

Recognizing Dementia, Delirium, & Depression

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CATHOLIC CHARITIES
HAWAII
CIRCLE OF CARE FOR DEMENTIA



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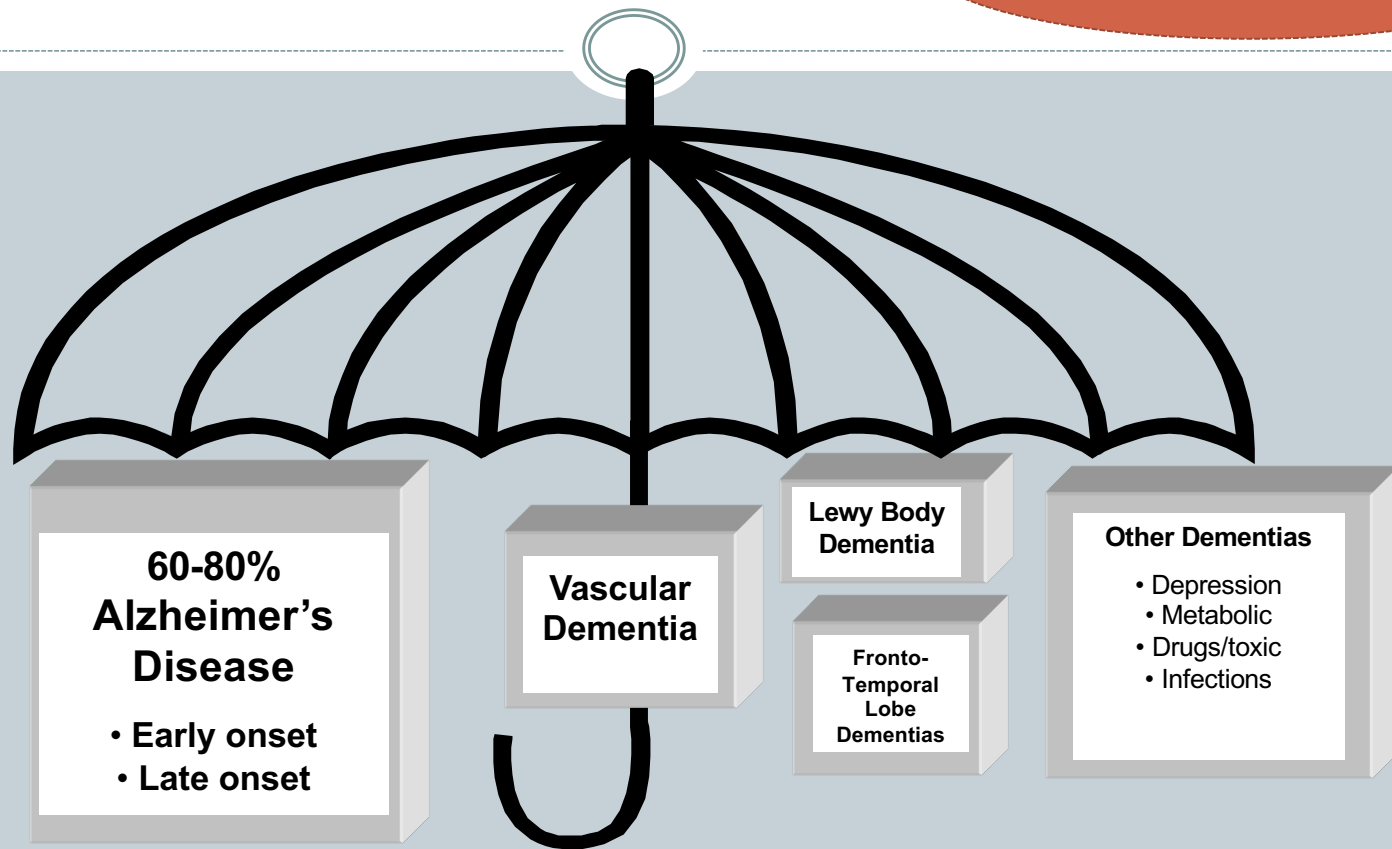
Objectives

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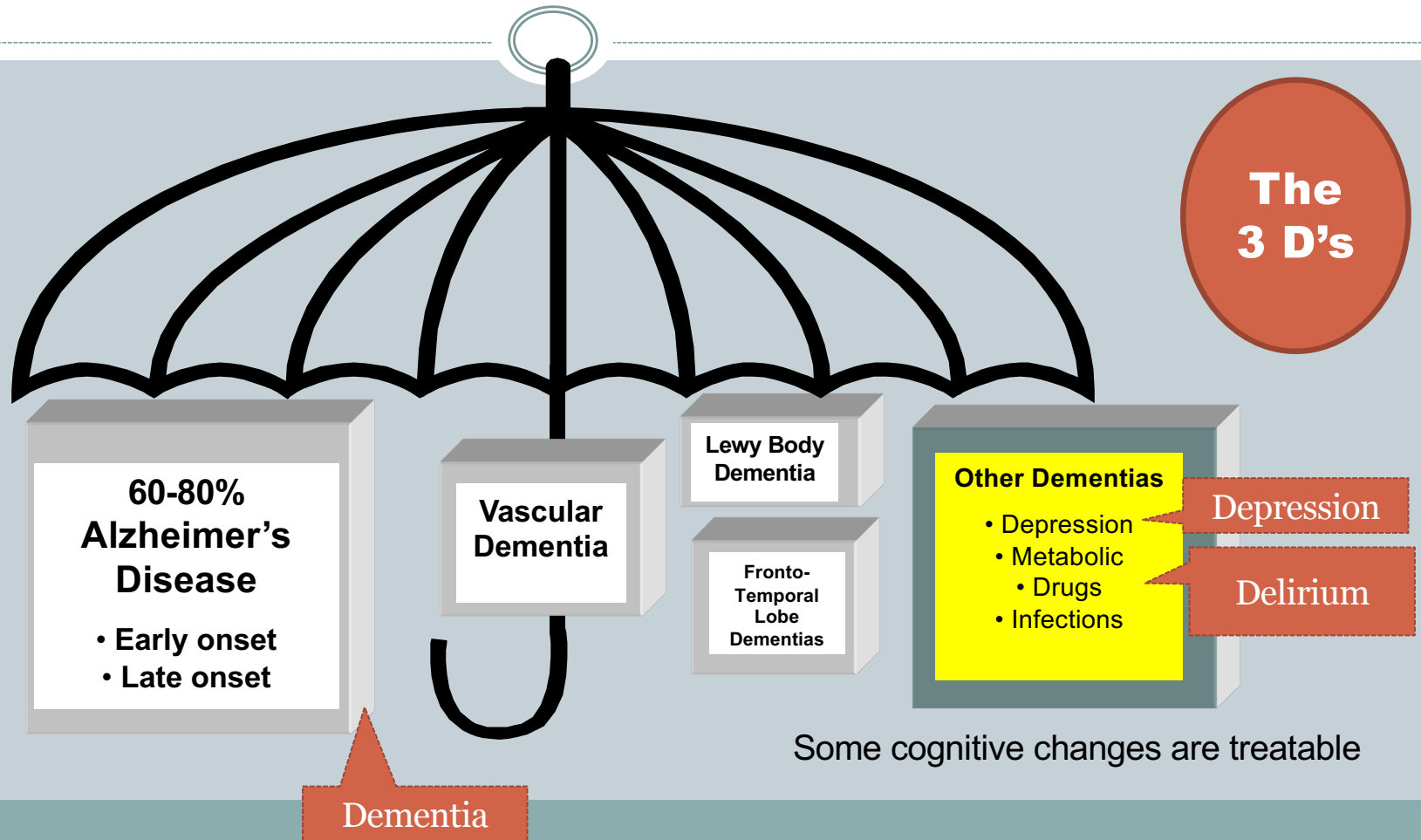
1. Recognizing Dementia, Depression, and Delirium
2. What doctors need to know from caregivers
3. What caregivers can do to help

DEMENTIA

New onset Cognitive Decline



DEMENTIA



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?

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The doctor needs your story...

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Note the time course

One year ago...

3 months ago ...

2 weeks ago

This morning....

This happens every day!

Her eating patterns are different...

Note the behaviors

We noticed she stopped doing...

Her mood has changed...



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

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- 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...

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...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

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- 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

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The Doctor will look for an Underlying Medical Condition

- Physical Exam
- Lab tests/ X-rays
- Review of medications



How is it treated?

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- 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.

How Can I help?



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

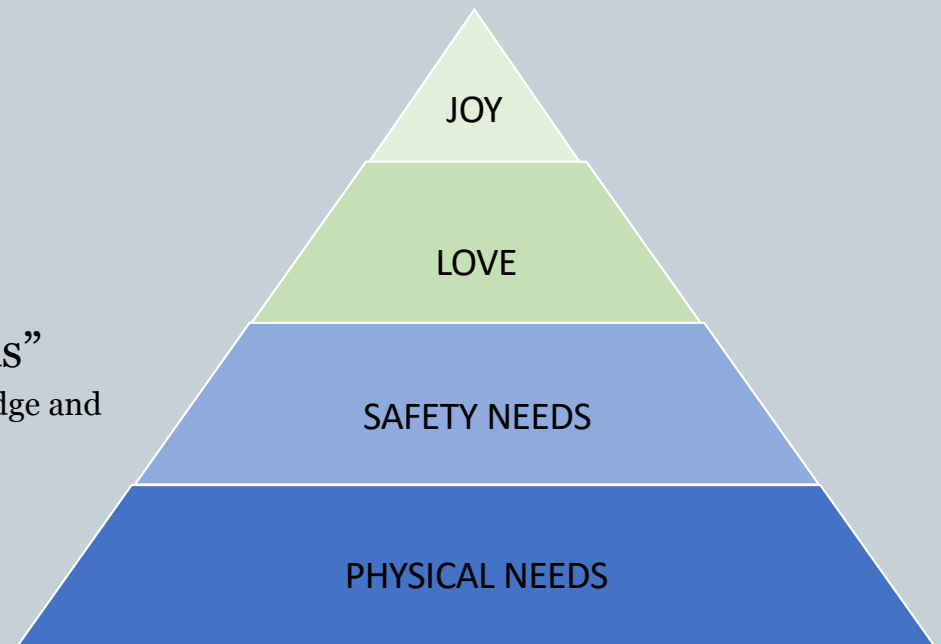
- ✓ Music Therapy, Gentle Sensory Stimulation

✓ 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

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Prevent Complications:

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

- Family/caregivers can help provide:
 - 24/7 supervision
 - Regular toileting
 - Frequent repositioning
 - Feeding Assistance
- And that this may be needed for months....

From AGS GEMs

Something more you can do

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Prevent Functional Decline:

4. Restore function in delirious patients	Hospital environment	Reduce clutter and noise (especially at night); provide adequate lighting; have familiar objects brought from home
	Cognitive reconditioning	Have staff reorient patient to time, place, person at least three times daily
	Ability to perform ADLs	As delirium clears, match performance to ability
	Family education/support/participation	Provide education about delirium, its causes and reversibility, how to interact, and family's role in restoring function
	Discharge	Because delirium can persist, provide for increased ADL support; follow mental status changes as "barometer" of recovery

- 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

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- 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)

Evaluation of Depression

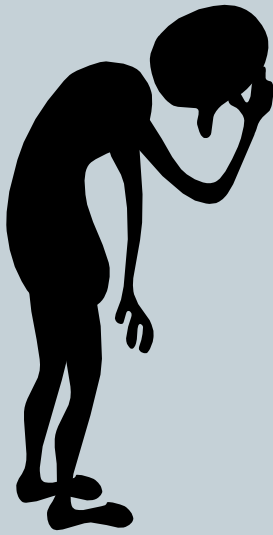
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- The Doctor will ask about symptoms of depression that last more than 2 weeks:
 - Constant sad or “blue” feeling
 - Loss of interest in favorite activities
 - Feeling nervous, guilty, or very tired
 - Hard to make choices
 - Change in appetite and weight
 - Thoughts of death or suicide
 - Irritability



Evaluation of Depression

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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 try to avoid blaming or feeling guilty
- Take them to ER immediately if he/she has thoughts of suicide

The Case of Mom- Depression

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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

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The Doctor will ask about
Tasks that are required for
Independence

IADLs



Housework



Grocery
Shopping



Money
Management



Laundry



Getting Around
Outside



Medicine



Preparing
Meals



Telephone
Use



Going Places Outside
of Walking Distance

Evaluation of Dementia

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ADLs



The Doctor will ask about Basic Tasks

Evaluation of Dementia

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SCREAMING

**Verbally
Abusive**



Anxious
**repetitive
questions**

**The Doctor will
ask about
Behaviors**

Throwing

Hitting



Restless

Tapping

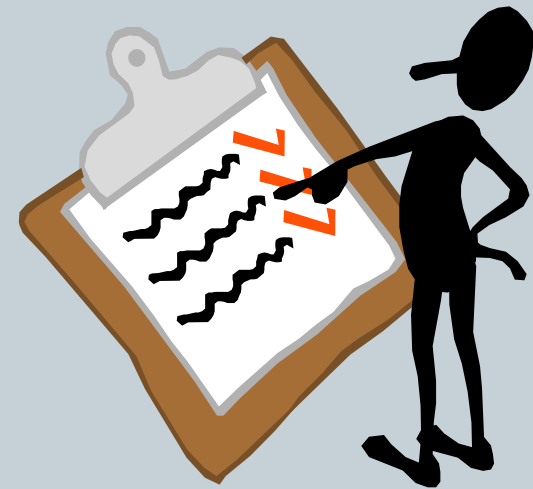


Evaluation of Dementia

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The Doctor will perform comprehensive testing:

- Physical Exam
- Cognitive Exam
- Lab testing
- Possible brain imaging



How is it treated?

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- **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?

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- 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>
 - ✦ Helpful Fact Sheet:
 - Medications and Aging that ACL/HHS has on Medicines and Aging:
<https://acl.gov/sites/default/files/triage/MedAgeBrain-FactSheet.pdf>

How is it treated?

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Behavior Management

- Approach
- Environmental modification
- Activities
- Music
- Sensory Stimulation
- Caregiver Training and Support

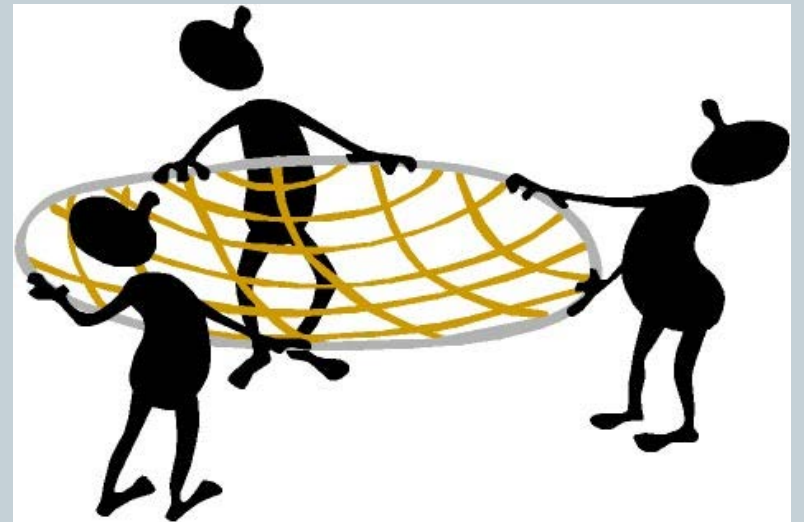


What more can I do?

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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

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- ☐ Alzheimer's Association
- ☐ Case Management
- ☐ Adult Day Care Centers
- ☐ Respite Care
- ☐ Care Homes
- ☐ Nursing Homes

Community Resources

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- Alzheimer's Association –Aloha Chapter
 - www.alz.org/hawaii/
 - Tel: 591-2771
- Catholic Charities Hawaii Senior Services
 - <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>
 - Statewide Tollfree #: 643-ADRC (643-2372)

The Case of Mom- Dementia

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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.
- 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

Summary

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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!

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Mahalo!



Questions?