Delirium & Dementia in Acute Care

**Delirium** = an acute, **transient**, usually reversible altered state of consciousness and cognition

**Dementia** = **memory impair +** one or more of the following: aphasia (language problems), apraxia (organizational problems), agnosia (inability to recognize objects), disturbed executive function

# Distinguishing the Difference

|  |  |  |
| --- | --- | --- |
| **Characteristics** | **Delirium** | **Dementia** |
| Onset | Acute | Insidious |
| Awareness | Altered mental state | Clear until later stages |
| Progression | Fluctuating, reversible | Progressive decline |
| Mood | Labile  Worse in PM “sundowning” | History of present sadness  Worse in AM |
| Delusions | Short-lived, changing; predominantly visual and tactile | More fixed; predominantly auditory |

\*Patients with dementia are at an increased risk of delirium and may have both\*

# Download Free png Human Brain Clip Art - Human Brain Brain Png, Transparent Png ... - DLPNG.comCauses and Risk Factors

Dementia is a result of **brain damage**. There are a myriad of causes of brain damage such as neurologic, neuropsychiatric and medical conditions.

**DELIRIUM**

**D**rugs

**E**lectrolyte disturbances

**L**ack of drugs

**I**nfection

**R**educed sensory input

**I**ntracranial (meds, seizure, stroke)

**U**rinary/intestinal problems

**M**etabolic changes

Modifiable Risk factors

Increase: education, physical activity, social contact

Decrease: Hearing loss, hypertension, obesity, smoking, depression, diabetes, excessive alcohol intake, head injury, air pollution

# Treatment in Acute Setting

|  |  |
| --- | --- |
| **DELIRIUM**  Identify and remove cause  Prevention strategies double as symptom management strategies  Optimize environment (dark & quiet at night, stimulation during day)  May benefit from sitter  Pharmacology [ex. neuroleptics for distressing delusions, haloperidol, benzodiazepine (if delirium is caused by benzo or alcohol withdrawal)] | **DEMENTIA**  \*No cure\* Treatment depends on type of dementia, symptom management in hospital  Adherence to schedule  Adequate hydration and nutrition  Memory aides  Pharmacology [ex. Acetylcholinesterase inhibitors, AMDA antagonists, behavioral meds including antipsychotics, antidepressants and mood stabilizers] |

Approximately 40% of delirium cases me be preventable!

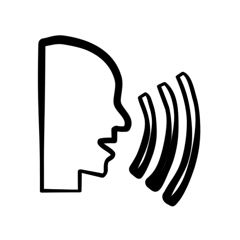
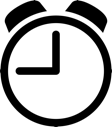
Prevention Strategies: avoid delirium-risk medications, EARLY PHYSICAL MOBILIZATION, adequate hydration and nutrition, cognitive stimulation, minimize sensory deprivation by correction of sensory deficits

# Therapy Specific Tips

Reorient patient \*except with late stages of dementia

Avoid multitasking

Avoid “elderspeak” (ex. honey, sweetie, dear)



Approach patient from the front

Offer limited choices

Communicate with simple, firm, slow-paced speech and repeat instructions if necessary

ADL participation; advocate for OT if appropriate

Dementia: manage short-term memory – reintroduce self during each encounter, explain each step of a evaluation of intervention, etc.

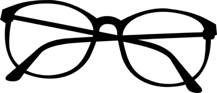


Delirium: reassess and document status

Multidisciplinary approach



Ensure sensory aides (eyeglasses, hearing aides, etc.)

A picture containing clipart

Description automatically generated

Establish routine if possible (same therapist, same time, etc.)

References

1. Livingston G, Huntley J, Sommerlad A, et al. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. Lancet. 2020;396(10248):413–446.
2. Grover S, Avasthi A. Clinical practice guidelines for management of delirium in elderly. Indian J. Psychiatry. 2018;60(Suppl 3):S329–S340.
3. Gale SA, Acar D, Daffner KR. Dementia. Am. J. Med. 2018;131(10):1161–1169.
4. Gual N, García-Salmones M, Brítez L, et al. The role of physical exercise and rehabilitation in delirium. Eur. Geriatr. Med. 2020;11(1):83–93.
5. Pagad S, Somagutta MR, May V, et al. Delirium in cardiac intensive care unit. Cureus. 2020;12(8):e10096.
6. CE: Acute Care for Patients with Dementia | CE Article | NursingCenter.
7. Rains J, Chee N. The role of occupational and physiotherapy in multi-modal approach to tackling delirium in the intensive care. J. Intensive Care Soc. 2017;18(4):318–322.
8. Lippmann S, Perugula ML. Delirium or Dementia? Innov. Clin. Neurosci. 2016;13(9–10):56–57.