Delirium and Dementia

for the hospitalist
May 2019

- DELIRIUM

- It is a temporary but severe form of mental impairment that can lead to longer hospital stays and negative long term outcomes.

- High risk in patients who already have dementia or who are frail.

- The condition is common and often under-recognized and under diagnosed.

- up to 1/3 of patient's > 70 experience delirium which can last days, weeks or even months.

Delirium symptoms

1. shifting attention
2. poor orientation
3. incoherence
4. poor cognition
5. aggressive and belligerent behavior
6. hallucinations
7. lethargy and/or sleepiness

- It is always multifactorial and fluctuation of symptoms is the hallmark of delirium

- Causes: surgery, infection, isolation, dehydration, poor nutrition, and medications.

- Long term it can cause permanent damage to cognitive abilities and is associated with an increase in long term care admissions.

- If not treated, it leads to and increase in morbidity and mortality.

Treatment and Management

- Basic Good Care: ensuring proper hydration and nutrients, reorienting to surroundings, daily exercise, removing meds where possible, encourage patients to maintain independence.

- Families need to ensure that patients have what they need to engage their senses: hearing aids, dentures, glasses, familiar items…

- Optimizing sensory input, orientation protocols, family presence, avoidance of restraints, providing familiar items (music, pictures…)

- Use of atypical antipsychotics may be needed for hyperactivity and psychotic behavior

- There is little evidence that medication will prevent delirium. Further study into the role of antipsychotic agents in reducing the duration of delirium is needed.

- Nutritional supplements/support when indicated can be of benefit. Screen for potentially treatable causes of cognitive impairment.

Dementia patients in the hospital

- Treating a patient with dementia is more costly than treating one without. on average $5000 more
- High risk for adverse events
- High risk for falls, dehydration, inadequate nutrition, untreated pain, and developing delirium
- Don’t assume that any of your staff know how to communicate effectively with someone with dementia

- Understand the patient's baseline cognitive status and functional abilities

- Keep staffing as consistent as possible: nurse, aides, physicians

- When possible, Families must be an advocate. They can bring soothing music, use signs to identify things, have familiar items around. Stimulate the senses.

- Expect increase anxiety, agitation, aggression and resistance over baseline.

- Bad behavior in the hospital can be an attempt to communicate that there is a problem: an untreated need, fear, fatigue or pain *be a detective*

- Recommend family stay when possible. sitters are preferable to chemical and physical restraints.

- Have rooms well lit during the day and get patients out of bed when possible. Help with meals or adjust diet needs i.e: finger foods.

- If the patient has an NG tube - tape it to the side of the face and then behind the ear.

- IVs can be put high on the arm and run up the gown and out the neck. If available, a long sleeve gown can help.

- Do not use foley catheters unless absolutely necessary. Set toileting schedules. If needed, on a man, tape the catheter to the abdomen

- The best hospitalization in a patient with the dementia is the shortest.

How to communicate effectively with a dementia patient

- Make eye contact: approach face to face
- Be at their level: bend or sit
- Tell them what you are going to do before you do it, particularly if touching
- Speak calmly with an upbeat tone
- Speak slowly they can’t process as fast
- Speak in short sentences.

- only ask 1 question at a time: you can ask who, what, where, when, not why that is too complex
- Don’t say remember, because they CAN’T
- Turn negative into positives particularly when redirecting: ie: go here, grab this (not don’t touch that)
- Don’t argue with them, it gets you no where.
- EMBRACE THEIR REALITY. IT IS TRUE FOR THEM