

## Delirium, Dementia, Amnesic and Other Cognitive Disorders



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## Mental Disorder in Older Adults

- The aging of the population is one of the most profound and far-reaching changes affecting contemporary society.
- People are living longer
- Between 1900's and 2000 the average life expectancy increased from:
  - Men: 46 to 74
  - Women: 49 to 80



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## History

- In the past people died early from:
  - Illness
  - Injury
  - Contaminated food or water
  - Childbirth complications
  - Infectious diseases



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## Introduction

- Greater life expectancy
- Smaller family size
- Better medical care has led to an increase in the population being 65+
- Mental health professionals with expertise to assess and treat the problems of later life are very much needed.



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## What is the older population like?

Described in several dimensions:

- Social characteristics
- Health and functioning
- Financial status
- Each of these can play a role in assessment and treatment



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## Characteristics

- Women who are widowed are least likely than men to remarry.
- Racial and Ethnic populations are increasing
- 80+ is growing faster than any other age group
- “Young-old” 55-75: Living active lives
- “Old-old” 76+: Chronic illnesses that limit their functioning



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## Where Older People Live

- Majority live independently alone or with their spouse
- 10% live with their children
- 4.5% nursing homes



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## Education, Income, and Employment

- Most elderly have completed high school
- 20% have completed college
- 10% live in poverty:
  - One income: \$9,750 to \$12, 187 per year
  - Two incomes: \$12, 830 to \$16, 037 per year
- Health care costs
- No insurance



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## Retirement

- Some people do retire in good financial standing
- Estimated that nearly one-half of the older population faces risk of becoming poor or near poor before they die
- Economic hardship can lead to depression and other mental disorders, as well as limit their ability to get medical and mental treatment that they need



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## Delirium, Dementia, Amnesic and Other Cognitive Disorders

The predominant disturbance is clinically significant deficit in COGNITION that represents a SIGNIFICANT CHANGE from the PREVIOUS level of FUNCTIONING.



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## Etiology (Causes)

- **General Medical Condition:** Medical problem does not have to be identifiable. Important that client is medically cleared from a physician.
- **Substance:** Drug abuse, medication, toxin  
**Note:** Make notice of specific substance specifiers. Code changes for each type of drug (p.145)
- **Multiple Etiologies:** A combination of these factors
- **Not Otherwise Specified (NOS):** The cause is undetermined



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## Delirium

- Disturbance of consciousness and a change in cognition that develops over a short period of time
- Delirium Due to A General Medical Condition
- Substance-Induced Delirium
- Delirium Due to Multiple Etiologies
- Delirium Not Otherwise Specified (NOS)



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## Differential Diagnosis (Comorbidity)

- Dementia
- With hallucinations, delusions, language disturbances, agitation:
  - Psychotic Disorders
  - Mood Disorders
  - Anxiety Disorders
  - Acute Stress Disorders



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## Donald 80 year-old man

Donald returned from the hospital following minor surgery. He had been prescribed an anti-inflammatory medication to aid the healing process. Waking up in the middle of the night, he telephoned his daughter. She quickly realized Donald did not know what time it was, his thoughts were disorganized, he reported a dream as actually happened. Donald seemed fearful and agitated. Prior to hospitalization he had been functioning well, with occasional memory lapse, especially in unfamiliar surroundings, but he never had symptoms like these. His daughter was concerned that he was becoming senile.



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## Dementia

- The disorders in this section share a **COMMON SYMPTOM** presentation, but are **differentiated based on etiology.**



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## Dementia

- Syndrome of progressive decline in memory and other intellectual abilities
- Acquired (as opposed to mental retardation)
- Persistent (symptoms worsen over time)
- Impairments in multiple domains of intellectual functioning (language, memory, visual-spatial general intellectual abilities)



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## Dementia Criteria

- Development of Multiple cognitive deficits that include **memory impairment**
- At least ONE of the following **cognitive disturbances**:
  - Aphasia
  - Apraxia
  - Agnosia
- Severe enough to interfere with social or occupational functioning



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## Dementia

- **Aphasia**: Difficulty producing names of individuals and objects
  - Echolalia: Echoing what is heard
  - Palilalia: Repeating sounds or words over and over



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## Dementia

- **Apraxia:** Impaired ability to execute motor activities despite intact motor abilities, sensory function, and comprehension of the required task
- May contribute to deficits in cooking, dressing, and drawing



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## Dementia

- **Agnosia:** Failure to recognize or identify objects despite intact sensory function.
- May have normal visual acuity but lose the ability to recognize objects such as chairs and pencils
- May progress to not being able to recognize family or self



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## Dementia

- Memory impairment is required for the diagnosis
  - Impaired ability to learn new material
  - Forget previously learned material
- Disturbances in executive functioning are common
  - Frontal lobe
  - Ability to think abstractly and to plan, initiate, sequence, monitor, and to stop complex behavior.



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## Dementia

- NOT DIAGNOSED DURING THE COURSE OF DELIRIUM.
- Delirium may be superimposed on preexisting dementia-BOTH DIAGNOSES ARE GIVEN



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## Types of Dementia

- Alzheimer's (AD)
- Vascular (VD) (formerly Multi-Infarct Dementia)
- Due to Other General Medical Conditions
- HIV-Associated
- Head Trauma
- Huntington's
- Creutzfeldt-Jakob (CJD)
- Parkinson's
- Lewy body
- Frontotemporal (FTD)
- Picks (a form of FTD)
- Multiple Sclerosis (MS)



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## Alzheimer's Disease

- Most frequent cause of Dementia
- Gradual onset, steady deterioration
- Impairment in memory and new memory, visual-spatial and language problems can also present early in this disease
- Loss of ability to perform daily tasks
- Personality changes, Increased apathy, dependency, anger, aggressiveness, inappropriate sexual behavior



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## Vascular Dementia

- Involves **multiple stroke or infarcts** in the cerebral cortex when blood vessels are blocked
- **Infarcts** result in death of the surrounding tissue due to insufficient blood supply
- **Strokes** are usually bilateral, affect both hemispheres
- Blockage can be caused by **embolism** (a blood clot that forms at a different site and migrates to a vessel which causes an occlusion) or **thrombosis** (formation of a clot within the blood vessel and occlusion of the vessel at some point)
- Racial differences: High in Japan, Japanese Americans in Hawaii, Latinos in US, & some European populations
- Rare until 50' & 60's increases with age, declines after 85
- Loss of consciousness and temporary motor, language, and sensory changes can occur



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## Lewy Bodies and Other Parkinsonian Syndromes

- Rigidity, tremor, difficulty initiating movement, problems with posture and equilibrium
- 3 syndromes:
  - Dementia with Lewy bodies (DLB)
  - Parkinson's Disease with Dementia (PDD)
  - AD with Parkinsonian symptoms
- All involve cognitive and Parkinsonian motor symptoms.
- Differ in the timing of the symptoms, type, and location of underlying brain pathology
- Often misdiagnoses makes symptoms worse



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## Frontotemporal Dementia

- Effect the frontal and temporal lobes
- Picks
  - Characterized by the presence of Pick bodies, large dense structures found in the cytoplasm of the brain, and by swollen ballooned cells called Pick cells
  - Abnormal variants of the tau protein



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## Behavioral and Cognitive Symptoms of FTD

- Impairment of executive functioning
- Personality changes
- Disinhibition of behavior, impaired social behavior and judgment
- Lack of insight
- Impaired language, speech, and movement
- Impulsivity- outbursts of profanity
- Poor judgment in handling finances
- Lack initiative
- Poor grooming and hygiene
- Blunted mood or slightly euphoric
- Stereotyped and repetitive behaviors



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## Amnesic Disorders

- The ability to learn and recall new information (always affected) or are unable to recall previously learned information or past event (varies depending on location and severity of brain damage)
- Diagnosis not made in the presence of dementia or delirium



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## Other Terms

- Mild Cognitive Impairment (MCI): denotes subtle cognitive changes that may be first symptoms of dementia
- Reversible or Secondary Dementia “treatable”: Caused by a variety of diseases, toxins, and medications. These problems do not necessarily cause diffuse damage to the brain, unless untreated. Most frequent causes: nutritional deficits (vitamin B12, hypothyroidism, endocrine disorders, exposure to heavy metals, medications, alcoholism.
  - Associated with mental disorders such as depression



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