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Issues

Information and ideas for those
 serving seniors.

on Aging

DEPRESSION, DEMENTIA, DELIRIUM: WHAT'S THE DIFFERENCE?

In years gone by there was at times a common misunderstanding that an older person would get “senile dementia” explicitly because they were aging. Today, we understand that this is not true, that many seniors do not experience significant cognitive changes and live well into old age with little to no decline in cognitive functioning. However, when an older person begins to demonstrate signs of cognitive change, it can be challenging to determine the exact causes as many of the symptoms apply to multiple diagnoses including depression, dementia and delirium.

When an older adult begins to show changes in memory, thinking ability, mood and function it is essential to identify exactly what changes are being demonstrated, when they began, how they are affecting the person and how different they are from yesterday, last week or last year. It is vital to seek professional assistance in evaluating these changes to determine their cause, identify treatment options and then proceed to providing needed care and plan for future care.

Cognitive function involves much more than memory. It can be defined as the mental act or process of knowing (or acquiring knowledge) including aspects such as awareness, perception, judgment, recognition and reasoning.¹ As healthy seniors age, there can be some expected changes related to aging which often connect to:

- Speed with which a senior can complete a cognitive task
- Ability to learn new or unfamiliar information
- Degree of complexity of the task
- Ability to actively problem-solve

When changes more significant than these occur in a very short period of time (over hours or days) and are accompanied by an inability to perform activities of daily living, a distinction between dementia, delirium and depression needs to be made.

TESTS AND DIAGNOSIS

A comprehensive work-up of a client's symptoms is essential in determining whether the person is experiencing depression, dementia or delirium or perhaps a combination of any of these three conditions. A doctor will make a diagnosis based upon any or all of the following:

- **Medical history** – often this must be provided by family or caregivers as the person affected is unable to provide an accurate and comprehensive history of the situation.
- **Physical exam** – to check for signs of dehydration, electrolyte imbalance, infection, alcohol withdrawal, vitamin deficiencies and other problems. Lab tests, imaging studies or other diagnostic tests may also be requested. The physical exam can also help identify underlying disease.
- **Neurological exam** – to assess whether a neurological cause is creating the symptoms and whether that cause is acute or chronic, a symptom of another problem or the cause of the current condition.
- **Mental status exam** – to assess awareness, attention and thinking. Also helps to identify memory impairment, confusion, perception and other conceptual abilities.
- **Mood assessment** – to determine a person's ‘mood’ (high, low, flat...) and identify the severity of symptoms.

- **Neuropsychological exam(s)** – to evaluate the connection between the brain, a person's behavior and a person's function including perspective on the types and severity of impairment the person is experiencing.

DEPRESSION

Depression is a problem that is often not recognized or treated adequately in seniors. The risk of a senior being depressed increases when they have other illnesses and/or if their ability to function independently becomes limited. Estimates of major depression in older people living in the community range from less than 1 percent to about 5 percent, but rises to 13.5 percent in those who require home healthcare and to 11.5 percent in elderly hospital patients.²

Of the 35 million Americans age 65 and older, about 2 million suffer from full-blown depression. Another 5 million suffer from less severe forms of the illness.³

The symptoms of depression occur gradually over time and can be very subtle. Many seniors are reluctant to seek help for symptoms of depression because of perceived social stigma, shame or embarrassment. Seniors face a significant number of changes and losses as they age including: retirement, changes in health, loss of the ability to drive, changes in level of independence, changing residences, loss of friends and family and many more. These losses tend to ‘pile up’ over a period of time, putting the senior at an increased risk for depression.

Seniors also may have ongoing medical conditions which can present or cause symptoms of depression. Some medications being used to treat other

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conditions can place a senior at greater risk of experiencing depression. Symptoms of depression can also mimic the signs of other medical problems and are not always recognized as depression.

Signs and Symptoms of Depression:

- Feeling sad and down or “melancholy”
- Fatigue and lack of energy
- Restlessness
- Significant weight loss or weight gain
- Difficulty concentrating
- Inactivity and withdrawal from usual activities
- Agitation and irritability
- Difficulty sleeping or excessive sleeping
- Feelings of hopelessness, worthlessness and helplessness
- Apathy
- Indecision
- Confusion
- Forgetfulness
- Complaints of pain
- Demanding or challenging behavior
- Social withdrawal
- Poor care of self (not bathing, not changing clothes...)
- Poor care of the home

Treatment of Depression

Treatment of depression often includes both medications and psychotherapy. It is encouraging that approximately 80-90% of those with depression can be effectively treated.⁴ A variety of medications to treat the wide range of symptoms has been developed and is commonly used to treat depression. Psychotherapy, also called talk therapy or counseling, is beneficial in treating depression when the senior meets with a trained professional, like a psychologist and the senior learns about depression, how it affects them, ways to address the condition, and ways to develop coping strategies to improve symptoms.

DEMENTIA

Dementia is a loss of brain function that occurs with certain diseases. It includes changes to brain domains that affect memory, thinking, language, judgment, and behavior.⁵ It is a condition of impaired cognition, which usually has a gradual onset and gets progressively worse.

Dementia can be related to a medical condition like pernicious anemia, chronic vascular disease or Parkinson’s disease, as well as conditions like chronic alcoholism or a traumatic brain injury. The most common form of dementia is Alzheimer’s Disease which is a chronic, fatal form of dementia accounting for approximately 60-80% of all dementias, affecting over 5 million Americans, most over the age of 65 years.⁶ The formation of amyloid plaques and neurofibrillary tangles are thought to contribute to the degradation of the neurons (nerve cells) in the brain and the subsequent symptoms of Alzheimer’s disease.⁷

Vascular dementia is a form of dementia that results from impaired circulation to the brain in acute situations like a stroke or in long-term situations where there is a progressive reduction in circulation to a part or parts of the brain. Vascular dementia symptoms often begin suddenly and may worsen in a progressive fashion following a series of strokes or transient ischemic attacks (sometimes known as mini-strokes). Some types of vascular dementia develop gradually and can easily be confused with Alzheimer’s disease.⁸

Identifying the types of symptoms, their onset and progression helps the diagnostician differentiate which type of dementia a person may have. A key component to differentiating dementia from other conditions is that dementia generally develops gradually over a long-period of time, is progressive in nature and once capabilities are lost, they are not regained.

Signs and Symptoms of Dementia:

- Memory loss
- Inability to learn new information
- Difficulty problem-solving
- Difficulty organizing and planning
- Disorientation or confusion about time and place
- Difficulty with language including speaking and understanding
- Difficult or challenging behavior
- Personality changes
- Changes in mood
- Losing or misplacing items
- Poor judgment
- Difficulty with motor functions

- Inability to care for one’s own needs
- Paranoia, agitation, hallucinations, delusions

Like depression, dementia symptoms often include changes in behavior and mood. While these symptoms may be solely attributed to dementia they may also be attributed to the co-existing presence of dementia and depression or delirium. Approximately 50% of people who have dementia also have depression. It is essential to treat depression to minimize symptoms that could otherwise be attributed to dementia.

Treating the depression provides the best opportunity for a person to cope with the changes occurring with dementia. This in turn increases the ability of that person to maintain overall function for a longer period of time. A professional evaluation is required to determine if the symptoms are specifically related to dementia or a combination of dementia and depression or delirium.

Behavior concerns related to anxiety are demonstrated as aggression, resistive behavior and verbal outbursts. These behaviors directly relate to the person’s inability to understand what is happening, what is expected of them and how to manage the fears that are resultant of the inability to understand. Differentiating behavior related to dementia from an acute illness or other condition also requires a professional evaluation.

Treatment of Dementia

Treatment of dementia focuses on utilizing support systems that help a person remain as independent and highly functioning for as long as possible. This is done by providing a safe and nurturing environment, hands on care as needed, a consistent routine, and medication assistance to aid memory loss and mood and behavior challenges that often occur as dementia progresses. Treatment of dementia also includes treating depression, anxiety and or delirium to minimize the impact on the overall health of the person.

DELIRIUM

Delirium is a serious disturbance in a person’s mental abilities that result in confused thinking and a decreased awareness of one’s environment. Delirium can usually be traced to one or

more contributing factors, such as an infection, a severe or chronic medical illness, medication, surgery, or drug or alcohol abuse. While the symptoms of delirium are similar to dementia, the signs and symptoms of delirium usually appear over a short period of time, from a few hours to a few days. The symptoms often fluctuate throughout the day thus a person suffering from delirium may have periods of no symptoms abruptly followed by periods of severe symptoms.

Delirium occurs when the normal sending and receiving of signals in the brain becomes impaired. This impairment is most likely caused by a combination of factors that make the brain vulnerable and factors that trigger a malfunction in brain activity.

Differentiating delirium from dementia often requires input from those people close to the senior because knowledge of the person's usual status is required. Therefore, it is essential for those who have knowledge of a person's usual status to report concerning changes, signs and symptoms to the medical provider immediately and not assume the provider already knows what is 'usual' for that person.

Signs and Symptoms of Delirium:

- Change in attention level
- Change in alertness
- Change in feeling
- Poor memory, particularly of recent events
- Disorientation, or not knowing where one is, who one is or what time of day it is
- Difficulty speaking or recalling words
- Confusion
- Rambling or nonsense speech
- Disorganized thinking
- Difficulty understanding speech
- Difficulty reading or writing
- Seeing things that don't exist (hallucinations)
- Agitation, irritability or combative behavior
- Personality changes
- Little or no activity or little response to the environment
- Changes in movement
- New, sudden incontinence
- Disturbed sleep habits

- Extreme emotions, such as fear, anxiety, anger or depression

Factors that may make people more vulnerable to the development of delirium include:

- Dementia
- Older age
- Limited ability to perform everyday activities
- Visual or hearing impairment
- Poor nutrition or dehydration
- Severe, chronic or terminal illness
- Multiple medical problems
- HIV/AIDS
- Treatment with multiple drugs
- Alcohol or drug abuse

Common triggers for delirium in vulnerable people include:

- Medications
- Multiple medications
- Surgery
- Sudden, severe illness
- Infection
- Excessive alcohol consumption
- Use of recreational drugs
- Alcohol or drug withdrawal
- Emotional stress
- Multiple medical procedures
- Admission to the hospital or intensive care in the hospital

Particular types of medications that may trigger delirium include:

- Sleep medications
- Narcotic pain relievers
- Antidepressants
- Parkinson's disease treatments
- Drugs for treating spasms or convulsions
- Allergy medications

Other medical conditions can result in symptoms associated with delirium. Dementia and delirium may be particularly difficult to distinguish. In fact many cases of delirium occur in people who also have dementia. Older people recovering in the hospital or living in a long term care facility are particularly vulnerable to delirium. Diagnosing delirium is challenging because symptoms can fluctuate quickly and because some symptoms are "quiet" like depression or slowed responsiveness.

The health and mental status of a person before the onset of delirium often

plays a part in the degree of recovery each individual may experience. Those who are in better health are likely to recover more fully. Others however, like people with dementia, might experience an overall decline in memory and thinking skills or a more rapid decline in function. People with other serious, chronic or terminal illnesses may not regain their pre-delirium level of thinking ability. Delirium in seriously ill people is also more likely to lead to further problems such as a general decline in health, a need for institutional care, slowed or poor recovery from illness or surgery as well as an increased risk of death.

Treatment of Delirium

The immediate treatment of delirium is to address the underlying causes or triggers. Medical attention is essential to determine whether the person has an acute medical change that requires intervention. Once immediate needs are met, treatment focuses on providing an optimal environment for healing the body as well as attending to the personal needs of the person. During this time supportive care is provided to minimize complications and to help the person remain oriented to their surroundings.

Medications may be used in cases where severe symptoms of agitation or confusion are exhibited. For these symptoms, medications are used to assist in the completion of the diagnostic evaluation and to minimize the risk of injury, harm or other complications.

CONCLUSION

Diagnosing depression, dementia and delirium is challenging because of the similarity in symptoms between the illnesses. Both the severity of symptoms and how fast symptoms change are equally important in delivering an accurate diagnosis. The following table summarizes some of the key differences between depression, dementia and delirium. Understanding the differences and seeking prompt medical assistance and evaluation provide the senior with the best possible outcome.

	Depression	Dementia	Delirium
Onset	Progressive	Progressive	Sudden
Duration of symptoms	Weeks - months	Months to year	Hours to days
Attention	Generally intact until very late stage	Generally intact	Impaired
Fluctuation	Typically no significant fluctuation	Better and worse times of day may occur but these are consistent for most people	Fluctuates significantly within a single day
Hallucinations	Not present	May be present	Often present
Recovery from symptoms	Likely with treatment	No recovery or improvement	Improvement when underlying issue is treated, dependent upon coexisting medical issues.

¹ <http://www.websters-online-dictionary.org>

² Hybels CF and Blazer DG. Epidemiology of late-life mental disorders. *Clinics in Geriatric Medicine*, 19(Nov. 2003):663-696.

³ <http://nihseniorhealth.gov/depression/aboutdepression/04.htm>

⁴ <http://www.nami.org>

⁵ <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001748/>

⁶ http://www.alz.org/documents_custom/report_alzfactsfigures2010.pdf

⁷ <http://www.ahaf.org/alzheimers/about/understanding/plaques-and-tangles.html>

⁸ <http://www.mayoclinic.com/health/vascular-dementia/DS00934/DSECTION=symptoms>

How Matrix Can Help

Matrix AdvoCare Network is an experienced provider of care management, health care advocacy and home health care for seniors and people with disabilities affected by depression, dementia and delirium. Our registered nurse Care Managers are knowledgeable about the health needs and problems of older adults and people with disabilities. Matrix Care Managers are able to assist clients and their families in determining the history and progression of symptoms, changes and challenges currently being experienced and can assist the client and their family to seek out the appropriate medical provider for evaluation and intervention in treating conditions like depression, dementia and delirium. In addition, they have a wealth of information about many types of community services that provide varying levels of care that may be indicated when an individual is experiencing changes in their health and functioning.

By working with clients and families to identify needs, goals and objectives, Care Managers recommend health and services which meet clients' needs and help them achieve their goals. Trustees, attorneys, clients and families have found that working with a Care Manager can result in a positive outcome even when there are extensive health and social needs. Matrix recognizes the importance of these issues, and can arrange for a Care Manager to visit within 24 hours when necessary. In the metro area, please call 952-525-0505 for information; in greater Minnesota, please call 800/560-0961.



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