DECONSTRUCTING & DIFFERENTIATING THE 3 D’S: DEMENTIA, DELIRIUM & DEPRESSION

Who are Aging Life Care Professionals?

- Credentialed, experienced professionals skilled in providing personalized decision-making and support with a long view perspective for elders and persons with disability
- Aging Life Care Professionals are the best at what they do, adhering to a strict Code of Ethics & Standards of Practice which is continually reviewed
- Knowledgeable in the following 8 core areas of expertise needed to help older adults or persons with disabilities and their families to live well
With the Aging of America, Dementia, Delirium & Depression are currently and will continue to be some of the most commonly observed behavioral disorders among older populations and these...
OUR HEALTH CARE SYSTEM TODAY

KNOWLEDGE EMPOWERS ADVOCACY

Knowledge is power.
Francis Bacon
KNOWLEDGE GOALS FOR TODAY

- Define the three D's: Delirium, Depression & Dementia
- Identify three differences in their presenting signs & symptoms
- List two risk factors associated with each condition
- Gain insight on the diagnostic screening and work-up for the conditions
- List two non-pharmacologic strategies to improve behaviors

JANE’S STORY

The Professor Is In
DEMENTIA

- Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—and behavioral abilities to such an extent that it interferes with a person’s daily life and activities.
- These functions include memory, language skills, visual perception, problem solving, self-management, and the ability to focus and pay attention.

Source: https://www.nia.nih.gov

SYMPTOMS OF DEMENTIA

- The symptoms center on loss of function that include memory, language skills, visual perception, problem solving, self-management, and the ability to focus and pay attention.
ONSET IS GRADUAL

7 MAIN STAGES OF DEMENTIA:

Stage 1: Appears normal and covers up lapses
Stage 2: Forgets certain things but can otherwise function normally
Stage 3: Difficulties at work, becomes anxious, family becomes aware
Stage 4: Reduced ability to count, finds travels difficult, can no longer manage own affairs
Stage 5: Needs help getting dressed
Stage 6: Needs help eating, needs help using the toilet, may be incontinent, disoriented in time and place, possibly forgets who they are
Stage 7: Severe speech loss, motor stiffness, incontinence, needs feeding, total disorientation

CAUSES OF DEMENTIA

- 62% Alzheimer's Disease
- 17% Vascular Dementia
- 4% Lewy Bodies
- 3% Frontal Temporal
- 2% Parkinson's Disease/Dementia
- 3% Other
- 4% Mixed Alzheimer's Disease & Vascular Dementia
- 10% Mixed Alzheimer's Disease & Vascular Dementia
DELIRIUM

- Delirium is a common clinical syndrome characterized by inattention and acute fluctuating cognitive dysfunction
- Causes are multi-factorial

Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3065676/

PATHOGENESIS OF DELIRIUM
DELMIRUM DETECTIVE MNEMONIC

- D- Drugs, dehydration, detox, deficiencies, discomfort (pain)
- E- Electrolytes, elimination abnormalities, environment
- L- Lungs (hypoxia), liver, lack of sleep, long ED stay
- I- Infection, iatrogenic events, infarction (cardiac, cerebral)
- R- Restraints, restricted movement/mobility, renal failure
- I- Injury, impaired sensory input, intoxication
- U- UII, unfamiliar environment
- M- Metabolic abnormalities (glucose, thyroid), metastasis (brain), medications

Source: https://geri-em.com/cognitive-impairment/causes-of-delirium/

DEPRESSION IN THE ELDERLY

- Depression can occur in the elderly, but it is not a normal part of aging
- It is a treatable medical condition
DEPRESSION

- Persistent sadness
- Excessive worries
- Frequent tearfulness
- Feeling worthless or helpless
- Weight changes
- Difficulty sleeping
- Difficulty concentrating
- Increase in somatic complaints
- Withdrawal from social activities

PSEUDODEMENTIA

- The condition mimics dementia but occurs due to a mood-related mental health concern, most often depression. This condition is typically seen in older adults

- People who have pseudodementia are more likely to be aware of and upset by any trouble they have remembering things, while those with dementia will deny or minimize them

Source: https://www.goodtherapy.org/blog/psychpedia/pseudodementia
CONTRASTING THE 3 D’S

Contrasting the 3Ds
Dementia, Delirium, Depression
They are not the same.

<table>
<thead>
<tr>
<th>Dementia</th>
<th>Delirium</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gradual cognitive decline</td>
<td>Abrupt onset of decline</td>
<td>Abrupt onset of decline</td>
</tr>
<tr>
<td>Normal alertness until end stages</td>
<td>Disturbance of consciousness</td>
<td>Reversible</td>
</tr>
<tr>
<td>Reversible</td>
<td>Reversible</td>
<td>Impairment in social, occupational areas of functioning</td>
</tr>
<tr>
<td>Impairment in social and occupational areas of functioning</td>
<td>Change on cognition that can not be accounted for by a preexisting medical condition</td>
<td>Diminished interest in pleasure in all activities</td>
</tr>
<tr>
<td>Normal attention span until late stages</td>
<td>Reduced level of consciousness</td>
<td>Inability to think or concentrate</td>
</tr>
<tr>
<td></td>
<td>Often occurs at night</td>
<td></td>
</tr>
</tbody>
</table>


WE GET IT, SO.....
MANAGING DEMENTIA BEHAVIORS

- Acknowledge and respond to emotion, not content
- Address physical triggers such as pain, hunger, being cold, or feeling unclean following a bout of incontinence
- Be a master distractor
- For wandering behaviors secure the environment, increase physical activity during the day, use ID tags and tracking devices

DETOUR AWAY FROM DELIRIUM

- Do your delirium detective work
- Minimize hospitalizations and ER visits
- Promote sleep
- Avoid overstimulation
- Address vision & hearing issues
- Promote familiar environment/ companionship
- Be wary for polypharmacy
- Encourage exercise

Source: https://betterhealthwhileaging.net/hospital-delirium-what-to-do/
TREAT DEPRESSION

- Psychotherapy or counseling
- Meditation
- Exercise
- Improve sleep and nutrition
- Companionship
- Medication
- ECT
- Repetitive transcranial magnetic stimulation (rTMS)

JANE’S STORY

The Professor Is In
PHILIP’S STORY

SEAN’S STORY
QUESTIONS