

3D Geriatrics

Dementia Delirium and
Depression

Goals

- Understand common causes of cognitive dysfunction in the elderly
- Understand key diagnostic features of dementia, delirium and depression
- Differentiate between dementia, delirium and depression
- Understand the concept of “cerebral insufficiency”

Case # 1

- 75 y/o woman brought to the ER by police found confused trying to use her front door key on an apartment door in her building but on the wrong floor. She became abusive confused and frightened, looked pale and agitated and since the police couldn't establish her address at the time, they brought her to the ER.
- On examination, it takes several attempts to gain her attention to answer any questions at all but once focused on a question she rambles on in a disorganized way, her speech becoming incoherent at times. She is drowsy at times and falls asleep during the interview. When awake, she seems to be talking about things that are in the room with her and is unable to describe where she is, who she is, or where she lives. Her pulse is 96 and regular, BP145/90, and she is at times agitated and diaphoretic, and at other times quiet, withdrawn, and near sleep.

Questions

- What laboratory studies and other diagnostic tests should be performed?

Questions

- When a family member or friend is contacted what specific questions should be asked?

Questions

- The police officer accompanying her has mentioned Alzheimer's. Other patients are backing up in the ER. Can this patient wait until the ER quiets down?

DSM IV Diagnostic Criteria for Delirium

- Disturbance of consciousness with reduced ability to focus, sustain, or shift attention
- A change in cognition or the development of a perceptual disturbance that is not better accounted for by a pre-existing established, or evolving dementia
- The disturbance develops over a short period of time (usually hours to days) and tends to fluctuate during the course of the day
- There is evidence from the history, physical examination or laboratory findings that the disturbance is caused by the direct physiological consequences of a general medical condition

The Confusion Assessment Method (CAM)

- *Diagnosis requires features 1 and 2 and either 3 or 4*
 1. Acute change in mental status and fluctuating course
 2. Inattention
 3. Disorganized thinking
 4. Altered level of consciousness

Delirium

- Medical emergency
- High mortality associated with it
- Find the underlying cause and treat it.
- Re-orient the patient
- Minimize sedatives and disorienting stimuli

Case # 1 continued

- The workup reveals a UTI and after treatment with antibiotics, fluids for dehydration and a few days in the hospital her mental status returns to her baseline with no evidence of dementia.
- Because of the immobility during her illness she is deconditioned and requires rehabilitation to regain her ability to ambulate for 10 days prior to returning home

Case # 2

- 72 y/o man brought to see MD by daughter. He lives alone. Wife died 3 years ago. Daughter notes that he took care of himself well for a time after his wife died but now his house is now in disarray with uneaten rotted food in the refrigerator, and dirty laundry around the house. The patient denies that there is any problem but says his daughter is just fussing over him. The daughter says that the decline in her father's self care has occurred over the last 6-12 months.
- On physical exam the pt. has no significant abnormalities with the exception of a score of 20/30 on the MMSE with poor orientation and short term memory

Questions

- What are the diagnostic considerations?
- What workup should be performed?

DSM-IV Diagnostic Criteria for Alzheimer's Type Dementia

- A. The development of multiple cognitive deficits manifested by both
 1. memory impairment
 2. one or more of the following cognitive disturbances
 - a. aphasia
 - b. apraxia
 - c. agnosia
 - d. disturbance in executive functioning
- B. The cognitive deficits in criteria A1 and A2 each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning
- C. The course is characterized by gradual onset and continuing cognitive decline
- D. The cognitive deficits in criteria A1 and A2 are not due to the following:
 1. other CNS conditions that cause progressive deficits in memory and cognition
 2. systemic conditions that are known to cause dementia
 3. substance-induced conditions
- E. The deficits do not occur exclusively during the course of a delirium
- F. The disturbance is not better accounted for by another Axis I disorder (eg Major Depression, Schizophrenia)

Differential Diagnosis of Dementia

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Differential Diagnosis of Dementia

- CNS conditions
 - Cerebrovascular disease
 - Parkinson's
 - Huntington's
 - Subdural hematoma
 - Normal pressure hydrocephalus
 - Tumors
- Systemic conditions
 - Hypothyroidism
 - Vitamin B12 deficiency
 - Neurosyphilis
 - HIV
- Substance abuse
- Delirium
- Psychiatric conditions
 - Depression
 - Schizophrenia

Depression

- Prevalence rates
 - In ambulatory population 6-10%
 - In nursing home population 12-20%
 - Variable rates in patients requiring inpatient medical care of 11-45%

Depression

- Elderly under report and may be less likely to recognize.
- Depression scales can help (GDS)
- In those that recognize depression single question may be just as effective so start with that
- Cognitive decline with depression can mimic dementia

Dementia vs Delirium

- Dementia
 - Onset gradual
 - No fluctuation in consciousness
 - No other medical problem accounting for the cognitive decline
- Delirium
 - Onset more rapid (hours to days)
 - Fluctuations in consciousness
 - Caused by a general medical condition

Dementia and Depression

- Depression can mimic dementia
 - Poor concentration
 - Blunted affect
 - The two can and often do co-exist

Conclusion about confusion

The diagnosis is key

Think 3-D

Delirium

Dementia

Depression