

Delirium in the Elderly

SIGNIFICANCE

Common problem in the institutionalized elderly-25% or more of hospitalized elderly develop delirium, 50% of hip fracture patients. *This is a medical, not psychiatric illness. The underlying medical problem is potentially fatal.*

DIAGNOSIS

Key features, which must be present to make the diagnosis (DSMIV):

- cognitive loss (memory, orientation, language) or perceptual disturbance not explained by a previous dementia
- disturbed consciousness, (reduced clarity of awareness of the environment,) with decreased ability to focus, sustain or shift attention
- change occurs over a few hours/days
- evidence from Hx, PE or lab, or suspicion of, medical condition or substance/substance withdrawal that is causing the change; or secondary to sensory deprivation

Other features may include anxiety, hypervigilance, belligerence, motor restlessness, lethargy, sleep-wake cycle disturbance, hour-to-hour variability, delusions, and hallucinations (more commonly distortions of reality).

The diagnosis can be made if there is acute onset with fluctuating course, plus inattention, plus either disorganized thinking or altered level of consciousness.

DIFFERENTIAL DIAGNOSIS

SCHIZOPHRENIA

Generally diagnosed well before old age. Disturbance in consciousness/attention deficit not usually present. Thought disturbance tends to be bizarre; with delirium, not so bizarre, just mixed up.

DEMENTIA

Not acute or subacute in onset. Consciousness not disturbed until late in the disease. Patients with dementia are much more likely to develop delirium. Cannot make the diagnosis of dementia in the presence of delirium.

CAUSES OF DELIRIUM

Drugs

Any CNS acting agents, analgesics (including NSAIDS), antihypertensives, anti-Parkinson drugs, digitalis, quinolone antibiotics, H2 blockers, anticholinergics, beta blockers, steroids, alcohol; also withdrawal from alcohol, benzodiazepines or other addictive drugs. Many common drugs have anticholinergic activity (furosemide, digoxin, warfarin, prednisone, isosorbide, codeine). Often the additive effects of multiple drugs that results in delirium.

Endocrine/metabolic

For more information or to contact the Resource Center, please contact:

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