



Alzheimer's, Dementia, and Delirium

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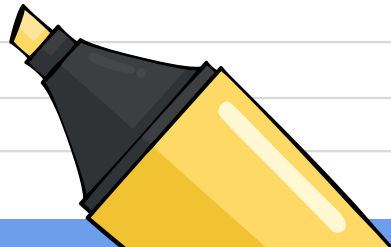
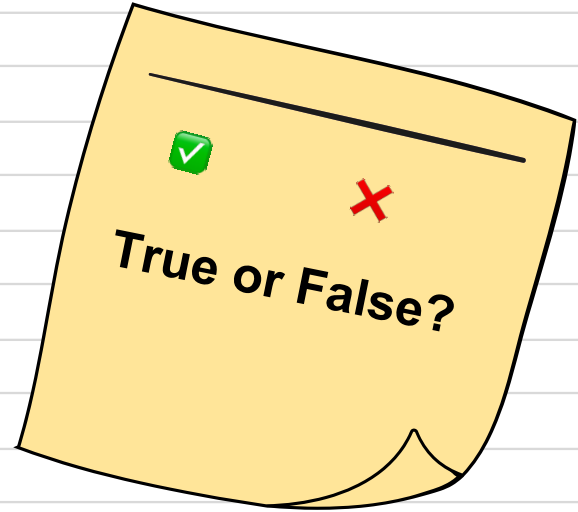
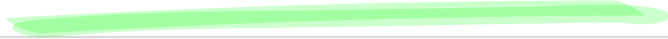
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A cognitive impairment that interferes with social or occupational functions is considered part of normal aging.





What is dementia?

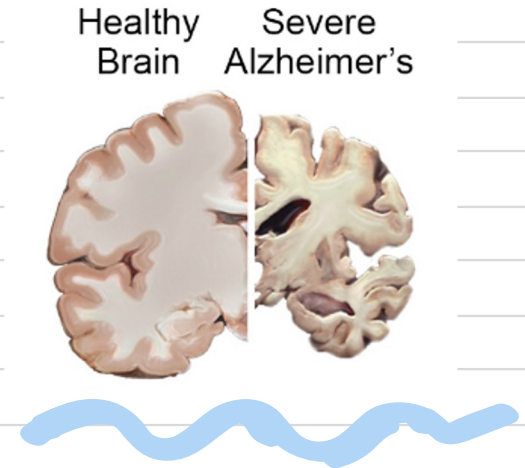


“ A **progressive** loss of cognitive function and is **not** a normal part of aging”



Alzheimer Disease (AD)

- Alzheimer disease (AD) is the **most common** cause of dementia
- It is caused by “plaques” and “tangles formed by buildup of proteins in the brain
- **Slowest** progression on average
- Generally mild at the beginning and worsen overtime



Risk factors of Alzheimer's Disease (AD)

- > 65 y
- Female
- Family history (1st-degree relatives: parents, full siblings, children)
- Health & lifestyle : diabetes, stroke, heart problems, high blood pressure, high cholesterol, and obesity in mid-life

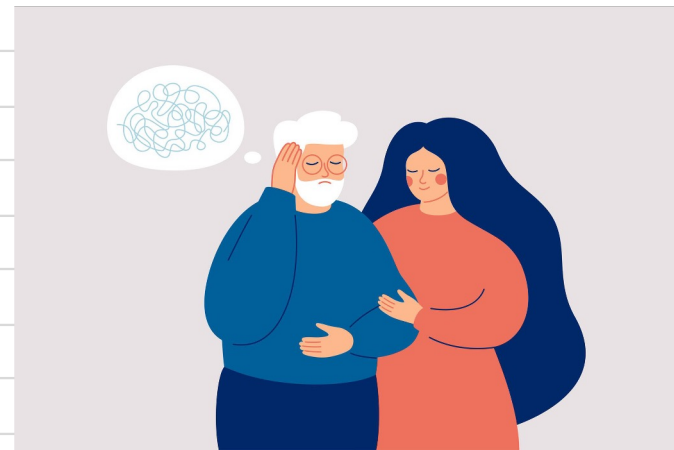


Warning Signs

1. Difficulty finding **words**
2. Friends and family are concerned about the person
3. Difficulty performing familiar tasks
4. Confusion with regard to **time** and **place**
5. Poor and decreased judgment
6. Problems with abstract thinking
7. **Misplacing things**
8. Changes in personality
9. Loss of initiative
10. Memory loss affecting day to day function

Forgetting the **name** of a family member

Forgetting a **recent conversation**





Stages of Progression



Early

- Short -term memory loss**
- Difficulties with thinking/ problem-solving, orientation, and/or language
- Changes in mood (depression/ irritability)/ personality



Middle

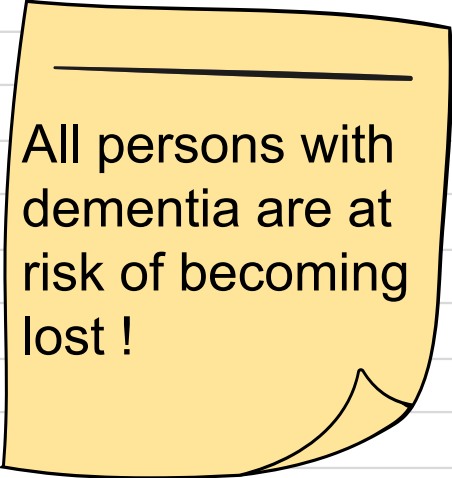
-  memory loss, communication difficulties, reasoning & orientation problems
- May **get lost!**
-  confusion
- Delusions/ hallucinations
- Agitation (restless or pacing), repetition of the same question
- Disturbed sleep patterns

Stages of Progression



Late

- Long-term memory loss**
-  physical weakness ( **risk of falls**)
- Language** deterioration + loss of speech
- Paranoia may occur
- Restless and agitation



All persons with dementia are at risk of becoming lost !

Sundowning

A **confusion state** that occurs in **late afternoon** and may continue into the night. It affects people in mid to late stage of Alzheimer's and other forms of dementia.



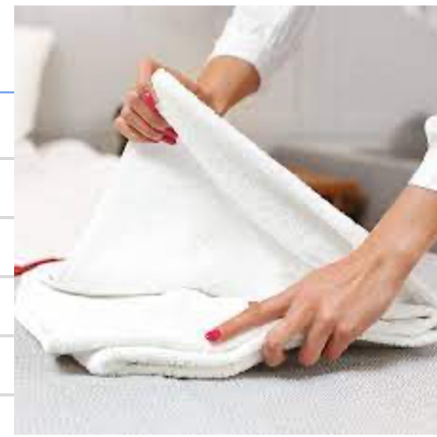
Sundowning

Behaviors

- Confusion
- Anxiety
- Aggression
- Attempt to leave the house

Possible Cause

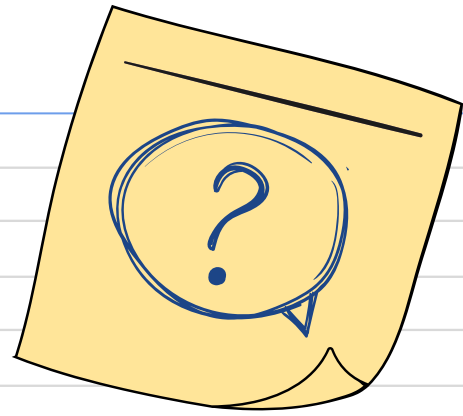
- Being tired at the end of the day
- Low lighting creating shadows
- Less activity in the afternoon
- They used to be busy in the afternoon



What should we do?

- Reorient (person, time, place)
- Keep naps short
- Adequate lighting
- Clock/calendar
- Find something to do
 - Fold napkins
 - Fold towels
 - Set up dinner table

Is AD curable?



Currently, there's **no cure**.



AD medications might only **slow** cognitive decline and symptom progression

Medications that help with delusions/ hallucinations/
mood symptoms ✓



What we can do as caregivers?



**Home
Safety**

Communication

Security

Bathing



Verbal Communication

Physical Care

- Announce single activities
- Use one-step instructions
- Use verbal instruction before physical assistance

Early

- Avoid Arguing
- Use yes or no questions
- Suggest words if struggling for a specific word

Moderate/Late

- Use names and nouns
- Address person's name
- Use simple sentences
- Repeat and rephrase sentences

Verbal Communication

General Skills

- Use positive and biographical statements
- Identify personal communication styles
- Avoid elder speak** (diminutives)
- Slow down**



Non-verbal Communication Skills

Unusual ?

- Eye movement
- lifting the corner of the mouth
- Tears

Reflect

- Make eye contact
- Give enough time
- Avoid high-pitch voice
- Active listening

Recognize Emotions

- Notice & validate person with dementia' effects
- Use emotional tone
- Show empathy

Prevent wandering & becoming lost



When the person is lost

1. Call 911
2. Initial 6-12h: 5 miles radius around the lost person was last seen
3. Locating the vehicle if the person was driving

Prevent wandering & becoming lost



For caregivers:

1. Put signs on doors
2. Install door alarms
3. Remove access to car keys if the person is no longer driving

For the person with AD:

1. Carry your ID with emergency contact
2. Carry tracking devices: cell phone/GPS
3. Exercise regularly under supervision



Home safety checklist

	Yes	No
Do I need to store the scatter rugs and secure the carpet to prevent falls?		
Are the stairways safe for the person I am caring for?		
Is the person with Alzheimer's disease able to use the electrical appliances in the kitchen and bathroom safely?		
Should the hot water heater temperature be lowered?		
Are there any medications, cleaning substances or gardening chemicals that should be locked away?		
Do I need to be there when the person with Alzheimer's disease has a cigarette or should I hide the lighter and matches?		
Should I lock some of the doors or do I need to change where on the doors the locks are?		
Should I consider installing some safety equipment in the bathroom (e.g., grab bars, elevated toilet seat, non-slip mat)?		
Does the lighting sufficiently eliminate shadows that may cause confusion?		
Are there items that confuse the person with Alzheimer's disease (e.g., pictures, mirrors)?		

Bathing people with dementia

- **Person-focused** ✓ task-focused ✗
- Give bath at a calm + agreeable time of the day
- Use a **handheld showerhead** rather than an overhead showerhead
- Allow as much independence and control as possible
- Create an **unrushed** environment
- Give one direction at a time
- **Never leave the person alone in the bath**

(Kozier et al, 2018, p716)



Bathing people with dementia

- Security devices : bath seat, grab bars
- Provide for consistency among caregivers → same gender
- If washing hair is stressful during a shower/ bath
 - a. No rinse shampoo is an alternative if washing
 - b. Washing hair in bed



Bedside-Care no-rinse cleanser

Polling

- 1) I am able to name 2 early signs of Alzheimer's disease: _____
- 2) I am able to recall how many stages there are in AD progression: _____

Dear participant, your feedback is highly valuable and will help us improve our project. Please fill out this evaluation and let us know your thoughts about the workshop. Circle the answer that represents your answers. All information received will be kept confidential.

1=Agree	2= Neutral	3=Disagree
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Outcome Evaluation			
I am able to name two early signs of Alzheimer's disease: _____	1	2	3
I am able to recall how many stages there are in Alzheimer's Disease progression: _____	1	2	3
I am able to recall at least 3 tips to manage delirium: _____	1	2	3
I am able to describe the difference between dementia and delirium.	1	2	3
I am able to names resource that I believe is useful: _____	1	2	3
Process Evaluation			
I am satisfied with the information presented.	1	2	3
The educators have answered all my questions	1	2	3

Additional Feedback

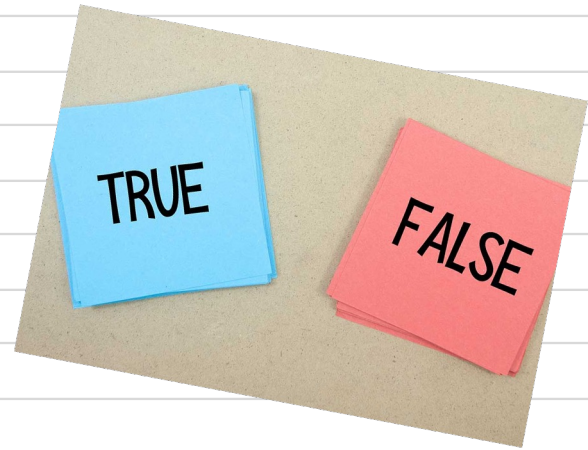
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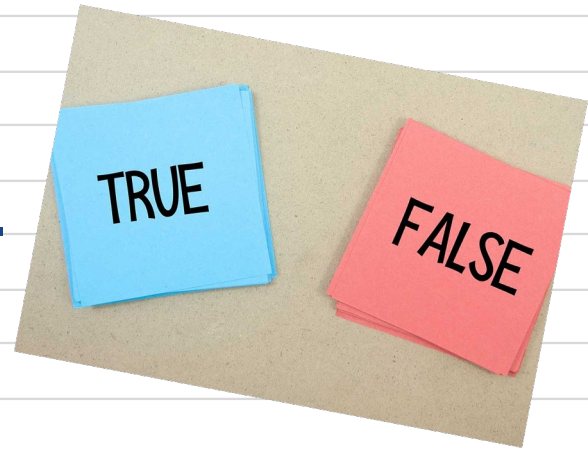
Delirium



**You can't have delirium
if you have dementia.**



**Delirium is just temporary
confusion - it's nothing serious.**





What is it?

- Sudden change in cognitive abilities.
- Results in being confused, difficulty to focus or think
- Can last from a few hours to several weeks or months



Facts about delirium

- **1/3 of patients >70 years old experience delirium in a hospital environment**
- **Around 14%-56% of elderly patients are affected by delirium after surgeries**

Signs and symptoms

AWARENESS

Reduced awareness of surrounding

- Difficulty focusing
- Stuck on an idea
- Easily distracted
- Decreased response to the surroundings



Poor thinking skills

- Poor memory
- Forgetful about location
- Difficulty recalling words
- Nonsense speech
- Difficulty understanding, reading, writing

Behavior and emotional change

- Anxiety
- Depression
- Short tempered
- Lack of interest
- Personality change
- Hallucination
- Changed sleep habits

Types of delirium

Hyperactive

- Inability to rest or relax
- Anxious
- Sudden change in mood

Hypoactive

- Reduced physical activity
- Sleepy/ lack of energy
- No interaction with anyone

Mixed

- Symptoms from both types of delirium
- Switch back and forth from being restless and inactive

Causes of delirium



Side effects of medications used for:

- Pain
- Sleep
- Mood disorder
- Asthma
- Swelling

Other possible causes

- Alcohol or drug withdrawal
- Medical condition (stroke, heart attack, fall)
- Fever and infection
- Urinary tract infection
- Pneumonia (infection of the lungs)
- Flu
- Poor nutrition or dehydration
- Lack of sleep
- Emotional distress
- Pain
- Surgery or medical procedure

Treatment for delirium



- Find and address the cause or trigger of delirium
- Create an appropriate environment for healing the body and calming the brain

Management of delirium

Promote sleep habits

- Provide a calm and quiet environment
- Encourage self-care and activity during the day
- Allow for restful sleep at night
- Keep regular daytime schedule



Promote calm environment and orientation

- Use of clock and calendar
- Keep familiar objects and pictures
- Approach the person calmly
- Decrease noise level and distractions



Prevent possible complications

- Medication on time
- Hydration and healthy diet
- Regular physical activity
- Seek treatment for potential problem (infection)

Care for caregiver

- Join a support group
- Learn more about the condition
- Request resources from health care professional
- Share caregiving with family and friend

Compare & Contrast

Delirium

- Occurs within a short period of time (1-2 days)
- Impaired ability to focus
- Symptoms can come and go several times during the day

- Recent memory loss
- Delusion or hallucination
- Restless or agitated
- Confusion

Dementia

- Chronic, progressive decline
- Normal attention-may decline
- Declined orientation overtime
- Long term memory loss
- Poor judgement



Therefore, tests for dementia shouldn't be done during a delirium episode because the results could be misleading.

Polling

3) I am able to recall at least 3 tips to manage delirium: _____

4) I am able to describe the difference between dementia and delirium: Agree or disagree

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Additional Feedback



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Resources

1. Montreal General Hospital (Geriatric Assessment Clinic):
5149341934, H3G1A4
2. Institut universitaire de gériatrie de Montréal (IUGM):
5143402800, H3W1W5
3. Alzheimer Society of Canada

- 
4. Local CLSC: free 24h/week home care services
 5. Montreal missing persons
 6. To purchase more affordable bath equipment: **Fripe-Prix Renaissance**
 7. Telus Medical Alert System
 - Low risk** of wandering: \$45/month
 - High risk**: provided by CLSC for free after assessment.
- 

Resources



8. Alzheimer Society of Montreal (5143690800): support groups and art therapy for caregivers, free individual consultations, art therapy, yoga, creative dance for people with AD.

9. Call **811** for non-urgent health issue or go to the emergency room if it requires immediate attention

SERVICES FOR PEOPLE WITH NEUROCOGNITIVE DISORDERS AND THEIR CAREGIVERS

CREATIVE DANCE WITH LES GRANDS BALLETS CANADIENS

This dance and movement activity is offered by the National Centre For Dance Therapy, a division of Les Grands Ballets Canadiens, and is adapted for people with neurocognitive disorders and their caregivers. Explore your creative potential and enjoy the benefits of physical activity!

Dress comfortably, bring a water bottle and join us!

Presented by Carol Jones, dancer, choreographer and dance therapy intern.

Cost: Free.

No experience required.

For more information, contact us at 514-369-0800 or by email at info@alzheimermontreal.ca

IN PERSON
Édifice Wilder Espace Danse — 1435, de Bleury Street, 4 th floor, Montreal
BILINGUAL
Wednesdays, 2 to 3 p.m. September 21 st to December 21 st , 2022



CENTRE NATIONAL DE DANSE-THERAPIE

Polling

5) I am able to name resource that I believe is useful: _____

6) I am satisfied with the information presented: _____

7) The educators have answered all my questions: Agree or Disagree

8) What is something new you learned today?

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Test your knowledge!



1

One might forget what they had for breakfast in early stage of _____.

2

An infection of the urinary system can cause _____.

3

Can you test for dementia during a delirium episode. _____.



References

Kozier, B., Erb, G. L., Berman, A., Snyder, S., & Frandsen, G. (2018). *Fundamentals of Canadian nursing : concepts, process, and practice*. (M. Buck, L. Ferguson, L. Yiu, & L. L. Stamler, Eds.) (Fourth Canadian). Pearson

Registered Nurses' Association of Ontario. (2016). *Delirium, dementia, and depression in older adults : assessment and care* (Ser. Clinical best practice guidelines). Registered Nurses' Association of Ontario. Retrieved December 1, 2021, <https://rnao.ca/bpg/resources/evidence-booster-screening-delirium-dementia-and-depression-older-adults>

Press, D.(2021).Management of the patient with dementia. *UpToDate*.https://www.uptodate-com.proxy3.library.mcgill.ca/contents/management-of-the-patient-with-dementia?search=alzheimer%20wandering&source=search_result&selectedTitle=3~150&usage_type=default&display_rank=3#H4

Alzheimer Society of Canada (2022). *Making your environment safe*. Alzheimer Society of Canada.<https://alzheimer.ca/en/help-support/im-caring-person-living-dementia/ensuring-safety-security/making-your->

References

Alzheimer Society of Canada (2022). *Restlessness or “sundowning”*. Alzheimer Society of Canada. <https://alzheimer.ca/en/help-support/im-caring-person-living-dementia/understanding-symptoms/restlessness-or-sundowning>

Press, D. & Buss, S. S.(2021). Treatment of Alzheimer disease. *UpToDate*. https://www.uptodate-com.proxy3.library.mcgill.ca/contents/treatment-of-alzheimer-disease?search=alzheimers%20management&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

MayoClinic. (n.d.). *Delirium*. <https://www.mayoclinic.org/diseases-conditions/delirium/symptoms-causes/syc-20371386#:~:text=Delirium%20is%20a%20serious%20change,to%20one%20or%20more%20factors.>

HealthinAging. (2020). *Delirium*. <https://www.healthinaging.org/a-z-topic/delirium/basic-facts>

Fong, T. G., Tulebaev, S. R., & Inouye, S. K. (2009). Delirium in elderly adults: diagnosis, prevention and treatment. *Nature reviews. Neurology*, 5(4), 210–220. <https://doi.org/10.1038/nrneurol.2009.24>

References

Alzheimer Society of Canada (2022). *The 10 Warning Signs of Dementia*. Alzheimer Society of Canada. <https://alzheimer.ca/en/about-dementia/do-i-have-dementia/10-warning-signs-dementia>