DEMENTIA NEWSLETTER *for* PHYSICIANS

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Delirium is a Medical Emergency

Dr. Bill Dalziel, Chief, Regional Geriatric Program of Eastern Ontario, Associate Professor, Geriatric Medicine, University of Ottawa

When delirium hits the elderly, outcomes are poor: approximately 1/3 die and 1/3 suffer permanent cognitive impairment. It is a **medical emergency** and requires urgent attention to address the underlying etiology which in 2/3 of the cases is due to drugs, infection or a metabolic disturbance. Even for those with complete recovery 1/3 develop dementia within three years so it is important to follow-up. Yet 1/3 to 2/3 of cases go unrecognized by physicians and nurses, the commonest error is dismissing delirium as dementia or only recognizing it late in the course.

Hyperactive delirium is most easily recognized whereas hypoactive (quiet/ anxious/ lethargic) is most easily missed. Two important risk factors are pre-existent dementia and occurrence of any severe illness. Delirium is basically a red flag raising the presence of significant medical illnesses.

The MMSE is of little help, the CAM (Confusion Assessment Method) is much better.

Confusion Assessment Method (CAM)

1. Acute Onset & Fluctuating course
2. Inattention
3. Disorganized thinking
4. Altered level of Consciousness

* for delirium diagnosis require (1), (2) and either (3) or (4)

Inattention can be tested by WORLD backwards, MONTH backwards or another test called the Vigilance A (recite random letters and ask the patient to tap the table only with the letter A).

The commonest causes are the Big 4:

1. Drugs (anticholinergics - see table below, Benzodiazepines, alcohol)
2. Infection (pus: pulmonary/urine/skin)

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Delirium is a Medical Emergency *(...continued from page 1)*

3. System failure/events (organs, oxygen, vascular: CVA, MI, CHF)
4. Metabolic (Na, BS, Ca)

Any drug can potentially cause confusion but in the elderly the most important are those with anticholinergic effects (including OTC meds).

Drugs with Anticholinergic Effects

Classic	Miscellaneous
Antidepressants	Flexeril
Antipsychotics	Lomotil
Antihistamines/Antipruritics	Cough/Cold
Antiparkinsonian	Ranitidine
Antispasmotics	Digoxin
Antiemetics	Lasix

Nursing Home patients or patients with dementia or frailty are especially **HIGH RISK** for superimposed delirium; it is very important to recognize delirium early. Other smaller "insults" cause delirium in such patients.

In Nursing Home patients or seniors with dementia the Little 4 are also common:

1. Poorly controlled pain
2. Fecal impaction
3. Urinary retention
4. Urinary tract infection
   (beware overcalling UTI as dipsticks may be positive without true infection). In the absence of fever/local urinary symptoms, always be sure to look for other causes.

Key Aspects of Assessment

Physical exam

Vitals: BP, HR, Temperature, RR

Good physical exam: particular emphasis on cardiac, pulmonary and neurologic

Hydration status ? (dry axilla=dehydration (Likelihood ratio ~3)) Check for postural hypotension, dry axilla, ? BUN/Cr, ? Na

Also rule out

Fecal impaction (rectal exam)
Urinary retention (bladder ultrasound, in-and-out catheter)
Infected decubitus ulcer

Delirium Workup: Lab Testing

Basic labs

CBC, lytes, BUN/Cr, glucose
TSH, B-12, LFTs, calcium and albumin

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Delirium is a Medical Emergency *(...continued from page 2)*

Infection workup (Urinalysis, CXR) +/- blood cultures

ECG

O_2 saturation or atrial blood gases (COPD: ? pCO_2)

CAT head (only if symptoms/signs of intracranial pathology)

In the elderly always look for **MULTIPLE** causes of delirium. It's not like "HOUSE" on TV where 3-4 symptoms are tied up into only 1 diagnosis; rather with delirium, 1 symptom often has 3-4 causes.

The Priority is Early Diagnosis and Intervention

Marg Eisner, RN, Director, Programs and Services, Alzheimer Society of Ottawa and Renfrew County

Dementia is the leading cause of disability in those over 60 years of age. Within Eastern Ontario (Champlain region), there are more than 14,000 people with dementia now and it is expected that over 2,400 new cases will be identified each year. Did you know that the average delay in receiving a diagnosis of dementia from onset of first symptom is 2.5 to 3 years? This delay in seeking diagnosis could be attributable to:

- lack of family recognition and/or family members' not seeking help
- lack of awareness of the benefits of early diagnosis or of ways to lessen risks of the disease
- lack of recognition by primary care providers
- profound shortage of primary care providers to recognize, diagnose, and treat people with dementia
- providing increased numbers and support of appropriately trained primary care professionals and specialists in the field of memory disorders
- shortage of patient/family/caregiver support services to assist families dealing with dementia.

The difficulty with delaying diagnosis is that only 23% of individuals with dementia are currently receiving trials with cholinesterase inhibitors used to alleviate the symptoms of dementia and over one-half of dementia cases are diagnosed beyond the mild stage. Through research we know that early family education and caregiver support programs will result in a 1 ½ year delay for long term care placement (Mittleman, Nov. 2006, Neurology).

The Champlain Dementia Network (CDN) has made ***Early Diagnosis and Intervention*** a priority this year and has recommended that a provincial strategy for early diagnosis and intervention be developed. This strategy would be implemented locally and would include:

- a comprehensive public awareness strategy on brain health and early diagnosis and intervention.
- improved recognition, diagnosis and intervention of Alzheimer's disease and related dementias by providing increased numbers and support of appropriately trained primary care professionals
- increased family support and education for those with dementia, their families and caregivers as is provided through the First Link Program.

Within Eastern Ontario there are already some action steps that have taken place. Through the CDN Physicians Education Committee, assistance will be provided to family physicians through dissemination of algorithms to assist with assessment and diagnosis of patients with dementia. In addition, targeted education sessions for primary care providers will be available. Through the CDN Public Policy Committee, meetings with MPPs are currently taking place. The CDN are developing other strategies to help address the barriers related to early diagnosis and intervention. If you would like more information or have comments to make, please forward these to meisner@asorc.org.

A new tool to find dementia-related services in the Champlain region

A key feature of the recently launched bilingual Champlain Dementia Network website - www.champlaindementianetwork.org - is a Services Mapping Inventory to help individuals and family members to easily find the available dementia services in their communities or in communities close by. For professionals who are helping seniors and their families, it will also be a valuable tool to help clients find the appropriate services and programs.

Did You Know That...

You can download all previous editions of the Dementia Newsletter for Physicians at the Champlain Dementia Network website at: www.champlaindementianetwork.org

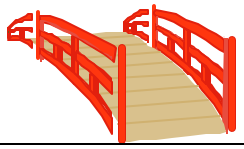
National Recognition for First Link™ Program

Recommendation to Physicians:

The recommendations of the 3rd Canadian Consensus Conference on Diagnosis and Treatment of Dementia (where national standards for physicians are developed) were made public in 2007. The following recommendation was made regarding the management of mild to moderate Alzheimer's disease:

"All patients with dementia and their families who consent be referred to the local chapter of the Alzheimer Society (e.g. First Link program where available)".

Partnership in Transitional Care Program



If you are recommending that a patient or family explore an admission to a Long Term Care Home, there are workshops and resources available to help them explore their options and prepare for the move once they've made the decision. Through the Partnership in Transitional Care Program, support, education and a booklet entitled: *"When Home is No Longer an Option"*, may be of some assistance. This program available throughout Champlain, is free of charge and developed to support anyone who will face the challenges of making the decision to live in a long term care home and is intended to ease that transition process. For more information on this program contact:

Ottawa: 613-523-4004
Renfrew County: 613-732-1159
Eastern Counties: 613-932-4914

THANK YOU

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