DELIRIUM, DEPRESSION, DEMENTIA

Looking Beyond The Baseline

by Louis Levenson

CASE

Our law firm was involved in a case which is instructive about the 3 Ds. Our client was the victim of medical malpractice resulting in her being in a comatose state for 9 months leading to her death. On the eve of trial the case was settled for a confidential amount.

What is interesting was that our client was a 70 year old female who had been living comfortably in a long term nursing home setting while also living with dementia.

Prior to 2012, our client could communicate her wishes, sing songs, recognize her family, and could ambulate with a wheelchair. In 2012, she was transferred to an LTAC Hospital to treat a prolonged ileus, temporary absence of the normal contractile movements of the intestinal wall which can cause cramping, constipation, and bloating. She was, as a result of this ileus, infected, in pain and transiently confused beyond her normal baseline.

As a result of the negligence of the LTAC our client never regained consciousness and died 9 months later.

What is interesting and troubling at the same time is that the Hospital's position was that since she was living with dementia, they were taking no responsibility for the delirium or distinguishing it from her baseline as described above.

Teepa Snow, testifying as an expert, helped to explain how delirium is a separate condition from dementia and how it can mask and worsen the appearance of dementia. Once the delirium passes caused by the negligence, infection or any other cause, the person living with dementia will return to baseline enjoying all of the life activities our client enjoyed previously.

RECOGNIZING DELIRIUM, DEPRESSION AND DEMENTIA (3 Ds)

Because of the overlapping signs and symptoms of dementia and depression, a patient who doesn't respond to therapy for depression will be evaluated for dementia. Knowing the subtle differences between the 3 Ds—delirium, dementia, and depression—will help you support your patient with appropriate nursing interventions and medications.

Having someone familiar with the 3 Ds, such as Teepa Snow, who can recognize the differences between delirium, depression, and dementia will help everyone involved see what is possible. However, because some untrained medical personnel will view and interpret the delirium (as was done in the litigation case that we successfully settled) as an irreversible worsening of the dementia thereby abandoning any hope of returning the patient to baseline. This is essential because treatments depend on the diagnosis. Here, I'll examine how the 3 Ds differ and discuss how a careful history and assessment

guides your nursing interventions.

At times, the symptoms of delirium, depression, and dementia overlap and occur simultaneously. It is important to recognize the differences in order to seek the appropriate treatment.

Delirium is an acute disturbance of awareness, Depression is a disturbance of mood, and Dementia is chronic brain failure. To further explain.

- Delirium is characterized by a sudden, acute, and fluctuating onset of confusion, disturbance in attention, disorganized thinking, and/or decline in level of consciousness. Delirium is most often caused by an underlying infection such as a urinary tract infection, medication toxicity, or other illness. It is usually reversible with treatment and is often worse at night.
- Depression is a biologically based illness that affects a person's thoughts, feelings, behavior, and mood. Symptoms are present on most days for at least two weeks and are out of the ordinary for that individual. Symptoms include tearful or sad feelings, weight changes, loss of interest in usual activities, trouble sleeping, indecisiveness, feelings of worthlessness, and low self-esteem. It is usually reversible with treatment and may be worse in the morning. A history of depression in young adulthood is a risk factor for late life depression. Approximately 20% of persons over the age of 65 suffer from depression.
- Dementia is a gradual and progressive decline in mental processing ability that affects short term memory, communication, language, judgment, reasoning and abstract thinking. It will eventually affect long term memory and the ability to perform familiar tasks. Sometimes there are changes in mood and behavior. There is a slow, chronic progression and it is irreversible.