

Chapter 30

Caring for Persons With Confusion and Dementia

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 problem 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'd.

- 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'd.

- 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'd.

- 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'd.

- 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'd.

- 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.