



DEMENTIA AND DELIRIUM

in older adults.

OVERVIEW: DELIRIUM

- **Delirium is a syndrome caused by an underlying physiological disturbance**
- **Marked by a fluctuating course of impairments in Consciousness, attention and perception**
- **Due to a variation in presentation it is frequently mistaken for psychiatric disorder**
- **It is a signifier for medical illness which relates to development of increased mortality, morbidity and cost of care.**

OVERVIEW CONTINUED;

- **Treatment relies on the underlying cause: thus identifying this defines treatment.**
- **Delirium is the most frequent complication affecting the older population.**
- **Patients over 65 years or older account for almost half (49%) of all days in hospital.**
- **Delirium often goes unrecognised.**

WHY DOES DELIRIUM IN ELDERLY NEED TO BE DISCUSSED?

- **It is under recognised**
- **It is often missed or even caused in hospital**
- **Increases mortality rate**
- **Increases risk of patient harm and risk to staff**
- **Increases the risk of falls**
- **High reoccurrence rates**
- **Increases the cost of care**
- **Often dealt with after office hours and weekend staff**

TYPES OF DELIRIUM

- **Types of delirium**
- **Hypoactive: delirium present with lethargy and sedation, respond slowly to questioning, and show little spontaneous movement.**
- **Hyperactive – can present as if psychotic and/or delusional.**
- **Mixed: Patients with mixed delirium demonstrate both hyperactive and hypoactive features.**

SYMPTOMS AND WARNING SIGNS

- **Acute onset**
- **Fluctuating course**
- **Sudden cognitive impairments**
- **Short term memory problems or confusion**
- **Orientation, not making sense**
- **Attention and consciousness altered**
- **Appear distressed**
- **Ask the family (baseline) or they notice sudden changes.**

CAUSES

- **Drugs/substances including new medications, increased dosages, drug interactions, side effects withdrawal and over the counter drugs.**
- **Electrolyte disturbances**
- **Lack of drugs such as long term sedatives are stopped or when pain medications are not being given adequately, alcohol withdrawal**
- **Infection, commonly urinary or respiratory tract infection**
- **Underlying health condition, eg diabetes, Intracranial (brain) infection, hemorrhage, stroke or tumor, urinary problems, inability to urinate or constipation, heart attack, arrhythmia, worsening of heart failure or chronic obstructive lung disease including hypoxia.**

RISK FACTORS

- Old age
- Dementia
- Physical frailty
- Severe illness
- Poly Pharmacy (one study found a mean of 6.9meds per person)
- Alcohol
- IDC
- Poor glycaemic control
- Infection
- Organ failure
- Renal impairment/Constipation

RISK FACTORS:

- **Surgery**
- **Environment (for example, admission to an intensive care unit)**
- **Pain**
- **Emotional distress**
- **Sustained Metabolic derangement**
- **Sleep Deprivation**
- **Sensory impairment**
- **Immobilization**
- **Medications**
- **Acute neurological diseases/conditions**

ASSESSMENTS

- **Check baseline – what are they usually like**
- **History –review medications, alcohol and sedative use**
- **Assess for constipation, dehydration, urinary retention**
- **Blood tests, MSU.**
- **Vital signs**
- **Physical and neurological examination (neurological changes –stroke)**
- **Differentiate psychiatric disorder from delirium**
- **Over the counter herbal preparations**

MANAGEMENT

- **Treat the cause first.**
- **Review medications, manage continence (urine /constipation), electrolytes imbalances.**
- **Awareness of sensory input i.e. hearing aids and eye glasses is readily available.**
- **Minimizing the use of restraints and bladder/catheters cares, which can be uncomfortable, particularly for confused patients.**
- **Care partner.**
- **Environmental considerations – safe, calm, quiet, secure.**
- **Various medications can be utilized in the management. Evidence based practice supports the use of neuroleptics especially Haloperidol.**

IMPORTANT POINTS TO REMEMBER IN DELIRIUM

- **Patients become vulnerable to self and staff.**
- **It is a common scenario for errors -e.g., missing the diagnosis and poor management; potential to become rapidly serious.**
- **Never assume confusion is due to long-term dementia or mental handicap even in the elderly and those with learning difficulties.**
- **Always perform a full physical examination, including airway/breathing/circulation and vital signs; however, bear in mind that the patient may not be able to co-operate fully.**
- **Bodily functions including input & elimination.**
- **ACT- do not assume someone else will address.**
- **Always screen for delirium if suspect.**
- **Age is a factor**

Delirium the great imitator



TYPES OF DEMENTIA:

Dementia can be one or more disease process:

- **Alzheimer's Disease** is the most common. Degenerative usually progressing over a number of years. First affects the memory and often language, visual and spatial skills. Eventually the whole brain is affected.
- **Vascular Dementia** is caused by diseases affecting the blood vessels which supply the brain. This includes strokes, disease of the smaller blood vessels due to high blood pressure and diabetes. Vascular dementia can cause almost any kind of problem depending on what part of the brain is affected.

- **Lewy Body Dementia** is a progressive dementia in which people often experience fluctuating levels of alertness, hallucinations (especially vivid visual) and have features of Parkinson's Disease or sensitivity to antipsychotic medicines. Delusions are also common.
- **Frontal Lobe Dementia** can be caused by a number of disorders, including some degenerative, such as Pick's disease and Frontal-Temporal Dementia, as well as alcohol and head injuries. People with Alzheimer's and vascular dementia will often have frontal lobe problems. Typical problems with frontal lobe include: poor initiation and motivation to do things, inability to plan ahead, and to organize tasks in the right order; impaired control of impulses (aggressive, sexual) and disregard of rules about socially acceptable behaviour.

- **Mixed Dementia** – combination of two or more.
- **Other causes of dementia** include Parkinson's disease, head injury, toxins, infections including HIV and syphilis.
- **Problems** influenced by the cause and part of the brain affected. Other factors to consider include what the person was like before they developed dementia and social and environmental factors.

PARTS OF THE BRAIN AND THEIR FUNCTION:

Frontal lobe

- Word production
- Problem solving
- Planning
- Behavioral control
- Emotion

Common symptoms:

Include changes to behavior, speech, and mood

Parietal lobe

- Sensory information

Common symptoms:

Include problems with perception, judging distances, and three-dimensional spaces

Occipital lobe

- Vision

Common symptoms:

Include problems with reading, recognizing faces, and distinguishing shapes

Temporal lobe

- Word understanding
- Emotion

Common symptoms:

Include unusual emotions and difficulty finding words

Hippocampus

- Memory

Common symptoms:

Unusually pronounced lapses in memory and loss of memory (usually short-term memory at first)

