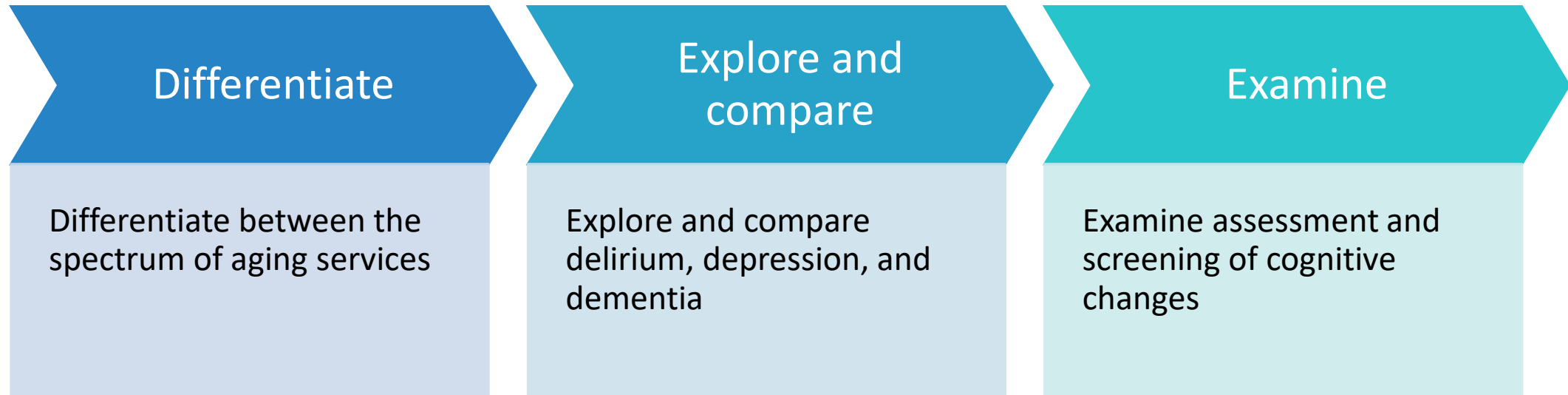


The 3 D's: Delirium, Depression, & Dementia

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APRIL 13, 2024

Learning Objectives



THE DIFFERENCE BETWEEN
Gerontology Vs Geriatrics

GERONTOLOGY

**DIAGNOSIS
& TREATMENT
OF MEDICAL
ISSUES ON
AGED &
AGING**

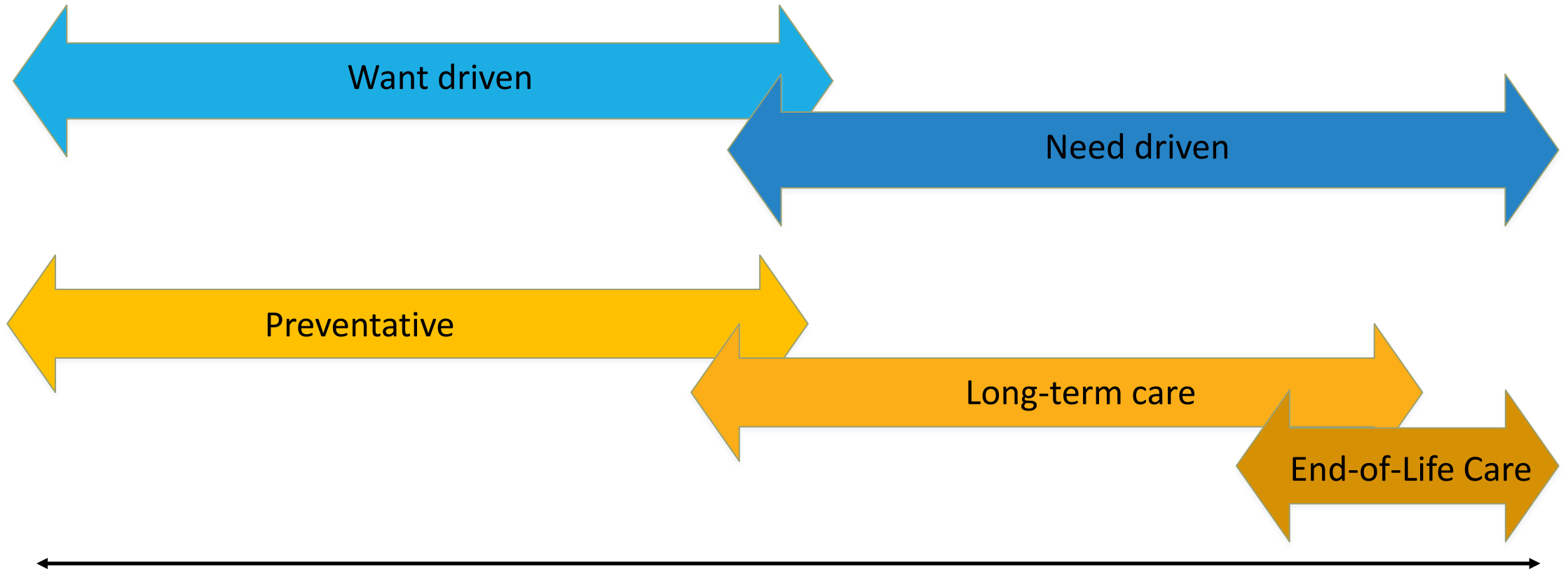
**IMPACT OF
BIOLOGICAL
ON THE AGED
& AGING**

**IMPACT OF
PSYCHOLOGY
ON THE AGED
& AGING**

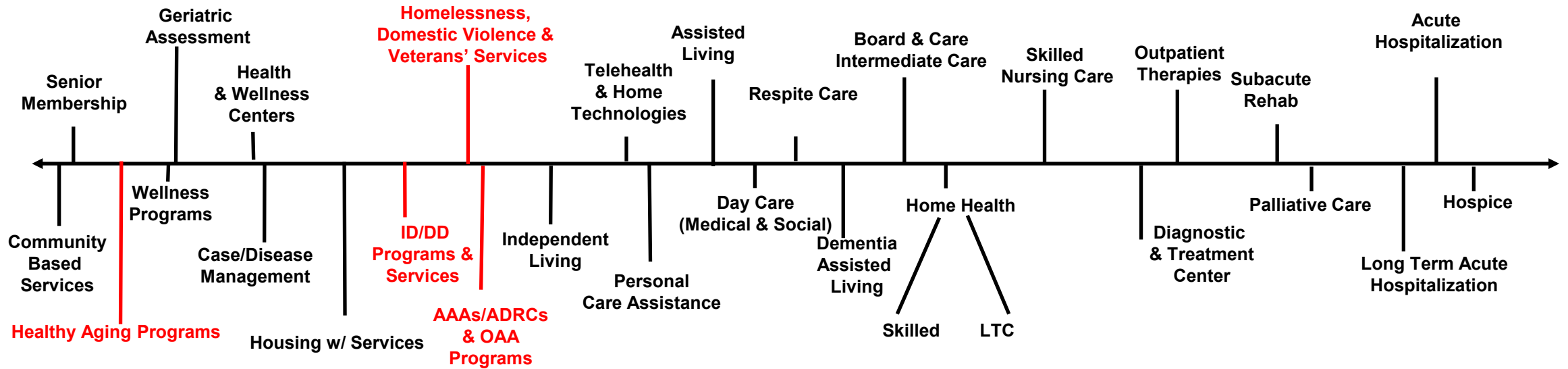
**IMPACT OF
SOCIOLOGY
ON THE AGED
& AGING**

GERIATRICS

Intersection of Aging Services



Intersection of Aging Services



Grandparents raising grandchildren • Mental health services • Substance use / addiction services

The Aging Baby Boomer Generation

- Those born between 1946 – 1964
- Have impacted all areas of society as they have aged
- Boomers experienced...
 - Woodstock
 - Vietnam War
 - Civil Rights Movement
 - Women's Liberation Movement
 - The first moon landing
 - Roe v Wade Decision
 - The Summer of Love
 - Increase in spending power / consumerism
- Projections estimate 80+ million adults age 65+ by 2050 (Ortman, Velkoff, & Hogan, 2014)





Let's explore....

Delirium,
Depression, &
Dementia

Delirium



Acute cognitive disorder characterized by ***sudden onset*** of confusion that is ***temporary***



Difficulty with orientation, memory, language/thought, visual reasoning (illusions, hallucinations)



Generally caused by diseases of the body (heart & lung, acute infection - UTI, medications, malnutrition)



Prevalence increases with age: ***50% of hospitalized patients over age 70 experience delirium***



Underdiagnosed; ***misdiagnosed*** as depression or dementia



Diagnose by mental status assessment, physical/neurological exams, & and other tests (blood, UA)



Treatment is to ***identify and stop*** any underlying cause or trigger

Depression



More common than we think



1/3 of nursing home residents experience depression; the majority are untreated

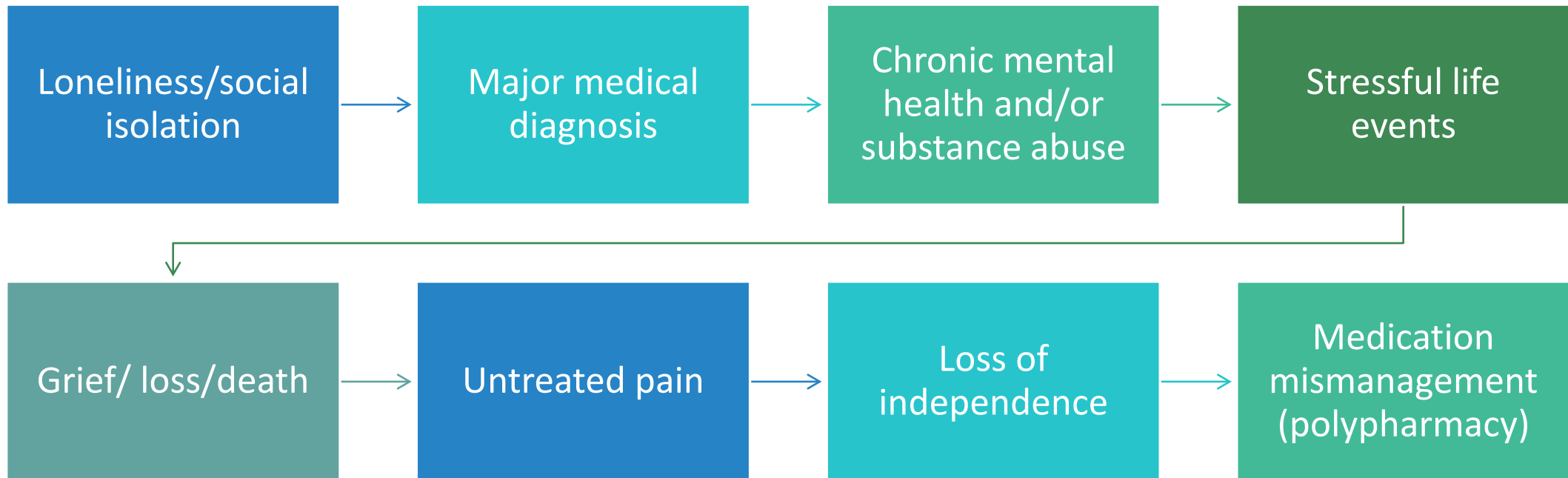


Depression is a common symptom of Lewy Body Dementia and Alzheimer's Disease



25-50% of stroke patients meet criteria for depression

Risk Factors of Depression



Diagnosing Depression



Diagnostic & Statistical Manual, 5th Edition



Mental health disorder characterized by

Inability to concentrate

Insomnia/sleeping too much

Loss of appetite/eating too much

Feelings of extreme guilt/shame/sadness

Helplessness and hopelessness

Thoughts of death

Depression and Grief

Dementia diagnosis
may cause grief
(anticipatory)

Depression & grief
cause physical and
psychological
symptoms that are
similar

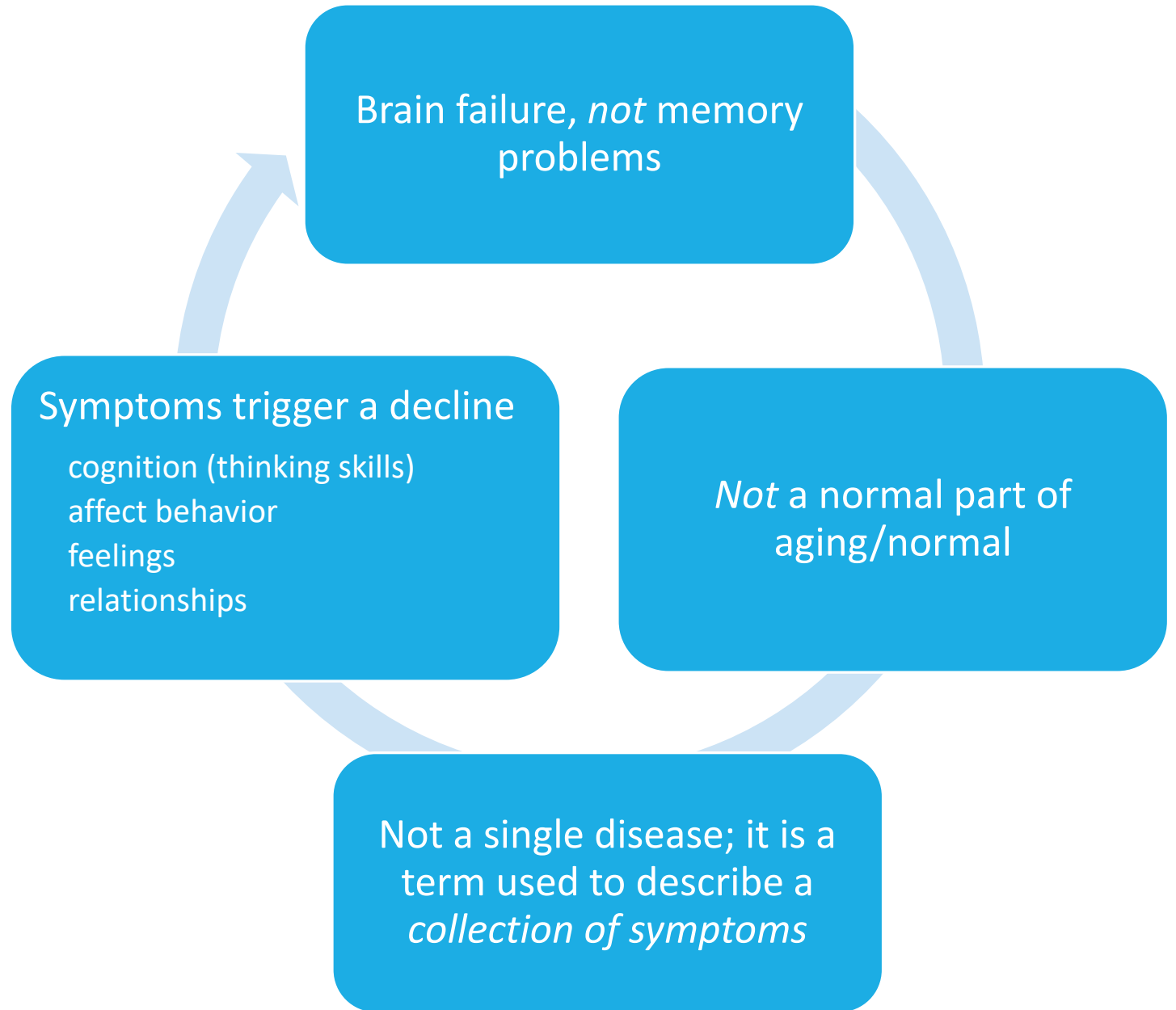
Risk of depression
peaks during the
first six months of
bereavement

Anticipatory losses

SOB, headaches,
fatigue, lack of energy,
anxiety, insomnia,
sleeping, decreased
pleasure in activities,
decreased
socialization

Loss of physical
strength, increased
confusion,
independence, dreams

Dementia



TYPES OF DEMENTIA

Dementia is an umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life.

- 👉 Alzheimer's
- 👉 Vascular
- 👉 Lewy body
- 👉 Frontotemporal
- 👉 Other, including Huntington's
- ★ **Mixed dementia:** Dementia from more than one cause

Characteristics

	Depression	Delirium	Dementia
Onset	Weeks to months	Hours to days	Months to years
Mood	Low/apathetic	Fluctuates	Fluctuates
Course	Chronic; responds to treatment	Acute; responds to treatment	Chronic, with deterioration over time
Self-Awareness	Likely to be concerned about memory impairment	May be aware of changes in cognition; fluctuates	Likely to hide or be unaware of cognitive deficits
Activities of Daily Living (ADLs)	May neglect basic self-care	May be intact or impaired	May be intact early, impaired as disease progresses
Instrumental Activities of Daily Living (IADLs)	May be intact or impaired	May be intact or impaired	May be intact early, impaired before ADLs as disease progresses

Why is it
important to
understand the
differences?



Delirium, depression, and dementia can co-exist

- *Shared features*

High rates of delirium and depression are reported in those diagnosed with dementia

Dementia and depression are increased risk factors for delirium

- *Pseudodementia* – cognitive impairment related to depression
- Dementia patients are less likely to self-report cognitive issues than those diagnosed with depression

Screenings and Assessments...What's the difference?

Screenings: Determine if a particular issue exists that warrants a full assessment. Specific process that identifies an emerging or immediate need that needs to be tracked over time (depression, anxiety, cognitive impairment, gait, nutrition, ADLs, etc.)



Assessments: In-depth, comprehensive look at determining a diagnosis or condition

Mental Health Screening Tools

Geriatric Depression Scale
(GDS)

Patient Health
Questionnaire (PHQ9)

Generalized Anxiety Disorder
(GAD-7)

Dementia Screening Tools

MoCA - Montreal Cognitive Assessment

Discriminates very well between normal cognition and mild impairment or dementia

MMSE - Mini Mental Status Exam

Measures attention, concentration, executive functions, memory, language calculations and orientation

SLUMS – St. Louis University Status Exam

More in-depth and accurate tool to detect early dementia symptoms vs. MMSE

Mini-Cog

Clock, high degree of accuracy in detecting dementia with special reasoning

Summary

Most older adults have good mental health

Depression and anxiety often go left untreated

Suicide rate among older adults is high

Assessment vs screening;
the importance of screening

Screening & assessment tools

Questions,
comments,
or
takeaways?



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