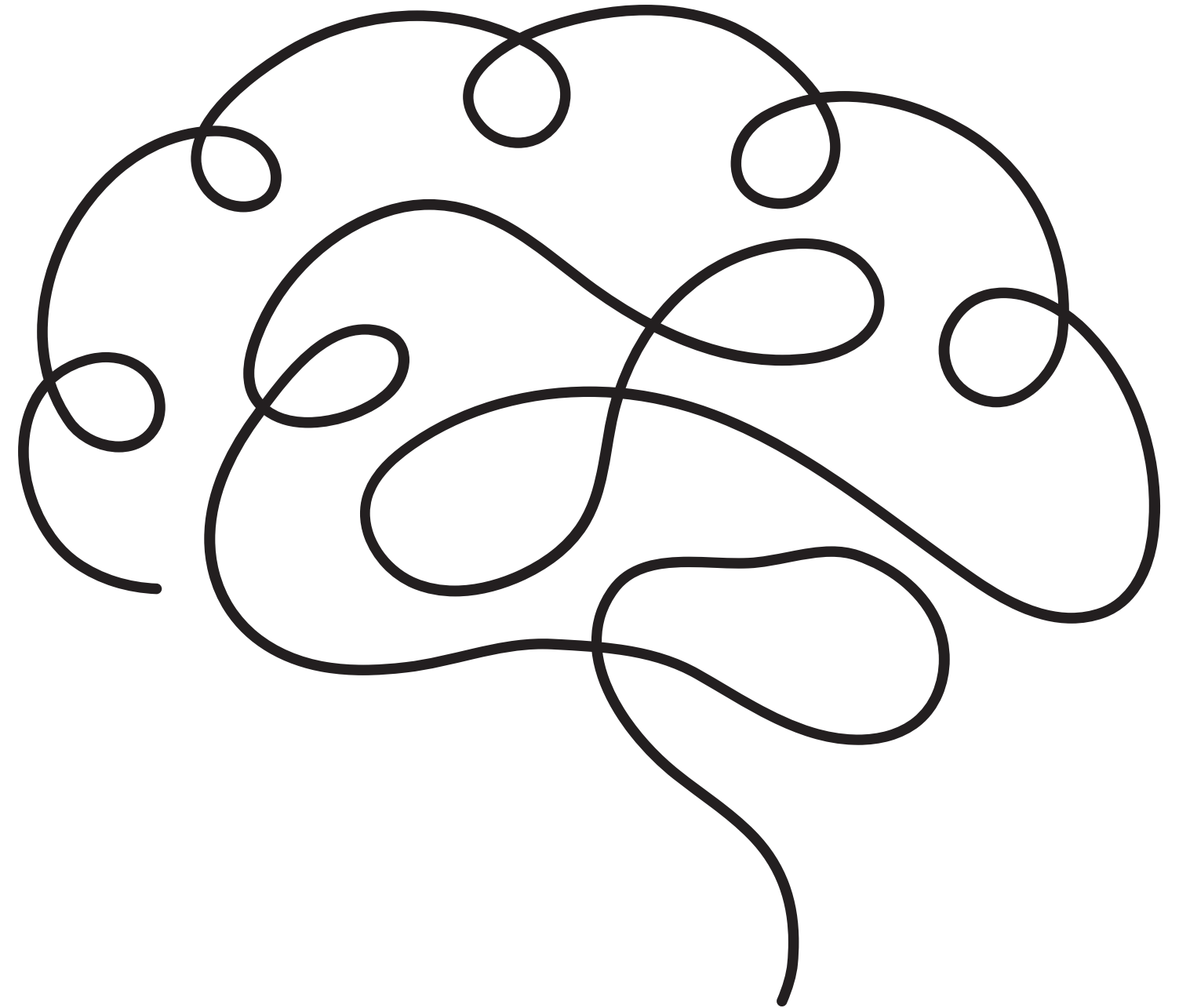


Delerium & Dementia

An Overview Delerium & Older Adults with Dementia



What is Delirium?



- Delirium is a common yet under-diagnosed syndrome of acute brain dysfunction.
- Delirium in older adults is still viewed as a normal consequence of surgery, chronic disease, or infections.

How Long Does it Last?



- A Few Hours
- Weeks
- Months
- If the cause is determined and addressed, the recovery time will be shortened.

Delirium Characteristics



- Inattention
- Fluctuating mental status
- Altered level of consciousness or
- Disorganized thinking
- Delirium is a state of confusion and disorientation

Other Characteristics



- Difficulty understanding speech
- Difficulty reading or writing
- Rambling speech
- Easily distracted
- Poor memory or unable to recall recent events
- Withdrawn
- Disoriented to person, place

Symptoms of Dementia and Delirium are Similar

- Can have both dementia and delirium.
- Take the time to conduct a thorough interview with family about the onset of the symptoms.
- Symptoms may fluctuate throughout the day and may have time frames with no symptoms.

Differences Between Delirium & Dementia



Delirium

- Onset occurs over a short period of time.
- Unable to stay focused or maintain attention
- Symptoms fluctuate frequently throughout the day.

Dementia

- Begins with minor symptoms that worsen over time.
- With early-stage dementia can stay focused.
- Thinking and memory skills stay constant throughout the day, with some worse periods in early stage.

Contributing Factors



- Delirium onset is sudden within a few hours or few days. May be caused by more than one contributing factor such as:
- Drug or alcohol abuse and/or withdrawal
- Surgery
- Infection and/or fever
- Medication
- Treatment involves multiple medications
- Severe or Chronic Mental Illness

Some Medications or Combinations of Medications May Trigger Delirium

- Pain medications
- Sleep medications
- Allergy medications (antihistamines)
- Medications for mood disorders (anxiety & depression)
- Parkinson's disease medications
- Drugs for treating spasms or convulsions
- Asthma medications

Other Causes



- Dementia
- Old age
- Multiple medical problems
- Terminal Illness
- Hearing impairment
- Visual impairment
- Dehydration
- Malnutrition or poor nutrition

Look for Changes in Behavior



- Hallucinations (see things, feel things, hear things, smell things that are not there)
- Combative or aggressive behaviors
- Restlessness, agitation
- Sleep patterns disturbed
- Extremem emotions such as depression, fear, anxiety or anger
- Social withdrawal
- Response time slowed.

Complications due to Delirium

- Overall health will determine recovery.
- People with dementia may tend to decline further with memory.
- People in good health tend to recover to baseline and full health.
- Seriously ill health may lead to:
 - General decline in health
 - Poor recovery from surgery
 - Need for institutional care
 - Increased risk of death

Delirium Study

Davis, et al., 2012



- Delirium may be associated with increased risk for dementia and may contribute to morbidity and death.
- One recent study found that in a group of 553 people 85 and older, those with a history of delirium had an eight-fold increase in risk for developing dementia.
- Researchers also found that among the participants with dementia, delirium was associated with an acceleration of dementia severity, loss of independent functioning, and higher mortality.

Dr. Flaherty Suggestions

- Suggests that changes in nursing and hospital protocols today could help prevent the onset or reduce the severity of delirium.
- Changing the hospital environment and culture to match what the older patient with delirium or at risk for delirium needs is critical.

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Examples Include



- Allowing hospitalized older people to sleep undisturbed between 10pm and 6am so that their normal sleep cycle is less disrupted
- Not using physical restraints
- Provide staff concrete, non-pharmacologic methods to deal with agitation that may occur with delirium.

Treatment

- Currently there are no medications approved by the Food and Drug Administrations (FDA) for the prevention or treatment of delirium.
- Emerging pharmacological strategies for addressing delirium must be combined with non-pharmacological approaches such as daily spontaneous awakening trails and spontaneous breathing trials and early mobility combined with the increasingly popular approach called:
- Awakening and Breathing Coordination, Delirium Monitoring, Early Mobility and Exercise ([ABCDE] of Critical Care) to develop evidence-based approaches that will ensure safer and faster recovery of the sickest patients in the hospital setting.

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Delirium Tools



- Mental Status Assessment - test awareness, thinking and attention
- Brain Imaging
- Physical exam - check for dehydration, withdrawal, infection and other conditions
- Neurological Exam
- Lab & Diagnostic testing
- Arousal Scales

Caregivers Play an Important Role

- Immediately report changes you witness.
- Be prepared to answer the following questions by physician:
 - What are the symptoms and when did they begin?
 - Has the person been diagnosed with dementia?
 - Has the person been ill recently with a fever cough or urinary symptoms?
 - Has the person experienced a recent head injury or other trauma?
 - What were the person's memory and other thinking skills before the onset of symptoms?

Caregivers Play an Important Role

- Be prepared to answer the following questions by physician:
 - How well did the person perform everyday activities before the onset of symptoms?
 - Can he or she usually function independently?
 - What other medical conditions have been diagnosed?
 - Does the person take prescription medications as directed? What was the most recent dose?
 - Is there a history of alcohol or recreational drug use?
 - Has the person recently appeared depressed, sad or withdrawn?

Caregivers Play an Important Role

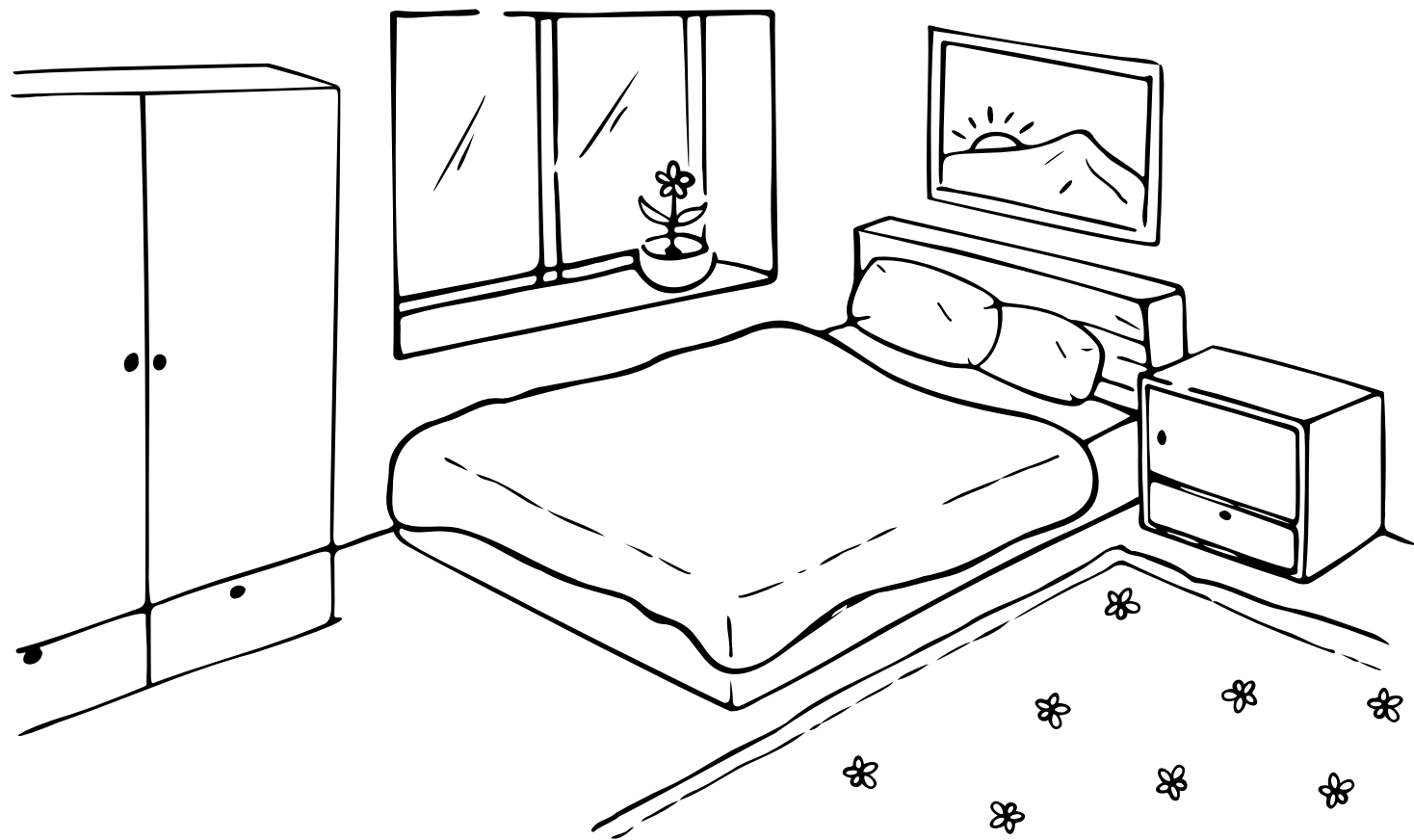
- Be prepared to answer the following questions by physician:
 - Has the person indicated that he or she does not feel safe?
 - Has the person shown any signs of paranoia?
 - Has the person seen or heard things that no one else does?
 - Does the person have any new physical symptoms?

Non-Drug Approaches



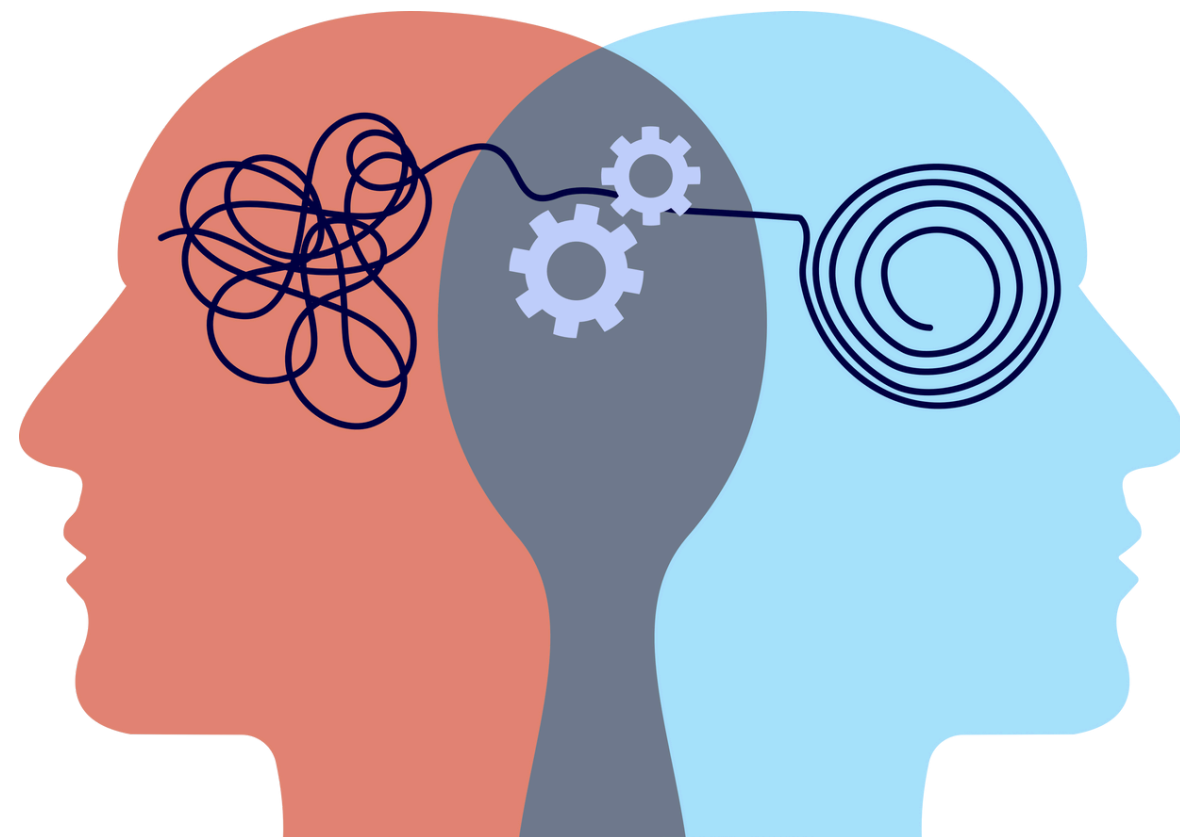
- Clocks and calendars to help a person stay oriented
- A calm, comfortable environment that includes familiar objects from home
- Regular verbal reminders of current location and what's happening
- Involvement of family members
- Avoidance of change in surroundings and caregivers.

Non-Drug Approaches



- Uninterrupted periods of sleep at night, with low levels of noise and minimal light
- Open blinds during the day to promote daytime alertness and a regular sleep-wake cycle
- Adequate nutrition and fluid
- Provision of eyeglasses, hearing aids and other adaptive equipment

Certifications & Additional Information



National Council of Certified Dementia Practitioners (NCCDP)

www.nccdp.org

- ADDC Alzheimer's Disease and Dementia Care curriculum
- CDP Certified Dementia Practitioner
- CADDCT Certified Alzheimer's Disease and Dementia Care Trainer
- CDCM Certified Dementia Care Manager
- CDSGF Certified Dementia Support Group Facilitator
- CFRDT Certified First Responder Dementia Trainer

International Council of Certified Dementia Practitioners (ICCDP)

www.iccdp.net

- CMDCP Certified Montessori Dementia Care Professional
- CDP Certified Dementia Practitioner