Recognizing Dementia, Delirium, & Depression

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### Objectives

1. Recognizing Dementia, Depression, and Delirium  
2. What doctors need to know from caregivers  
3. What caregivers can do to help
60-80% Alzheimer’s Disease
  • Early onset
  • Late onset

Vascular Dementia

Lewy Body Dementia

Fronto-Temporal Lobe Dementias

Other Dementias
  • Depression
  • Metabolic
  • Drugs/toxic
  • Infections

DEMENTIA

New onset Cognitive Decline
DEMENTIA

60-80% Alzheimer’s Disease
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• Late onset

Vascular Dementia

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Other Dementias
• Depression
• Metabolic
• Drugs
• Infections

The 3 D’s

Depression

Delirium

Some cognitive changes are treatable
The Case of Mom

- Your mom is 80 years old, widowed 1 year ago, now living with you. You notice she is increasingly forgetful, increasingly dependent with shopping, meal prep, medication management.
- She has stopped gardening and reading in the past year.
- She had a fall and hip fracture 2 weeks ago, but now not eating well, sleeps all day, restless at night, and not participating well in rehabilitation efforts.
- You want to know why she is not improving and what you can do about it.
What should you tell the doctor?
The doctor needs your story...

Note the time course

One year ago...

3 months ago...

2 weeks ago

This morning....

This happens every day!

Note the behaviors

We noticed she stopped doing...

Her mood has changed...

Her eating patterns are different...
DEMENTIA: a gradual decline of function

- You’ve noticed that she is...
  - More forgetful during past year...
  - Previously independent in all ADLs (bathing, dressing, etc)
  - Dependent in Shopping, Transportation, Finances (husband used to do this before)
  - Cooks basic meals (less frequent, less fancy)
  - Complains of fatigue, naps a lot, watches more TV, doesn’t leave house anymore.
DEPRESSION: episodic & recurrent problems with mood

- You recall that she has...
  - History of depression in past, on antidepressants intermittently in her lifetime.
  - On antidepressants since the death of her husband one year ago.
  - Longtime insomnia, takes sleeping pills about 3x per week
  - Appetite fair in past year
  - No longer doing things she used to enjoy (reading books, gardening)
  - Feelings of despair, wishing she were dead, but not suicidal
  - She has been more irritable with you in the past few months
DELIRIUM: sudden changes noticed

Today...
- More forgetful during past year, but this episode is much worse than usual!
- She was restless all night and kept trying to get out of bed.
- She was picking at her sheets, and picking in the air
- She was falling asleep while you were trying to talk to her
- She is talking “crazy”... some hallucinations or delusions
- Rapid fluctuation in symptoms (ex: alert and agitated to lethargic)
- This is NEW behavior since the surgery
So, tell your story...

...And don’t be afraid to talk about the impact on you as a caregiver

Because YOU are the KEY to treatment and management
Evaluation of Delirium

- The MOST common causes of Delirium:
  1. Medication side effects
  2. Infections
  3. Abnormal Labs
  4. Other medical illness, examples:
     - Heart or lung diseases
     - Neurologic (ex: seizure, stroke)
     - Surgery
     - Poor nutrition, Dehydration
     - Urinary, or Bowel problems
Evaluation of Delirium

The Doctor will look for an Underlying Medical Condition

- Physical Exam
- Lab tests/ X-rays
- Review of medications
How is it treated?

- Treat the underlying condition
- Manage behavioral disturbances
  - Non-medication supportive approaches (always try this first)
  - Medications for hallucinations, delusions, and severe agitation
    - Be aware: many of these drugs can have Adverse Side Effects, so we must weight risks and benefits.
Behavior Management Support:

- Anticipate & Address Basic Needs:
  - Physical - hungry, thirsty, cold, hot, tired
  - Psychologic - fear, anxiety, depression
  - Environment - over-stimulation or under-stimulation

- Consider environment
  - Music Therapy, Gentle Sensory Stimulation

- Body Language and Approach: “Best Friends”
  - Approach from the front, Speak slowly and calmly, Acknowledge and nod your head (shows you are listening), Show affection
  - Don’t argue - logic and normal reasoning doesn’t work.
  - “Listen” to their feelings and address those. Respect, Reassure and Redirect

- Provide Meaningful Activities
  - “Moments of Joy”
Something more you can do

Prevent Complications:

<table>
<thead>
<tr>
<th>3. Anticipate and prevent or manage complications</th>
<th>Urinary incontinence</th>
<th>Implement scheduled toileting program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immobility and falls</td>
<td>Avoid physical restraints; mobilize with assistance; use physical therapy</td>
<td></td>
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<tr>
<td>Pressure ulcers</td>
<td>Mobilize; reposition immobilized patient frequently and monitor pressure points</td>
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<tr>
<td>Sleep disturbance</td>
<td>Implement a nonpharmacologic sleep protocol; avoid sedatives</td>
<td></td>
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<tr>
<td>Feeding disorders</td>
<td>Assist with feeding; use aspiration precautions; provide nutritional supplementation as necessary</td>
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</tbody>
</table>

- **Family/caregivers can help provide:**
  - 24/7 supervision
  - Regular toileting
  - Frequent repositioning
  - Feeding Assistance

- **And that this may needed for months....**

From AGS GEMs
Something more you can do

Prevent Functional Decline:

<table>
<thead>
<tr>
<th>4. Restore function in delirious patients</th>
<th>Hospital environment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive reconditioning</td>
<td>Reduce clutter and noise (especially at night); provide adequate lighting; have familiar objects brought from home</td>
<td></td>
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<tr>
<td>Ability to perform ADLs</td>
<td>As delirium clears, match performance to ability</td>
<td></td>
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<tr>
<td>Family education/support/participation</td>
<td>Provide education about delirium, its causes and reversibility, how to interact, and family’s role in restoring function</td>
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<tr>
<td>Discharge</td>
<td>Because delirium can persist, provide for increased ADL support; follow mental status changes as “barometer” of recovery</td>
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- **Family/Caregivers** must help reinforce and restore function (beyond PT/OT)
  - Provide frequent orientation/cues/ glasses and hearing aides
  - Early mobilization
  - Adequate socialization
- **ADL support** required for the long haul....

From AGS GEMs
The Case of Mom- Delirium

- Your mom had a fall and hip fracture 2 weeks ago, but now not eating well, sleeps all day, restless at night, and not participating well in rehabilitation efforts.
- She met criteria for Delirium

- Evaluation reveals infection and underlying problem is treated.
- Family is enlisted to take turns visiting more frequently to provide more reassurance, socialization and supervision.
- Family is enlisted to help with feeding, falls prevention, incontinence needs.
- In the hospital or rehab
- In the community (for months)
The Doctor will ask about symptoms of depression that last more than 2 weeks:
- Constant sad or “blue” feeling
- Loss of interest in favorite activities
- Feeling nervous, guilty, or very tired
- Hard to make choices
- Change in appetite and weight
- Thoughts of death or suicide
- Irritability
Evaluation of Depression

The Doctor will also Rule out:

- Thyroid disease
- Vitamin B12 deficiency
- Anemia
- Medication side effect
- Drugs or Alcohol
- Normal grief/bereavement
How is it treated?

- Medication
- Behavior therapy
  - May take time to find the right medicine or therapy
  - Regular aerobic exercise
  - Plan and Schedule enjoyable experiences
  - Electroconvulsive therapy if very severe
  - Prompt treatment is important to save patient’s life
How can I help?

- Support from family and friends makes big difference
- Make sure your family member/friend gets help
- Make sure he/she takes medicine regularly
- Help him/her report any side effects
Something more you can do

- Make sure they get regular checkups
- Tell them that depression is nobody’s fault, and dry to avoid blaming or feeling guilty
- Take them to ER immediately if he/she has thoughts of suicide
<table>
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<tr>
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- Your mom was widowed 1 year ago, now living with you. You notice she is increasingly forgetful, increasingly dependent with shopping, meal prep, medication management.
- History of depression in past
- Wishing she were dead
- Stopped doing things she enjoyed.
- Irritable
- Meets criteria for Depression- based on screening tool.

- Doctor ruled out medication side effects, thyroid problems, etc.
- Consider bereavement support
- Trial of antidepressants
- Work with family to consider changes to the environment/ living situation to provide more social stimulation.
- Enlist family to visit more often and plan enjoyable activities.
Evaluation of Dementia

The Doctor will ask about Tasks that are required for Independence
Evaluation of Dementia

The Doctor will ask about Basic Tasks

ADLs
- Getting In and Out of Bed
- Eating
- Getting Around Inside
- Bathing
- Toileting
- Getting Dressed
Evaluation of Dementia

SCREAMING
Verbally Abusive

Anxious
repetitive questions

The Doctor will ask about Behaviors

Throwing
Hitting

Restless
Tapping
Evaluation of Dementia

The Doctor will perform comprehensive testing:
- Physical Exam
- Cognitive Exam
- Lab testing
- Possible brain imaging
How is it treated?

- **Current medications have limited effectiveness: No cure**
  - Today’s FDA Approved medications cannot stop the damage and death of brain cells, but may stabilize symptoms for a limited time by regulating brain chemicals. Thus, at best, may slow decline or improve behaviors

- **FDA Approved Dementia Medications:**
  - Cholinesterase Inhibitors (Aricept, Exelon, Razadyne)- usually for mild-moderate dementia
  - Memantine (Namenda)- for mod-advanced dementia
How is it treated?

- Avoid or Minimize medications that can worsen cognitive function particularly those on:
  - Beer’s Criteria List:
    - Explicit lists of Potentially Inappropriate Medications (PIMs) best avoided for older patients (risk > benefit)
    - [https://www.healthinaging.org/medications-older-adults/medications-older-adults-should-avoid](https://www.healthinaging.org/medications-older-adults/medications-older-adults-should-avoid)
  - Helpful Fact Sheet:
    - Medications and Aging that ACL/HHS has on Medicines and Aging: [https://acl.gov/sites/default/files/triage/MedAgeBrain-FactSheet.pdf](https://acl.gov/sites/default/files/triage/MedAgeBrain-FactSheet.pdf)
How is it treated?

Behavior Management

- Approach
- Environmental modification
- Activities
- Music
- Sensory Stimulation

- Caregiver Training and Support
What more can I do?

Planning your Safety Net
- Driving safety → Discuss Driving Retirement
- Household/ Housing
- Medication safety
- At risk for Abuse/Neglect
- Financial planning and capacity
- Advanced Health Care Directives
Caregivers don’t have to do it on their own

- Alzheimer’s Association
- Case Management
- Adult Day Care Centers
- Respite Care
- Care Homes
- Nursing Homes
Community Resources

- Alzheimer’s Association –Aloha Chapter
  - [www.alz.org/hawaii/](http://www.alz.org/hawaii/)
  - Tel: 591-2771

- Catholic Charities Hawaii Senior Services
  - [https://www.catholiccharitieshawaii.org/programs-services/seniors/](https://www.catholiccharitieshawaii.org/programs-services/seniors/)
  - or call the Senior Services Intake Line on Oahu (808) 527-4777.” (Use Senior Intake Line #)

- Hawaii Aging and Disability Resource Centers (ADRCs)
  - [https://www.hawaiiadrc.org](https://www.hawaiiadrc.org)
  - Statewide Tollfree #: 643-ADRC (643-2372)
The Case of Mom- Dementia

- Your mom was widowed 1 year ago, now living with you. You notice she is increasingly forgetful, increasingly dependent with shopping, meal prep, medication management.
- Gradual decline in function
- Cognitive screening positive

- Doctor completes comprehensive medical evaluation.
- Discuss safety and meeting basic needs (driving, medication, environment, meals supervision)
- Family should develop a plan for future financial, health, housing and caregiving needs.
- Caregiver support
1. Recognizing Dementia, Depression and Delirium is important.

2. You can partner with healthcare providers to get a proper diagnosis and prompt attention.

3. Your support of Older Adults with Dementia, Depression or Delirium is important to maintain quality of life.
So together... we can work towards a better story!
Mahalo!

Questions?