

# Chapter 35

## Confusion and Dementia

# Lesson 35.1

- Define the key terms and key abbreviations in this chapter.
- Describe confusion and its causes.
- List the measures that help confused persons.
- Explain the difference between delirium and dementia.
- Describe the signs, symptoms, and behaviors of Alzheimer's disease (AD).

# Lesson 35.1 (Cont.)

- Explain the care required by persons with AD and other dementias.
- Describe the effects of AD on the family.
- Explain validation therapy.
- Explain how to promote PRIDE in the person, the family, and yourself.

# Changes in the Brain

- Changes in the brain and nervous system occur with aging.
- Certain diseases affect the brain.
- Changes in the brain can affect cognitive function.
  - Cognitive relates to knowledge.
  - Cognitive function involves:
    - Memory
    - Thinking
    - Reasoning
    - Ability to understand
    - Judgment
    - Behavior

# Confusion

- Confusion has many causes.
  - Diseases, infections, hearing and vision loss
  - Drug side effects
  - Brain injury
  - Reduced blood supply to the brain, with aging
- Acute confusion (delirium) occurs suddenly and is usually temporary.
  - Causes include infection, illness, injury, drugs, and surgery.
  - Treatment is aimed at the cause.
- Confusion caused by physical changes cannot be cured.

# Dementia

- Dementia is the loss of cognitive function that interferes with routine personal, social, and occupational activities.
- Dementia is not a normal part of aging.

# Early Warning Signs

- Some early warning signs include:
  - Recent memory loss that affects job skills
  - Problems with common tasks
  - Problems with language; forgetting simple words
  - Getting lost in familiar places
  - Misplacing things and putting things in odd places
  - Personality changes
  - Poor or decreased judgment
  - Loss of interest in life

# Treatable Causes

- Some dementias can be reversed. Treatable causes include:
  - Drugs and alcohol
  - Delirium and depression
  - Tumors
  - Heart, lung, and blood vessel problems
  - Head injuries
  - Infection
  - Vision and hearing problems
- Permanent dementias result from changes in the brain. They have no cure.
  - Alzheimer's disease is the most common type of permanent dementia.



# Pseudodementia

- Pseudodementia means false dementia.
  - The person has signs and symptoms of dementia.
    - There are no changes in the brain.
- Delirium and depression can be mistaken for dementia.
  - Delirium is a state of temporary but acute mental confusion.
    - It is common in older persons with acute or chronic illnesses.
    - Delirium signals physical illness in older persons and in Persons With Dementia. It is an emergency.
  - Depression is the most common mental health disorder in older persons.
    - Depression, aging, and some drug side effects have similar signs and symptoms.

# Alzheimer's Disease

- AD is a brain disease.
  - Nerve cells that control intellectual and social function are damaged.
  - These functions are affected:
    - Memory
    - Thinking
    - Reasoning
    - Judgment
    - Language
    - Behavior
    - Mood
    - Personality

# Alzheimer's Disease (Cont.)

- AD is gradual in onset.
  - It gets worse and worse over 3 to 20 years.
  - It usually occurs after the age of 60.
  - The risk increases with age.
- The cause is unknown.
  - A family history of AD increases a person's risk of developing the disease.
- More women than men have AD.
  - Women live longer than men.
- The classic sign of AD is gradual loss of short-term memory.

# Alzheimer's Disease (Cont.)

- The disease ends in death.
- AD is often described in terms of 3 stages (mild, moderate, and severe).
- The Alzheimer's Association describes 7 stages:
  - No impairment
  - Very mild cognitive decline
  - Mild cognitive decline
  - Moderate cognitive decline
  - Moderately severe decline
  - Severe cognitive decline
  - Very severe decline

# Alzheimer's Disease (Cont.)

- With AD, these behaviors are common:
  - Wandering
  - Sundowning (Signs, symptoms, and behaviors of AD increase during hours of darkness.)
  - Hallucinations (seeing, hearing, smelling, or feeling something that is not real)
  - Delusions (false beliefs)
  - Catastrophic reactions (extreme responses)
  - Agitation and restlessness
  - Aggression and combativeness
  - Screaming
  - Abnormal sexual behaviors
  - Repetitive behaviors

# Care of Persons With AD and Other Dementias

- The person and family need your support and understanding.
- People with AD do not choose:
  - To be forgetful, incontinent, agitated, or rude
  - To have other behaviors, signs, and symptoms of the disease

# Care of Persons With AD and Other Dementias (Cont.)

- Currently AD has no cure.
  - Symptoms worsen over many years.
    - The rate varies from person to person.
  - Over time, persons with AD depend on others for care.
  - The person can have other health problems and injuries.
    - The person may not be aware of signs and symptoms.
  - The person needs to feel useful, worthwhile, and active.
- Many nursing centers have special units for persons with AD and other dementias.
  - Some units are secured.

# The Family

- Health care is sought when the family cannot deal with the situation or meet the person's needs.
- Home health care may help for a while.
- Adult day care is an option.
- Long-term care is needed when:
  - Family members cannot meet the person's needs
  - The person no longer knows the caregiver
  - Family members have health problems
  - Money problems occur
  - The person's behavior presents dangers to self and others



# The Family (Cont.)

- The person's medical care can drain family finances.
- The family has special needs.
- Adult children are in the sandwich generation.
- Caregivers need much support and encouragement.
  - Many join AD support groups.
- The family is an important part of the health team.

# Validation Therapy

- Validation therapy may be part of the person's care plan.
  - The health team decides if validation therapy might help a person.
  - Proper use of validation therapy requires special training.
    - If used in your agency, you will receive the training needed to use it correctly.

# Quality of Life

- Nursing center residents have rights under the Omnibus Budget Reconciliation Act of 1987 (OBRA).
- The person has the right to:
  - Have privacy and confidentiality.
  - Make personal choices.
  - Keep and use personal items.
  - Be free from abuse, mistreatment, and neglect.
  - Be free from restraints.
- Activity and a safe setting promote quality of life.