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

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| **Characteristics** | **Delirium** | **Dementia** |
| Onset | Acute | Insidious |
| Awareness | Altered mental state | Clear until later stages |
| Progression | Fluctuating, reversible | Progressive decline |
| Mood | LabileWorse in PM “sundowning” | History of present sadnessWorse 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

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| **DELIRIUM**Identify and remove causePrevention strategies double as symptom management strategiesOptimize 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 hospitalAdherence to scheduleAdequate hydration and nutritionMemory aidesPharmacology [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.)



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

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