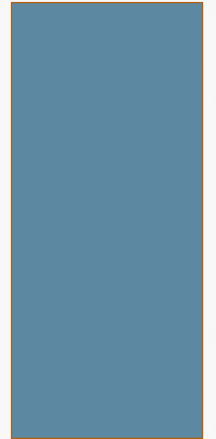


CONFUSION, DEMENTIA AND DEPRESSION

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OBJECTIVES

- Explain the difference between acute and chronic confusion
- Describe depression and how it is similar to and different from confusion

TOUR OF THE BRAIN

- Alzheimer's Association:
- http://www.alz.org/braintour/3_main_parts.asp

CHRONIC VS. ACUTE CONFUSION

Dementia

- Chronic
- Changes in mental abilities that occur slowly; over weeks to years
- Caused by physical changes in the brain
- Usually not reversible

Delirium

- Acute
- Changes in mental abilities that occur quickly; over hours to days
- Caused by toxins in the brain
- Usually reversible

TYPES OF DEMENTIA

- Alzheimer's Disease
- Vascular Dementia
- Frontotemporal Dementia
- Lewey Body Dementia

IS IT NORMAL AGING OR DEMENTIA?

- Alzheimer's Association: 10 signs

http://www.alz.org/alzheimers_disease_10_signs_of_alzheimers.asp

ALZHEIMER'S DISEASE

- Progressive decline
- May include problems with:
 - Memory loss (especially short-term)
 - Executive function
 - Personality changes
 - Functional ability
 - Sundowning
 - Behavior
 - Speaking and swallowing

WHAT'S HAPPENING IN THE BRAIN?

- Alzheimer's Association
- http://www.alz.org/braintour/alzheimers_changes.asp

ALZHEIMER'S DISEASE

- Diagnosis
 - No single test to diagnose
 - Mainly based on mental and behavioral changes
 - Blood tests and scans to rule out other causes
- Treatment
 - No cure
 - Some medications available to slow progression of symptoms

VASCULAR DEMENTIA

- Caused by changes in the blood flow to the brain
- Can have a slow or sudden onset
- Similar changes in memory, language, and motor abilities as in Alzheimer's Disease

VASCULAR DEMENTIA

- Diagnosis
 - Screening to identify mental and behavioral changes
 - Sometimes changes in blood flow to the brain can be seen on scans (CT, MRI)
- Treatment
 - “What’s good for the heart is good for the brain”
 - Manage blood pressure, blood sugar and cholesterol

FRONTOTEMPORAL LOBE DEMENTIA

- Frontal and temporal lobes of the brain shrink which affects their functioning
- Usually occurs between ages of 35-75
- May run in families
- Usually first changes are in language and behavior
- Often causes socially inappropriate behavior

LEWY BODY DEMENTIA

- Caused by abnormal deposits in the brain called Lewy bodies
- Early, well-formed visual hallucinations are common
- Often develop Parkinson's-like movements (shuffling gait, hunched posture, rigid muscles)
- Usually less drastic fluctuations in memory and thinking than in Alzheimer's or vascular dementia

DELIRIUM

- Acute change in mental abilities that occurs quickly, usually over hours or days
- Caused by toxins in the brain
- Usually reversible, especially if treated early

DELIRIUM SIGNS AND SYMPTOMS

- Sudden change
- Very sleepy and drowsy or agitated and restless
- New difficulty focusing; very easily distracted
- Hallucinations (seeing, hearing, smelling, tasting, feeling)
- Delusions (usually paranoid)
- Disorganized thinking
 - Incoherent or rambling speech; switching unpredictably from subject to subject

POSSIBLE CAUSES OF DELIRIUM

- Infection (especially urinary or respiratory)
- Stroke
- Heart attack
- Medications
- Drugs/alcohol
- Dehydration
- Pain
- Severe constipation
- Liver or kidney problems
- Breathing problems

TREATMENT OF DELIRIUM

- Key to reversal of delirium is to find and treat the cause of the delirium as soon as possible
- If left untreated, can cause permanent changes in mental abilities
- People with dementia are at a higher risk to develop delirium

DEPRESSION

- How common is depression in older adults?
 - Living at home: 2%
 - Chronically Ill: 9%
 - Hospitalized: 36%
 - Nursing home (cognitively intact): 10-20%
 - Nursing home (cognitively impaired): 50-70%
 - Stroke: 47%
 - Heart attack: 45%
 - Parkinson's: 39%

(from uptodate.com)

RISK FACTORS FOR DEPRESSION IN OLDER ADULTS

- Female
- Widowed, divorced or separated
- Social isolation
- Other medical conditions
- Uncontrolled pain
- Insomnia
- Functional impairment
- Cognitive impairment

SIGNS AND SYMPTOMS OF DEPRESSION

- Feeling down
- Decreased interest or pleasure in activities*
- Weight change*
- Problems sleeping*
- Restless or sluggish*
- Having no energy
- Feeling guilty or worthless
- Problems thinking or making decisions*
- Suicidal thoughts

*Can also happen with dementia/delirium

TREATMENT FOR DEPRESSION

- Support groups
- Counseling
- Regular exercise
- Medications

IF YOU'RE LOVED ONE HAS DEPRESSION...

- Remember...it is not your fault!
- Help establish a daily routine and try to schedule challenging tasks for times of day the person usually feels best
- Include daily physical activity, especially in the morning
- Make a list of activities, people and places the person enjoys and incorporate them into the daily routine
- Acknowledge person's feelings of sadness/frustration
- Provide reassurance and celebrate small successes

RESOURCES FOR HELP

- Alzheimer's Association

https://www.alz.org/we_can_help.asp