



IN TOUCH

HOSPICE OF THE VALLEY DEMENTIA NEWSLETTER

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Delirium: Making Sense of Confusion

Delirium afflicts many of our patients – those with and without dementia. The following question-and-answer column is intended to help prevent, identify and treat delirium.

What is it? Delirium is an *acute* alteration in mental status which includes:

- Changes in level of consciousness
- Problems with attention and concentration
- Symptoms that develop in hours to days
- Fluctuation of symptoms

What does it look like? Did you ever visit a patient who was calm and pleasant, but when you visited the next day, she was restless, calling out and couldn't pay attention to you? Or perhaps you have seen a patient who started out the morning with his breakfast and usual activities, yet by the afternoon had become lethargic, sleeping off and on without eating much for two days? Then you may have witnessed delirium. Often symptoms fluctuate between the two extremes of hyper- and hypo-activity.

What causes delirium? Delirium often has more than one cause. Consider the following precipitating risk factors, and think about whether any of your patients are at risk:

- Medications, especially psychoactive drugs
- Infections (such as UTI)
- Pain
- Constipation and urinary retention
- Substance withdrawal (alcohol or benzodiazepines)
- Metabolic disturbances

- Acute illness
- Dehydration, poor nutrition
- Indwelling bladder catheters (even without a urinary tract infection)
- Restraints
- Sensory deprivation/overload
- Sleep disturbance
- Emotional stress

(Inouye et al, Ann Intern Med, 1993; 119:474-481)

Is delirium different from terminal delirium?

Terminal delirium or terminal restlessness occurs in up to 85% of patients at end of life as the body's systems are shutting down. Patients often present as confused, agitated and/or restless, along with day-night reversal.

But how do I recognize delirium in a dementia patient who is already confused?

Delirium superimposed on dementia can be difficult to determine, but it is important to stay alert for signs of its presence because the incidence of delirium in people with dementia ranges from 22-89%! Dementia patients who are hospitalized have particularly high rates of delirium. Early detection helps caregivers to prevent or minimize challenging behaviors, implement safety interventions and optimize quality of life. It may also assist in earlier treatment of underlying causes with potential restoration of baseline cognitive function.



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ACTION TIPS:

1. Determine person's baseline

First, it is imperative to know the person's cognitive and functional baselines. Do they have a diagnosis of dementia or other diagnosis that would already affect cognition? Do they have problems with memory, thinking or function?

2. Confirm presence of delirium using the Confusion Assessment Method (CAM)

The CAM is a short and simple way to assess for delirium. Consider the following details regarding the patient's state of mental confusion:

1. Acute onset (change noted over hours to days), fluctuating course
2. Inattention
3. Disorganized thought/speech
4. Altered level of consciousness

Delirium is suggested if (1) and (2) and either (3) or (4) are present (*Inouye SK, et al. Ann Intern Med 1990;113:941-8*).

(Items 1, 2 and 4 on the CAM are not considered normal for a person with dementia and their presence should always prompt further investigation.)

3. Clarify goals of care with patient/family

This is an important time to re-evaluate the goals of care. Is the goal comfort or treatment of the underlying cause?

4. Treat symptoms when the goal is comfort

For underlying conditions such as infections, pain can be relieved, fever can be reduced, shortness of breath can be minimized, and other symptoms can be managed with both pharmacological and non-pharmacological methods, often without the use of antibiotics. Disturbing psychotic symptoms can be alleviated using antipsychotic medication. Delirium may not only distress patients, but families, as well. Hospice team members can educate and support families, sharing the following suggestions.

TIPS FOR FAMILY AND FRIENDS

Instruct caregivers to frequently repeat the phrase "I will keep you safe" to help calm a frightened patient. Visitors can use a variety of customized sensory experiences to provide pleasurable distraction and maximize comfort.

- Offer favorite food/fluids
- Bring familiar objects or photos from home
- Provide comforting forms of touch, smells and sounds (music, prayer)
- Create a calm environment
- Significant emotional and spiritual distress may also contribute to terminal restlessness; don't forget the valuable services of the chaplains.

Did you know that nearly one third of delirium cases are preventable?

Anyone can develop delirium, although the elderly with dementia are at highest risk. Studies suggest we do the following to help prevent delirium for all patients.

- Effectively manage pain
- Maximize sensory abilities using visual and auditory aids
- Assist with movement and walking
- Maintain nutrition and hydration
- Provide non-pharmacological approaches to allay anxiety and facilitate sleep
- Offer therapeutic activities to provide pleasurable distraction

(*Young & Inouye, BMJ, 2007; 334:842-6*)

RESOURCES

- Hospice of the Valley's *Understanding Delirium, Patient and Family Education Handout*
- Online video demonstrating detection of delirium superimposed on dementia at <http://links.lww.com/A209>
- Learn how to use the Confusion Assessment Method at <http://links.lww.com/A210>