

Understanding Dementia, Delirium and Depression (3Ds)

Objectives

By the end of this session, the learners will be able to:

- ▶ To understand the terms **dementia, delirium, and depression.**
- ▶ To identify the signs and symptoms of dementia, depression and delirium.
- ▶ To explain the difficulty of co-existence and interrelations of the dementia, depression, and delirium



Delirium, Depression and Dementia

- ▶ None of the three D's should be considered a normal part of aging.
- ▶ Prevalence does increase with age.
- ▶ Delirium, dementia and depression present with overlapping clinical features and may co-exist in the older adult.
- ▶ Delirium in the older adult is frequently misdiagnosed—mental status changes are missed or wrongly attributed to dementia.

Dementia



The infographic features a large light blue umbrella with the word 'Dementia' in the center. Below the umbrella, four categories of dementia are listed, each with a colored person icon and a prevalence percentage in a matching box. The categories are Alzheimer's Disease (purple), Vascular Dementia (blue), Lewy Body Dementia (green), and Frontotemporal Dementia (light blue). The background has abstract blue geometric shapes on the right side.

ALZHEIMER'S
DISEASE



= 60 – 80%

VASCULAR
DEMENTIA



= 20%

LEWY BODY
DEMENTIA



= 5 – 15%

FRONTOTEMPORAL
DEMENTIA



= 2 – 5%

Why should you be concerned?



600,000+ Persons living with dementia in Canada.



1.7 million Canadians predicted to be living with dementia by 2050.



28,000 Canadians under the age of 65 are living with young onset dementia.



46% of Canadians admit they would feel ashamed or embarrassed if they had dementia.

Know the facts



300,000
Ontarians living with
dementia



6 out of 10
will go missing



1/2
not found within 24 hrs.
will be gravely injured
or die

75%
are found
within
3.2 km

Dementia

	Symptoms
Onset	Gradual deterioration over months to years.
Course	Slow, chronic progression, and irreversible.
Thinking	Cognitive decline with problems in memory, plus Aphasia, Apraxia, Agnosia and/or executive functioning.
Psychosis	Signs may include delusions or theft/persecution and or hallucinations depending on type of dementia.

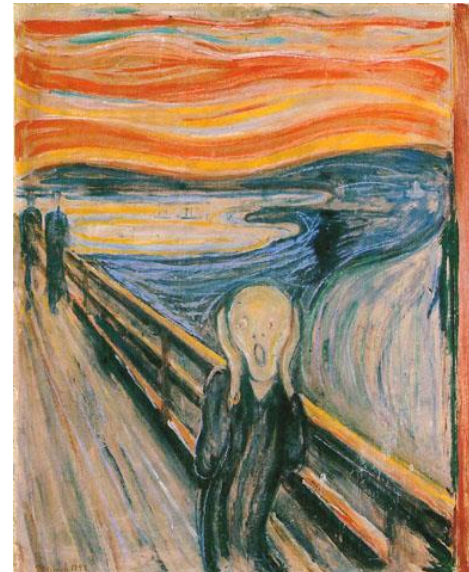
Dementia

	Symptoms
Sleep	Gradual deterioration over months to years.
Mood	Depressed mood especially in dearly dementia. Prevalence of depression may increase in dementia. Apathy is a more common symptom and may be confused with depression.
Psychomotor Activities	Wandering/ exit-seeking or agitated or withdrawn

Delirium

- A medical emergency!
- A clinical state characterized by an acute and fluctuating change in mental status; disorganized thinking with disturbance in attention and altered level of consciousness.

(P.I.E.C.E.S.™, 2010).



Delirium Statistics

In Acute Care 15% of elderly people admitted have a delirium

- 56% develop a delirium once admitted
- 30-40% become delirious after hip surgery
- Delirium is 4 X more common in older people
- As many as 70% of cases of delirium go undetected
- Mortality in hospital from delirium can be as high as 1 in 3



Delirium - Causes

Presenting Symptoms		
I	Infection	Urinary tract Infection, Pneumonia, Encephalitis
W	Withdrawal	Alcohol, Benzodiazepines, Sedatives-hypnotics
A	Acute metabolic	Dehydration, Electrolyte disturbance, hepatic/renal failure
T	Toxins, drugs	Opiates, Dilantin, Steroids, Psychotropics etc.
C	CNS pathology	Stroke, Tumor, Seizures, Hemorrhage, Infection
H	Hypoxia	Anemia, Pulmonary/cardiac failure, hypotension
D	Deficiencies	B12, Thiamine (with alcohol abuse)
E	Endocrine	Thyroid, Hypo/Hyperglycemia, Hyperparathyroidism
A	Acute vascular	Shock, Hypertensive Encephalopathy
T	Trauma	Head injury, post operative, falls
H	Heavy Metals	Lead, Mercury, Magnesium poisoning

Delirium

	Symptoms
Onset	Sudden Onset; Hours to days.
Course	Often reversible with treatment. Often fluctuates over 24 hour period and often worse at night.
Thinking	Fluctuations in alertness, cognition, perceptions, thinking.
Psychosis	Misperceptions and illusions.

Delirium

	Symptoms
Sleep	Disturbed but with no set pattern. Differs night to night.
Mood	Fluctuations in emotions - outbursts, anger, crying, fearful.
Psychomotor Activities	<ul style="list-style-type: none">• Hyperactive delirium: agitation, restlessness, and hallucinations.• Hypoactive delirium: difficult to arouse, very sleepy.• Mixed delirium: combination of hyperactive and hypoactive manifestations.

Delirium - Assessment

Confusion Assessment Method (CAM)

1. Acute onset

2. Inattention

3. Disorganized Thinking

4. Altered Level of Consciousness

5. Disorientation

6. Memory Impairment

7. Perceptual Disturbances

8. Psychomotor Agitation and Retardation

9. Sleep/Wake Cycle Disturbance

Score:

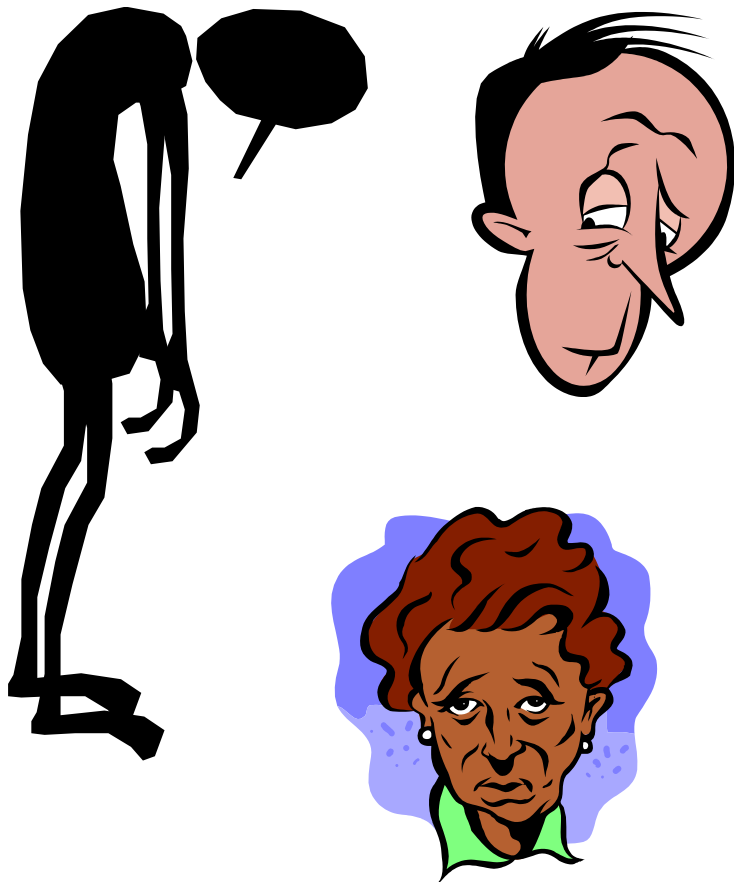
To have a positive CAM result, the person must have

1) Acute onset and fluctuating course AND

2) Inattention AND

3) Disorganized Thinking or 4. Altered Level of Consciousness

Depression



Depression

Depression is:

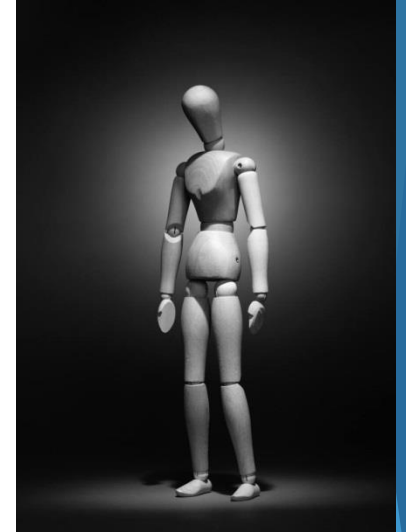
A highly treatable mental health condition, affecting a person's mood, energy and cognition

Depression is under recognized and under diagnosed in the elderly, affecting a person's daily function and quality of life

Depression – Signs & Symptoms

SIG: E CAPS

- ▶ Sleep disturbed
- ▶ Interest decreased
- ▶ Guilt feelings
- ▶ Energy lower
- ▶ Concentration poor
- ▶ Appetite disturbed
- ▶ Psychomotor retardation or agitation
- ▶ Suicidal ideation



(Putting the PIECES together, 6th Ed, 2010)

Depression in Older Adults

- ▶ Unexplained or aggravated aches and pains
- ▶ Slowed movement and speech
- ▶ Irritability
- ▶ Anxiety and worries
- ▶ Memory problems
- ▶ Lack of motivation and energy
- ▶ Loss of interest in socializing and hobbies
- ▶ Neglecting personal care



(Putting the PIECES together, 6th Ed, 2010)

Depression

	Symptoms
Onset	Recent unexplained changes in mood that persist for at least 2 weeks.
Course	Usually reversible with treatment. Often worse in the morning.
Thinking	Reduced memory, concentration and thinking, low self-esteem.
Psychosis	Delusion of poverty, guilt, somatic symptoms.

Depression

	Symptoms
Sleep	Disturbed. Early morning awakening or hypersomnia.
Mood	Depressed mood, Diminished interest or pleasure, changes in appetite, possible suicidal ideation/plan; hopelessness.
Psychomotor Activities	Hyperactive: Agitated depression. Hypoactive: Withdrawn, decreased motivation/interest.

3 D's – Intervention Interaction Tips

- Offer support, understanding, patience, and encouragement.
- Talk to the person and listen carefully.
- Listen with all of your senses
- Redirect to purposeful activities
- Invite the person out for walks, outings, and other activities.
- Engage in daily routines
- Celebrate small success.

(National Institute of Mental Health, 2013)



Questions?



References

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www.findingyourwayontario.ca