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

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Learning Objectives

Differentiate between the spectrum of aging services

Explore and compare delirium, depression, and dementia

Examine assessment and screening of cognitive changes
THE DIFFERENCE BETWEEN
Gerontology Vs Geriatrics

GERONTOLOGY

IMPACT OF
BIOLOGICAL
ON THE AGED
& AGING

IMPACT OF
SOCIOLOGY
ON THE AGED
& AGING

DIAGNOSIS
& TREATMENT
OF MEDICAL
ISSUES ON
AGED & AGING

GERIATRICS

IMPACT OF
PSYCHOLOGY
ON THE AGED
& AGING
Intersection of Aging Services

- **Want driven**
  - Preventative
- **Need driven**
  - Long-term care
  - End-of-Life Care

Source: Adapted from previous Greystone and LarsonAllen LLP presentations. Used with permission from Steve Fleming, President & CEO of the Well-Spring Group.
Intersection of Aging Services

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

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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

- Loneliness/social isolation
- Major medical diagnosis
- Chronic mental health and/or substance abuse
- Stressful life events
- Grief/loss/death
- Untreated pain
- Loss of independence
- Medication mismanagement (polypharmacy)
Diagnosing Depression

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

Diagnostic & Statistical Manual, 5th Edition

(American Psychiatric Association, 2013)
Depression and Grief

Dementia diagnosis may cause grief (anticipatory)

Depression & grief cause physical and psychological symptoms that are similar

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

Risk of depression peaks during the first six months of bereavement

Anticipatory losses

- Loss of physical strength, increased confusion, independence, dreams

(Berman, 2011)
Dementia

Brain failure, *not* memory problems

Symptoms trigger a decline
- cognition (thinking skills)
- affect behavior
- feelings
- relationships

*Not* a normal part of aging/normal

Not a single disease; it is a term used to describe a *collection of symptoms*

(Alzheimer’s Association, 2024)
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
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Depression</th>
<th>Delirium</th>
<th>Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Onset</strong></td>
<td>Weeks to months</td>
<td>Hours to days</td>
<td>Months to years</td>
</tr>
<tr>
<td><strong>Mood</strong></td>
<td>Low/apathetic</td>
<td>Fluctuates</td>
<td>Fluctuates</td>
</tr>
<tr>
<td><strong>Course</strong></td>
<td>Chronic; responds to treatment</td>
<td>Acute; responds to treatment</td>
<td>Chronic, with deterioration over time</td>
</tr>
<tr>
<td><strong>Self-Awareness</strong></td>
<td>Likely to be concerned about memory impairment</td>
<td>May be aware of changes in cognition; fluctuates</td>
<td>Likely to hide or be unaware of cognitive deficits</td>
</tr>
<tr>
<td><strong>Activities of Daily Living (ADLs)</strong></td>
<td>May neglect basic self-care</td>
<td>May be intact or impaired</td>
<td>May be intact early, impaired as disease progresses</td>
</tr>
<tr>
<td><strong>Instrumental Activities of Daily Living (IADLs)</strong></td>
<td>May be intact or impaired</td>
<td>May be intact or impaired</td>
<td>May be intact early, impaired before ADLs as disease progresses</td>
</tr>
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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

(Victorian State Department, nd)
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

<table>
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<tr>
<th>Tool</th>
<th>Description</th>
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<tr>
<td>MoCA - Montreal Cognitive Assessment</td>
<td>Discriminates very well between normal cognition and mild impairment or dementia</td>
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<tr>
<td>MMSE - Mini Mental Status Exam</td>
<td>Measures attention, concentration, executive functions, memory, language calculations and orientation</td>
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<tr>
<td>SLUMS – St. Louis University Status Exam</td>
<td>More in-depth and accurate tool to detect early dementia symptoms vs. MMSE</td>
</tr>
<tr>
<td>Mini-Cog</td>
<td>Clock, high degree of accuracy in detecting dementia with special reasoning</td>
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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?
References


American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.)


