Delirium, dementia and older adults

Telling delirium from dementia, finding the cause, communication and safety, normal aging, medicines and elder abuse

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1 AT A GLANCE

Sudden confusion is an emergency until proven otherwise. Know normal aging, and report what isn't: new confusion, falls, weakness, bleeding.

Delirium or dementia?

	Delirium	Dementia
★ Onset	**Sudden, over hours or days**	Creeps in over months to years
Course	Comes and goes, often worse at night	Slowly progresses
Alertness	Alertness and attention swing	Usually intact in early dementia
Outlook	Usually reversible when the cause is treated	Most isn't reversible

Both at once: A client with dementia can develop delirium on top of it, so any sudden change matters.

Delirium: find the cause

- Sudden, severe confusion: disorientation, poor attention, short-term memory loss, disorganized speech. Agitated and restless, or slow and drowsy, or swinging between the two.
- ★ It can signal a life-threatening problem: **report any rapid change in mental status**.
- Causes: infections like a urinary infection or pneumonia; dehydration, electrolyte or glucose problems, low oxygen, high carbon dioxide.
- ★ **Medicines are a major cause**: sedatives, opioids, anticholinergics, antihistamines, anesthesia. Also withdrawal, surgery, severe sleep loss, ICU stays.
- Screen with the Confusion Assessment Method.

Delirium care

- Find and treat the cause; stop or change medicines that worsen confusion.
- Quiet room, well lit by day, with a clock and calendar in view.
- ★ **Glasses and hearing aids on**; invite family to stay.
- Protect sleep at night, get the client out of bed by day, encourage food and fluids.
- ★ Control pain, and **avoid restraints**.
- Haloperidol may be used for distress or danger, at a low dose, because oversedation worsens delirium.

Dementia

- A loss of brain function affecting memory, thinking, language, judgment or behavior. **Alzheimer disease** is the most common type, and it isn't a normal part of aging. Vascular dementia follows poor blood flow, as with strokes.
- Some causes can be reversed if found early: low vitamin B12, thyroid or glucose problems, some medicines, normal pressure hydrocephalus.
- Mild cognitive impairment: memory problems that don't disrupt daily life; not everyone progresses.
- ★ There's no cure; medicines like donepezil offer small benefits. **Antipsychotics carry a boxed warning: higher risk of death in older adults with dementia-related psychosis.**

How dementia progresses

Stage	What you see
Early	Forgetfulness, misplacing things, trouble with complex tasks like finances
Middle	Getting lost on familiar routes, word-finding problems, personality changes
Later	Wandering, poor judgment, hallucinations, agitation, striking out
Severe	Can't eat, dress or bathe alone, or recognize family; swallowing becomes hard

Communicate and keep safe

	What helps
★ Talking	Reduce noise; make eye contact before touching or speaking. **Short, simple sentences, spoken slowly and quietly**: talking loudly doesn't help. Names instead of pronouns; talk to the person as an adult
Tasks	Yes-or-no questions and only a few clear choices. Break tasks into small steps; don't insist on correcting old memories
Outbursts	Stay calm and distract; avoid restraining unless safety requires it
★ Sundowning	More confusion, agitation and poor sleep late in the day. Daily routine, calm evenings, a set bedtime, daytime activity; enough light to avoid shadows. **No over-the-counter sleep aids without the provider**: many worsen confusion
Home	Wandering is dangerous: door alarms and an ID bracelet. Remove trip hazards; lock up medicines, chemicals, sharps and weapons. Finger foods and a quiet eating area

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Delirium, dementia and older adults

1 AT A GLANCE, CONTINUED

Aging: expected or report?

System	Expected	Report
Heart and lungs	Vessels stiffen, systolic pressure rises, the cough weakens	New hypertension, dizziness on standing, abnormal vital signs
Muscles and bones	Muscle and bone mass fall; the sense of body position declines	New weakness or a fall. **Sudden one-sided weakness, a facial droop or slurred speech is an emergency**
Skin	Thins and dries; skin tags are common	Suspicious moles, skin breakdown, an infected wound
Bladder and bowel	The bladder holds less, and the bowel slows	New urinary problems, black or bloody stool, weight loss. Urine output under about half a mL/kg an hour, or a falling trend
★ **Mind**	Mild, occasional forgetfulness	**Memory loss that worsens or limits daily life, or new confusion**
★ **Infection**	Older adults run smaller fevers	**New confusion may be the first sign of an infection**
Senses	Hearing loss for high pitches (presbycusis); close-up focus fades (presbyopia). Taste fades after about 60, smell after about 70	Sudden new floaters, flashes or a shadow over vision can mean a detached retina: an emergency needing eye care right away. Cataracts, glaucoma and macular degeneration are diseases, not normal aging

Older adults: health and safety

- The Spices tool screens for sleep, eating or feeding, incontinence, confusion, falls and skin breakdown.
- More than 1 in 4 older adults falls each year. Grab bars, raised toilet seats, good lighting and night lights; no clutter or throw rugs.
- Pain isn't a normal part of aging; it can be treated. Flu and pneumonia vaccines protect.
- Losses, poor mobility and no transportation raise the risk of isolation and depression. Suicide risk rises in older men after many losses.

Medicines and elder abuse

- ★ Polypharmacy raises the risk of side effects and interactions. The **Beers Criteria** list medicines to avoid or use with care in older adults.
- One pharmacy and a pill organizer; reconcile medicines at every visit.
- Elder abuse: about 1 in 10 older adults at home, usually by a caregiver or someone trusted. Watch for unexplained injuries, weight loss, poor hygiene, fear, withdrawal, missing money.
- ★ **Report per state law**, like to adult protective services. Immediate danger may also need a 911 call.

2 PRIORITY AND SAFETY CALLS

★ New confusion: look for the cause first (infection, oxygen, glucose, or a new medicine). Restraints and sleeping pills can worsen delirium.

★ Confused since yesterday: assess for infection and report the change. A low fever doesn't rule infection out.

Sudden new floaters, flashes or a shadow over vision can mean a detached retina: an emergency needing eye care right away.

Smell fades with age, so smoke or gas may go unnoticed: smoke alarms matter.

3 EXAM ANCHORS

1. Delirium: sudden, fluctuating, usually reversible; find the cause. Dementia: gradual, progressive, mostly permanent.
2. Traps: calling new confusion just dementia, restraining or sedating, arguing, talking loudly.
3. Delirium care: orient, protect sleep, glasses and hearing aids on, no restraints.
4. Asking for a mother who died years ago? "Tell me about your mother": respond to the feeling without arguing or lying.
5. Traps: calling worsening memory normal, accepting pain as part of aging, ruling out infection without a fever.

4 SELF-QUIZ

1. Delirium starts suddenly, over hours or _____.
2. A common delirium screening tool is the Confusion _____ Method.
3. The most common type of dementia is _____ disease.
4. The _____ Criteria list medicines to avoid or use with care in older adults.
5. Age-related loss of close-up focus is called _____.
6. From about 65, Erikson's stage is integrity versus _____.

ANSWER KEY 1. days · 2. Assessment · 3. Alzheimer · 4. Beers · 5. presbyopia · 6. despair

5 SOURCES

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3. NIA, Memory, forgetfulness, and aging. nia.nih.gov/health/memory-loss-and-forgetfulnes…
4. Open RN, Nursing Fundamentals 2e, 19.2 Care of the Older Adult. wtcs.pressbooks.pub/nursingfundamentals/chapter/19-2-ba…
5. MedlinePlus, Aging changes in the senses. medlineplus.gov/ency/article/004013.htm

Built from RN PocketPal course lessons: Delirium and dementia (c19-l07); Adults and older adults (c04-l06). Every line on this sheet comes from those lesson scripts.

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