" x 2-3 years

History of Present Illness:

82-year-old male with a past medical history of atrial fibrillation, vitamin B12 deficiency, cholelithiasis with s/p cholecystectomy, cataract with s/p cataract removal, lumbar spondylosis and disc hernia presents for follow-up visit with complaint of dizziness for the past 2-3 years. Patient is accompanied by daughter, who provides most of the history and translation. Per the daughter, patient feels dizzy whenever he is outside walking. Does not report any incidence of fainting or falls in the last 3 years. While at home, he will also feel slightly lightheaded when he sits up after lying down in bed or when he stands up from a sitting position. Additional reported symptoms include feeling anxious when he in public areas. Denies fever, chills, unintentional weight loss, headache, vertigo, trauma, vision changes, hearing loss, tinnitus, chest pain, palpitations, shortness of breath, photophobia, sick contacts or recent travels. Per the daughter, no recent changes in his medications.

Geriatric assessment:

ADLs: independent in all

IADLs: needs assistance in transportation, shopping and translation

Visual impairment: yes, wears glasses

Hearing impairment: yes, decrease hearing

Falls in the past year: none

Assistive devices used: yes, cane

Gait impairment: antalgic gait

Urinary incontinence: none

Fecal incontinence: none

Osteoporosis: degenerative disc disease L3-l4 with osteophytosis

Cognitive impairment: none

Mini-cognitive: 4:5, recall 2 out of 3 objects and was able to draw clock

Depression: none

Home safety issues: none

Health care proxy: yes, daughter is Healthcare proxy

Advance directives: Full code

Past medical history:

- Atrial fibrillation, unknown year of diagnosis
- Cholelithiasis s/p cholecystectomy, 1999
- Cataract s/p bilateral cataract removal, 2008
- Lumbar spondylosis, unknown year of diagnosis
- Lumbar disc hernia, unknown year of diagnosis
- Onychomycosis, unknown year of diagnosis
- Vitamin B12 deficiency, unknown year of diagnosis

Past surgical history:

- Cholecystectomy, 1999, no reported complications
- Bilateral cataract removal, 2008, no reported complications

Immunizations:

- Shingrix: 4/27/2026
- Influenza: 10/28/2024, 11/12/2024
- Pneumococcal: 11/12/2024
- Pfizer COVID: 12/2/2024
- RSV: 10/28/2024
- TDaP: 11/12/2024

Medications:

- Rivaroxaban 20mg PO nightly for atrial fibrillation
- Metoprolol succinate ER 50mg PO nightly for atrial fibrillation
- Ciclopirox 0.77% cream for onychomycosis
- Cyanocobalamin 1000mg PO daily
- Magnesium 200mg PO daily
- Cholecalciferol 1000 units PO daily

- Acetaminophen 325mg PO PRN
- Bengay Ultra strength 4-10-30% lotion cream PRN

Allergies: NKA

Family history:

- Father: deceased, cancer
- Mother: deceased, cardiac disease
- Siblings: none
- Maternal and paternal grandparents: specifics unknown to patient

Social history:

Tobacco use: none

Alcohol use: none

Illicit drug use: none

Recent travel: none

Sexual activity: sexually inactive, no known STIs

Review of systems:

General: Positive for decreased activity. Denies fever, chills, recent weight loss or gain

HEENT: Positive for dizziness. Denies headache, trauma, vision changes, eye pain, hearing loss, tinnitus, nasal congestion, sore throat

Neck: Denies stiffness, decrease range of motion, localized swelling/lumps

Respiratory: Denies cough, shortness of breath, wheezing, dyspnea on exertion, pleuritic chest pain, orthopnea, paroxysmal nocturnal dyspnea

Cardiovascular: Positive for lightheadedness after change in positions. Denies chest pain, palpitations, swelling of low extremities, syncope

GI: Denies vomiting, diarrhea, constipation, hematochezia, melena

Genitourinary: Denies dysuria, hematuria, changes in urine output

Musculoskeletal: Positive for back pain and gait problem. Denies joint swelling, trauma, falls.

Endocrine: Denies polyuria, polydipsia, polyphagia, goiter

Neurological: Positive for anxiety when walking in public areas. Denies change of behavior, seizures

Psychiatric: Denies depression, suicidal/homicidal ideations, auditory/visual hallucinations, delusional thinking

Physical:

- Vital signs

- Temperature (F): 97.3 F oral
- Heart rate: 88
- Respiration rate: 16
- Blood pressure: 102/61
- SpO2%: 97% RA

General: Patient appears is AAOx3 to person, place and time. He presents sitting upright on bed, well kept, groomed, appears stated age, dressed appropriately for weather. Does not appear to be in acute distress, ill-appearing, toxic appearing or diaphoretic.

Skin: Warm to touch and flushed pink. Capillary refill < 2 seconds

HEENT: Head is atraumatic and normocephalic. No lice/nits noted on scalp. Tympanic membrane normal bilaterally with light reflex. Nasal passage patent.

Eyes: pupils equal, round and reactive to light. No swelling, erythema, discharge noted. No scleral icterus noted.

Mouth: Mucous membranes moist. Oropharynx is clear, no exudate or posterior oropharynx erythema noted.

Neck/throat: negative cervical lymphadenopathy. No carotid bruits. Normal thyroid swallowing test. Neck is supple.

Chest: symmetrical, no tenderness, trauma, deformities noted.

Cardiovascular: Irregular rhythm. Regular rate. No murmurs, gallops, friction rubs. S1/S2 normal

Pulmonary: Lung sounds clear to auscultation bilaterally. No wheezing, rhonchi, crackles noted. No respiratory distress. No accessory muscle use.

Abdominal: Soft, non-distended. No tenderness, guarding, rebound, or masses noted. Negative CVA tenderness.

Neurological: Patient is alert. No cranial nerve deficit noted. No sensory deficit. No motor weakness. Coordination normal. Gait abnormal.

Psychiatric: appropriate and congruent mood and affect. No signs of agitation, anxiety or depression

Assessment

82-year-old male with a history of atrial fibrillation on rivaroxaban and metoprolol, lumbar spondylosis, and vitamin B12 deficiency presents with chronic dizziness for the past 2–3 years. His symptoms are described as lightheadedness with positional changes (lying to sitting and sitting to standing) and while ambulating outdoors, with an associated sense of anxiety in public settings. He denies syncope, falls, vertigo, chest pain, palpitations, or focal neurological deficits. Vital signs are notable for low-normal blood pressure (102/61), and physical exam is largely unremarkable aside from an antalgic gait. Overall, the presentation is most consistent with orthostatic hypotension, likely exacerbated by age-related autonomic changes and beta-blocker use. However, given the patient's anxiety in public areas and past medical history, agoraphobia and vitamin B12 deficiency related neuropathy should also be considered in the work up.

Differential diagnoses

1. **Orthostatic hypotension -** orthostatic hypotension is high on my differential given that the patient's symptoms are clearly positional, with lightheadedness when going from lying to sitting and sitting to standing. This is pretty classic for orthostasis. His low-normal BP (102/61) also makes him more prone to decreased cerebral perfusion with position changes. On top of that, he's elderly and on metoprolol, which can blunt the compensatory heart rate response, further contributing to symptoms. The fact that this has been going on chronically without syncope or falls fits with a milder, ongoing form of orthostatic intolerance. Overall, this is likely a major contributor to his dizziness.
2. **Agoraphobia/anxiety related dizziness -** An anxiety-related component such as agoraphobia is also possible, as the patient reports feeling dizzy specifically when outside and in public settings, accompanied by a sense of anxiety. In older adults, anxiety can manifest somatically, including symptoms like lightheadedness, unsteadiness, or a subjective sense of dizziness, particularly in unfamiliar or overstimulating environments. His need for assistance with transportation and reliance on his daughter may also reflect some degree of avoidance behavior. Not to mention, the absence of neurologic or vestibular findings along with the situational nature of symptoms support a possible psychogenic or anxiety-driven factor contributing to his complaint.
3. **Vitamin B12 deficiency-related neuropathy -** Vitamin B12 deficiency–related neuropathy is another consideration, as this condition can lead to proprioceptive deficits and gait instability, which patients may describe as dizziness or imbalance rather than true vertigo. This patient has a known history of B12 deficiency and demonstrates gait abnormalities (antalgic gait) and use of a cane, which could reflect underlying sensory impairment. While he is currently on supplementation, it is unclear whether his levels are adequately corrected or if there has been any residual neurologic damage. Although B12 deficiency is less likely to cause positional lightheadedness, it may still contribute to his overall sensation of unsteadiness, particularly during ambulation.

Plan

Workup

- Measure blood pressure/heart rate in 3 positions (supine, sitting, standing) 1-3 minutes in between position changes
- CBC with differential for anemia
- CMP for electrolyte imbalances, renal function, liver functions, hydration status
- Vitamin B12 lab
- TSH with FT 4 reflex for thyroid etiology
- Urinalysis with reflex microscopy for hydration/renal status and UTI (can present differently in elderly patients)
- Hemoglobin A1C
- Lipid panel
- Microalbumin, urine

Acute condition management

- Prescribed buspirone 5mg for anxiety and agoraphobia
- Encourage slow positional changes

- Consider compression stocking
- Continue use of cane for safe ambulation

Chronic condition management

- Atrial fibrillation: Continue rivaroxaban 20mg nightly. Discussed possibility of changing metoprolol succinate to digoxin. For now, patient wants to try anxiolytic first and reassess in 4 weeks.
- Vitamin B12 deficiency: continue cyanocobalamin 1000mg twice daily in morning
- Lumbar degenerative disease: continue acetaminophen 325mg as needed for pain. Consider physical therapy for strength and balance training

Referrals/Healthcare maintenance/follow-ups

- Referral to cardiology for orthostatic hypotension
- Follow up with primary care in 2 weeks for psychological reassessment and review of lab work
- Administered 1st dose of Shingrix, return to clinic in 2 months for 2nd dose
- Continue vitamin D3 1000 units and magnesium 200mg supplementation