# Overview of Delirium & the Older Adult

Education for Health Care Professionals

**Part 3: Symptoms of Delirium**




## Delirium Symptom Overview

- There are abnormal changes in the person's level of consciousness and thinking. The person may be sleepy, or may appear to be withdrawn and depressed (hypoactive delirium) or agitated (hyperactive delirium), or alternate between these states. The changes may be subtle initially.
- The person often has difficulty maintaining focus. He/she may change the subject frequently in a conversation, have difficulty retaining new information, mention strange ideas, be disoriented (in place or in time). Some patients have visual hallucinations.
- These changes develop over a short period of time (hours to days) and tend to become intermittently worse, especially in the afternoon and evening. This sudden change helps to differentiate delirium from dementia, which worsens slowly over months to years.

(Francis 2014)

## Symptoms of Delirium >>

Someone with delirium may suddenly display any of the following symptoms.

Reduced awareness of the environment that may be seen by:

- an inability to stay focused on a topic or to switch topics
- getting stuck on an idea rather than responding to questions or conversation
- being easily distracted by unimportant things
- being withdrawn, with little or no activity or little response to the environment

Cognitive impairment that may appear as:

- poor memory, particularly of recent events
- disorientation, for example, not knowing family or places
- difficulty speaking or recalling words
- rambling or nonsense speech
- trouble understanding speech, difficulty reading or writing

(Mayo Clinic 2016)



## Symptoms of Delirium

Behavior changes that may include:

- seeing things that don't exist (hallucinations)
- restlessness, agitation or combative behavior
- calling out, moaning or making other sounds
- being quiet and withdrawn — especially in older adults
- slowed movement or lethargy
- disturbed sleep habits
- reversal of night-day sleep-wake cycle

Emotional disturbances that appear as:

- anxiety, fear or paranoia
- depression
- irritability or anger
- a sense of feeling elated (euphoria)
- apathy
- rapid and unpredictable mood shifts
- personality changes

(Mayo Clinic 2016)

## Investigate and Assess

The following will be reviewed in more detail.

- Drug toxicity
- Infection
- Changes to a chronic illness
- New disease processes
- Elimination
- Sleep disturbances
- Post Operative status
- Psychosocial or environmental




## Drug Toxicity?

Could delirium be caused by a drug toxicity?

A. On more than six medications, especially:
   - anticonvulsants – barbiturates
   - histamine H2 antagonist – thiazide diuretics
   - insulin/hypoglycemic agent – anticholinergics
   - antipsychotics – antidepressants
   - benzodiazepines – cardiac glycosides
   - narcotics – anesthetic

B. Receiving a medication for more than 5 years

C. Age 75 or older

D. Running drug levels beyond or at the high end of therapeutic range

**E. Action:**

Order drug chemistry and/or trial discontinuation of medicine.

(VIHA 2014)

## Infection?

Is there an infection?

A. Elevation in baseline temperature, even less than 37.56 C rectally.
B. History of lower respiratory infection or UTI more than twice per year.
C. History of any chronic infection.
D. Recent episode of falling (which may be an indication of weakness or disorientation).

**Action:**

- Request appropriate diagnostic tests.
- Most common: urinalysis, chest X-ray, sputum cultures as indicated.

(VIHA 2014)




## Changes in Chronic Illness?

Chronic diseases play a role in the development of delirium.

Physical and psychosocial assessment reveals exacerbation of previously diagnosed conditions which may be accompanied by increased levels of pain and/or decreased functional abilities.

Some of these conditions could be:

- diabetes mellitus
- hypo or hypertension
- chronic obstructive pulmonary disease
- arthroscopic heart disease
- cerebrovascular insufficiency
- pain
- cancer
- Alzheimer's disease or dementia
- depression
- hypoxia
- substance misuse (alcohol, drugs, tobacco)

**Action:**

Request appropriate diagnostic tests.

## New Disease Process?

**A. Cardio and cerebrovascular conditions**

- Silent MI, TIA/CVA or CHF

**B. GI conditions**

- GI bleed, if evidence of daily use of NSAIDS or steroids

**C. Other medical conditions?**

1. Hypo/hyperglycemia
2. Hypo/hyperthyroidism
3. Electrolyte imbalance
4. Cancer
5. Neurological conditions (such as normal pressure hydrocephalus)
6. Pain
7. Abuse or withdrawal from alcohol, drugs, tobacco
8. Low B12

**Action:**

Request appropriate diagnostic tests such as an EKG, hemoglobin and hematocrit, chemistry screen, electrolytes, TSH, specific test for cancer detection, CAT

**D. Psychiatric conditions?**

- Particularly if evidence of family history of psychiatric disorders.

**Action:**

- Request psychiatric evaluation, dementia work up.

(VIHA 2014)




## Elimination Problems?

Is there a potential that urinary or bowel conditions are causing the delirium?

**A. Urinary problems**

- history of incontinence, retention, or indwelling catheter
- signs or symptoms of dehydration, tenting, increased proteins
- decreased urinary output
- taking anticholinergic medication
- abdominal distention

**B. Gastrointestinal problems**

- immobility for more than 1 day in persons previously mobile
- abdominal distention
- decreased number of bowel movements or constipated stool
- decreased fluid intake – dehydration
- decreased food intake, especially bulk

**Action**

- Request in-out catheterization for postvoid residual and/or incontinence assessment, or both.
- Conduct as needed digital rectal exam, request enema, or initiate appropriate bowel regimen.

(VIHA 2014)

## Sleep Disturbance?

Is there sleep disturbance or a variation from normal sleep patterns?

A. Assess baseline normal sleep pattern
B. Identify causes of sleep disturbance, e.g.
   - medications / pain / environment

(VIHA 2014)




## Post Operative?

Delirium occurs often after surgery. Consider whether there might be reaction to:

A. Anesthetic
B. Analgesia
C. Opioids / anticholinergics

**Action >** Reaction to Anasthetics**:** Mobilize as soon as possible

A. Avoid inactivity
B. Avoid restraint use

**Action:** Reaction to Pain:

- Review dosage and strength of pain medication
- Use sitters or family to help prevent pulling out lines and tubes or climbing out of bed.

(VIHA 2014)

## Psychosocial? Or Environmental?

Rule out psychological, social or environmental causes of delirium.

A. Grief, losses (family members, significant life event changes)
B. Alteration in personal space (confined to a smaller space)
C. Recently admitted (new home or LTC)
D. Increase or decrease in sensory stimulation
E. Interpersonal difficulties

Action

Initiate home assessment

a) ADL's and IADL's
b) Safety
c) User-friendly environment, use labels, pictures, put orienting items in room
d) Supports: social, family; counseling
e) Encourage family involvement

(VIHA 2014)




## Delirium, Dementia or Depression?

Delirium, dementia and depression are often confused, as their symptoms are very similar.

- It is possible for an individual to have dementia and still experience a delirium or depression, but it is important to understand the differences, as both depression and delirium require immediate treatment.

- Delirium does not mean a dementia is present; however delirium is a frequent complication of dementia and may:
  - unmask an early dementia
  - present as new/worsening behaviour
  - have a negative impact on the prognosis of dementia

(Puxty 2009)