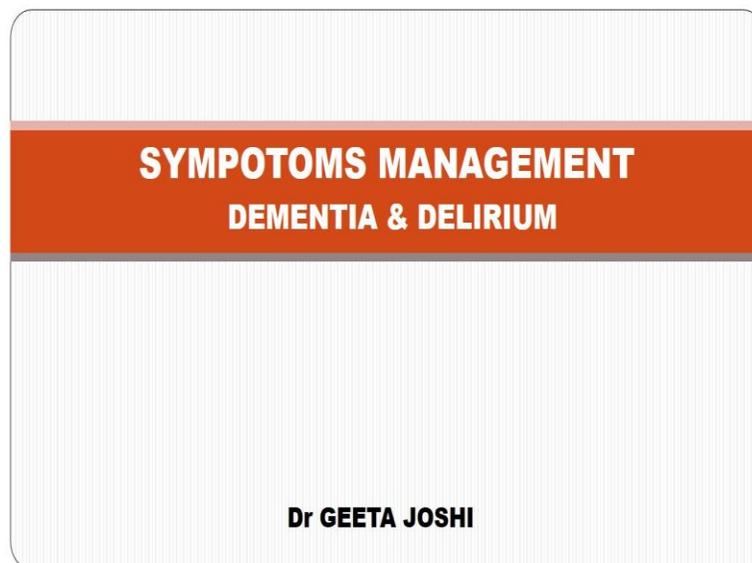


Basic Certificate in Palliative Care
Dr. Geeta Joshi
Dr. Piyush Gupta
Dr. Col. Yashavant Joshi
International Institute of Distance Learning
Indian Institute of Technology, Kanpur

Week-08
Lecture 05: Delirium and Dementia

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Hi Learners. Welcome Back. In this session, I am going to cover topics on dementia and delirium symptoms management. This presentation is prepared by Dr. Geeta Joshi Madam of NAPCAIM.

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Example:

89 year old man with moderate dementia, Diabetes, peripheral vascular disease and coronary artery disease admitted to the hospital with gangrene of left foot resulting in sepsis. He then suffers a small myocardial infarction induced by rate related ischemia from his systemic infection.

What will you do ? As a palliative care physician !!!!

Let us consider the following scenario: 89 year old man with moderate dementia, Diabetes, peripheral vascular disease and coronary artery disease admitted to the hospital with gangrene of left foot resulting in sepsis. He then suffers a small myocardial infarction induced by rate related ischemia from his systemic infection.

What will you do ? As a palliative care physician !!!! In this scenario, Palliative care physicians primary focus would be on providing comfort and improving the patient's quality of life. Also, ensuring effective pain management for both the gangrene and myocardial infarction, using appropriate medications and interventions. Additionally, prioritizing communication with the patient and their family to discuss their goals of care and ensure their wishes are respected throughout the treatment process. This may involve coordinating with other healthcare professionals to provide comprehensive and holistic care tailored to the patient's needs.

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Continue:

Goals of care must be decided by patient and their family especially in chronic illness at every juncture of disease journey.

But they are to be provided with option of palliative care as disease advances.

"In the journey of chronic illness, decisions about care should be made collaboratively by patients and their families. As the disease progresses, it's crucial to offer the option of palliative care, ensuring comfort, dignity, and support every step of the way."

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Dementia

Dementia is an acquired decline in memory and in at least one additional intellectual ability (language – aphasia, Capacity to use tools – apraxia, or recognize objects – agnosia and planning and thinking in abstract terms – Executive function in otherwise alert patients. Impairment Should be severe enough to interfere with daily living.

Dementia is most common neurological disease in elderly.

Let us discuss a condition that profoundly impacts millions worldwide, particularly as we age: dementia. Dementia is an acquired decline in memory and at least one other intellectual ability, such as language (aphasia), capacity to use tools (apraxia), or

recognizing objects (agnosia). Impairment in executive function, which includes planning and abstract thinking, is also common. The decline should be severe enough to interfere with daily living activities. Dementia is the most common neurological disease in the elderly population.

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Early Signs of Dementia	Normal Aging
Forgetting the names of people close to them	Forgetting the names of people they rarely see
Forgetting things more often than they used to	Briefly forgetting part of an experience
Repeating phrases or stories in the same conversation	Not putting things away properly
Unpredictable mood changes	Mood changes in response to an appropriate cause
Decreased interest in activities & difficulty making choices	Changes in their interests

The table outlines early signs of dementia compared to normal aging: People with dementia may struggle with recalling names of close individuals they interact with frequently, while in normal aging, forgetting names of distant acquaintances is more typical. Dementia often leads to frequent forgetfulness of important information, whereas in normal aging, occasional lapses in memory, like forgetting minor details of experiences, are common. Those with dementia may repeat stories or phrases within the same conversation, whereas in normal aging, occasional forgetfulness in completing tasks, like misplacing items, is expected. Dementia can cause unpredictable mood shifts without clear reasons, while in normal aging, mood changes usually occur in response to specific triggers. Dementia may result in decreased interest in hobbies and difficulty making decisions, whereas in normal aging, changes in interests are subtler and less drastic.

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Dementia

Progressive degenerative dementias:

- Alzheimer's Disease
- Vascular Dementia
- Dementia with lewy bodies
- Fronto-temporal dementia

Now let us discuss on progressive degenerative dementias: Alzheimer's Disease is the most common type of dementia, characterized by memory loss, cognitive decline, and behavioral changes. It progressively worsens over time. Vascular Dementia results from reduced blood flow to the brain, often due to strokes or other vascular issues. Symptoms can vary depending on the affected areas of the brain. Dementia with Lewy Bodies is a condition marked by abnormal protein deposits in the brain, leading to cognitive decline, visual hallucinations, and movement difficulties resembling Parkinson's disease. Fronto-temporal Dementia affects the front and side regions of the brain, leading to changes in behavior, personality, and language abilities. Understanding these different types of progressive degenerative dementias is crucial for accurate diagnosis and appropriate management.

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Dementia: Clinical characteristics

Course is characterized by gradual loss of independence.
Course can be divided in to four stages

- Mild
- Moderate
- Severe
- Terminal

Now let us discuss on the clinical characteristics of dementia. One of the important characteristics of dementia is the gradual loss of independence experienced by those affected. As the condition progresses, individuals may find it increasingly challenging to perform daily tasks and activities they once managed effortlessly. To understand the course of dementia, we often categorize it into four stages: mild, moderate, severe, and terminal.

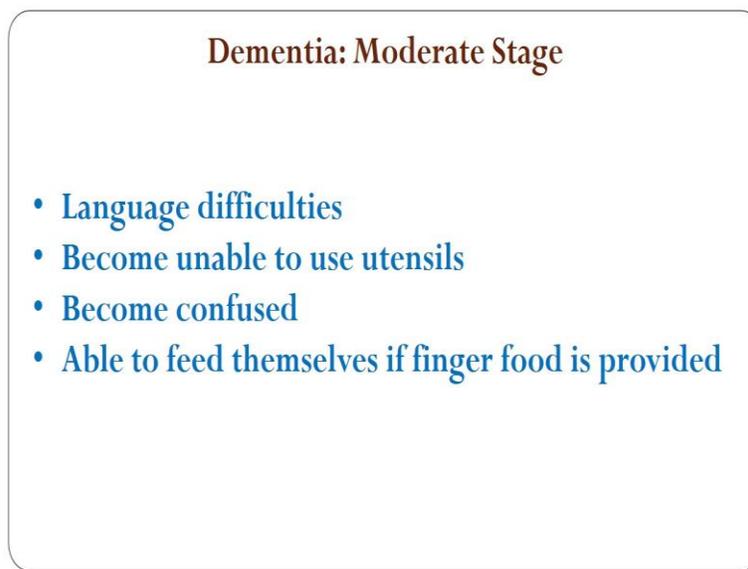
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Dementia: Mild Stage

- Memory problems
- Spatial disorientation
- Some personality changes
- Need assistance or reminders
with basic activity of daily living

Now, let's talk about the mild stage of dementia Memory Problems: Individuals may begin experiencing difficulties with memory, such as forgetting recent events or names of familiar people. Spatial Disorientation: Individuals may struggle with navigating familiar places or recognizing their surroundings. Personality Changes: Individuals face mild changes in personality and it become noticeable, such as increased irritability or mood swings. Need assistance or reminders with basic activity of daily living: individuals may require reminders or assistance from others for doing daily basic activities like grooming or meal preparation.

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Dementia: Moderate Stage

- Language difficulties
- Become unable to use utensils
- Become confused
- Able to feed themselves if finger food is provided

Now, let's discuss on the moderate stage of dementia: Language Difficulties: Communication becomes more challenging, with individuals experiencing trouble finding the right words or forming correct sentences. Difficulty with Utensils: They may struggle to use utensils effectively for eating or performing tasks requiring fine motor skills. Become confused: Confusion and disorientation become more pronounced, leading to difficulty in recognizing familiar people or places. Able to feed themselves if finger food is provided : Providing finger foods simplifies the process due to decreased dexterity.

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Dementia: Severe Stage

- Impaired comprehension
- Often do not recognize the need of basic activities of daily
- Living and resist when caregiver attempts to provide care.
- Motor difficulties – may not be able to feed themselves and difficulty walking but may walk with assistance
- High risk for falls
- May also develop incontinence

Now, let's discuss on the severe stage of dementia: Impaired Comprehension: Understanding and processing information becomes significantly impaired. Resistance to Care: Individuals may resist or refuse assistance with basic activities, making caregiving challenging.

Motor Difficulties: Mobility is severely affected, with difficulty in feeding oneself and walking independently. Assistance is often required. High Risk for Falls: Decreased balance and coordination increase the risk of falls, necessitating precautionary measures.

Incontinence: Loss of bladder or bowel control may occur, requiring management strategies to maintain hygiene and comfort.

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Dementia: Terminal Stage

- Become mute or unable to have meaningful verbal Communication.
- May not be able to maintain eye contact
- Unable to walk even with assistance
- Swallowing difficulties- choking on solids and liquids
- May aspirate nasopharyngeal secretions

Now, let's discuss on the terminal stage of dementia: Loss of Verbal Communication: Communication becomes severely impaired, with individuals unable to articulate meaningful speech. Lack of Eye Contact: Difficulty in maintaining eye contact, further limiting interpersonal connection. Loss of Mobility: Even with assistance, individuals may become completely immobile, requiring full support for movement.

Swallowing Difficulties: Challenges with swallowing increase the risk of choking on both solid and liquid foods. Risk of Aspiration: Aspiration of nasopharyngeal secretions becomes a concern, requiring careful monitoring and management to prevent respiratory complications.

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Dementia: Comorbidities

- Neurological complications- parkinson's disease, Seizures, Extrapramidal symptoms
- Intercurrent infections- UTI, URTI/LRTI, Skin and Sub-Cutaneous tissue
- Malnutrition – decrease intake, increase expenditure and loss of muscle mass

Now, let's talk on the Comorbidities: Neurological Complications: This includes conditions like Parkinson's disease, seizures, and extrapyramidal symptoms, which often accompany dementia. Intercurrent Infections: Individuals with dementia are prone to infections such as urinary tract infections, upper respiratory tract infections, lower respiratory tract infections, as well as issues with the skin and subcutaneous tissue. Malnutrition: Decreased intake, increased energy expenditure, and loss of muscle mass contribute to malnutrition, a common comorbidity in dementia patients.

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Palliative care approach to Dementia

They have “Sun Downing” increasing confusion at bedtime.

Which can be reduced by –

- Day time exercises
- Consistent bedtime routine
- Prevent day time napping

In our palliative care approach to dementia, our focus extends beyond merely managing symptoms; it encompasses providing compassionate and comprehensive care. Let's explore some essential aspects of this approach. Sundowning refers to the increasing confusion and agitation often experienced by individuals with dementia, particularly during the evening hours. To mitigate the effects of sundowning and promote a more comfortable and restful nighttime experience for individuals with dementia, several strategies can be employed: Daytime Exercises: Encouraging regular physical activity during the day can help reduce restlessness and promote better sleep at night. Consistent Bedtime Routine: Establishing a calming bedtime routine can signal to the body that it's time to wind down and prepare for sleep. Prevent Daytime Napping: Minimizing daytime naps can help regulate the sleep-wake cycle and reduce confusion and agitation at bedtime.

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Palliative care approach to Dementia

- Control of pain
- Encouraging patients in participating in their own grooming and bathing reduce their agitation.
- Sponge bath and adjusting water temperature
- Familiar music and social activities
- Constipation treatment include high fiber diet and osmotic laxatives. Stool softener are ineffective.
- Bed sore can be prevented by frequent turning
- Dryness of mouth- artificial saliva spray or ice chips

All in all good, kind and considerate nursing care is needed.

Control of Pain: Ensuring effective pain management to alleviate any discomfort or distress experienced by the patient. Encouraging Patient Participation: Involving patients in their grooming and bathing routines can promote a sense of independence and reduce agitation.

Sponge Bath and Water Temperature: Providing sponge baths and adjusting water temperature can enhance comfort during bathing.

Familiar Music and Social Activities: Engaging patients in familiar music and social activities can provide comfort and stimulate positive emotions. Constipation Treatment: Implementing a high-fiber diet and osmotic laxatives to address constipation, as stool softeners may not be effective. Preventing Bed Sores: Employing strategies such as frequent turning to prevent the development of bed sores or pressure ulcers.

Managing Dryness of Mouth: Using artificial saliva spray or offering ice chips to alleviate dryness of the mouth and enhance comfort. Ultimately, compassionate and attentive nursing care is essential for the overall well-being of patients with dementia.

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Palliative care approach : Medicines

Medicines:

- Has limited role than good individualized nursing care
- Early in the disease- cholinesterase inhibitors e.g. Donazepil, Rivastigmine improves behavioral abnormalities for few months only.
- Low dose of neuroleptics – ameliorate hallucinations, confusion and delusions
- Second generation of neuroleptics cause less extrapyramidal Symptoms still watch out for parkinsonism.

When it comes to the palliative care approach to dementia, it's essential to recognize that medicines play a limited role compared to the invaluable impact of individualized nursing care. While medications can help manage certain symptoms, they should be used judiciously and in conjunction with holistic care strategies. Cholinesterase Inhibitors: In early stages, cholinesterase inhibitors like Donazepil and Rivastigmine can temporarily improve behavioral abnormalities. Low doses of neuroleptics can help in reducing

hallucinations, confusion, and delusions. Second-generation neuroleptics are preferred as they cause fewer extrapyramidal symptoms, but caregivers should remain vigilant for signs of parkinsonism.

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Delirium

Now let us discuss on Delirium

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- ✓ Delirium is an abrupt change in the brain that causes mental confusion and emotional disruption.
- ✓ It makes it difficult to think, remember, sleep, pay attention, and more.
- ✓ You might experience delirium during alcohol withdrawal, after surgery, or with dementia.
- ✓ Delirium is usually temporary and can often be treated effectively.

Delirium is characterized by a sudden alteration in brain function, leading to confusion and emotional disturbances. It affects cognition, memory, sleep, attention, and other mental processes. Delirium can occur during alcohol withdrawal, post-surgery, or in individuals with dementia. While delirium is typically temporary, it can often be effectively treated with appropriate interventions.

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Types of delirium

Delirium is categorized by its cause, severity, and characteristics:

- Delirium tremens is a severe form of the condition experienced by people who are **trying to stop drinking**. Usually, they've been drinking large amounts of alcohol for many years.
 - Hyperactive delirium is characterized by being highly alert and uncooperative.
 - Hypoactive delirium is more common. With this type, you tend to sleep more and become inattentive and disorganized with daily tasks. You might miss meals or appointments.
- Some people have a combination of both hyperactive and hypoactive delirium (called mixed delirium), alternating between the two states.

Let's discuss the different types of delirium, categorized by their causes, severity, and characteristic features. Delirium Tremens (DTs): This severe form of delirium often occurs in individuals attempting to quit heavy alcohol use after many years. Hyperactive Delirium: This type is characterized by heightened alertness and uncooperative behavior. Hypoactive Delirium is More common, it leads to increased sleepiness and difficulty with daily tasks, such as missing meals or appointments. Mixed Delirium: Some individuals may experience a combination of both hyperactive and hypoactive delirium, with symptoms alternating between the two states.

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Differences Between Delirium and Dementia

Delirium

Acute
Often remitting and reversible

Mental clouding
(information not taken in)

Speech rambling and incoherent

Often diurnal variation

Often aware and anxious

Dementia

chronic
usually progressive and
irreversible
Brain Damage
(information not retained)

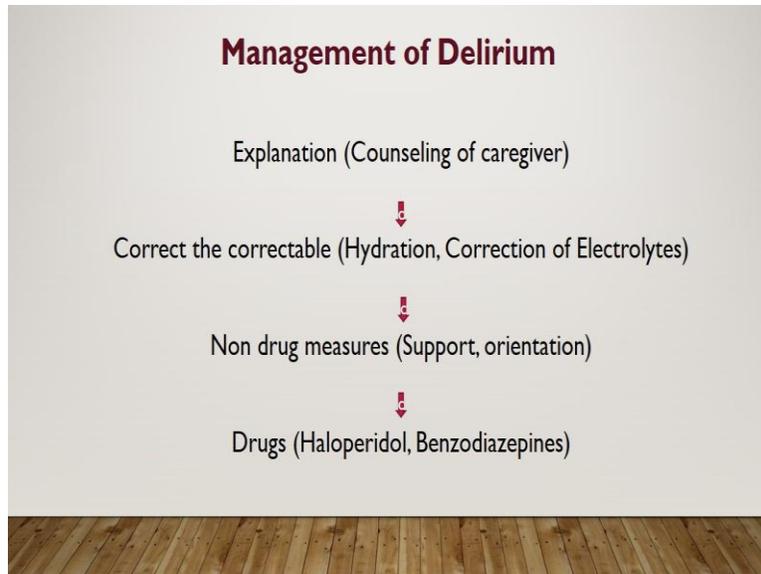
Speech stereotyped and
limited

Constant

Unaware and unconcerned

Let us discuss on the Differences Between Delirium and Dementia. Delirium, characterized by acute onset, is often reversible and may fluctuate throughout the day. Individuals with delirium experience mental clouding, where information is not properly absorbed, leading to rambling and incoherent speech. Despite their confusion, they are usually aware of their surroundings and may feel anxious. In contrast, dementia is a chronic condition that progresses gradually over time. It is typically irreversible and shows constant symptoms. Those with dementia also experience mental clouding, but their speech tends to be stereotyped and limited. Importantly, they are often unaware of their condition and may not exhibit signs of anxiety. Understanding these differences is vital for accurate diagnosis and tailored treatment plans.

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Let's take a look at the key components of managing delirium. In delirium management, effective counseling of caregivers is crucial, empowering them to support the patient effectively. Correcting underlying issues like hydration and electrolyte imbalances is essential for symptom alleviation. Non-drug measures, such as creating a supportive environment and orientation techniques, play a vital role in reducing agitation and confusion. Consider pharmacological interventions when non-drug measures are insufficient to manage severe symptoms. Haloperidol may be used to address agitation and psychosis, while benzodiazepines may be appropriate for certain cases, such as delirium due to alcohol withdrawal. Overall, a comprehensive approach addressing causes and symptoms optimizes outcomes for delirium patients. Thank you.