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Delirium in Elderly

Elderly patients who present to the hospital will experience delirium.

Approximately 30% of patients over the age of 70 admitted to the hospital are experience delirium. Half of these patients have symptoms on admission and the other half develop them in the hospital. Most cases of delirium are missed in the hospital. These changes occur due to changes in underlying metabolism, medication interactions, or other organic etiology. Delirium is defined as an acute change in mentation due to some type of underlying etiology that is correctable if underlying issue is addressed.

Risk Factors On Admission To Hospital:	Other Underlying Risk Factors:	Medications:
• Visual impairment, significant illness on admission, decreased cognitive function, dehydration, renal or liver failure on admission, hypoxia or hypercapnia, electrolyte abnormalities.	• Malnutrition, numerous medications (greater than 4 different medication classes), foley catheter, restraints, underlying dementia or cognitive dysfunction	• Opioids, Benzodiazepines, anticholinergic medications, anything that crosses blood brain barrier.

Delirium Vs. Dementia?

- Delirium has rapid onset vs dementia which is gradual.
- Delirium has a fluctuating course vs dementia which is constant.
- Delirium has a disordered attention span vs dementia which is largely maintained.
- Delirium can be accompanied by hallucinations vs dementia which usually does not present with hallucinations.
- Delirium can be either hypoactive (lethargic/slow) vs hyperactive (agitation).
- Delirium can be treated (focus on underlying etiology and address) vs dementia which is not curable and will demonstrate slow progressive decline.