

Care and Monitoring of the Confused Patient

with

Alzheimer's Disease and Other Dementias

Demographics

Advanced age and the aging process does not cause confusion or dementia.

It is estimated that among community-dwelling older people, about 5% -10% over the age of 65 and close to 20% of those over the age of 75 have some degree of clinically detectable impairment of cognitive function.

Between 60% and 80% of nursing home residents have some form of dementia.

Between 30% and 50% of the older patients admitted to acute care medical and surgical services (hospitals) will exhibit varying degrees of confusion.

Alzheimer's Disease (AD) accounts for close to two-thirds of dementias in the elderly population.

In 2000 the United States' elder population (those 65 years of age and over) accounted for 13% of the population. In the 10 years between 1990 and 2000 the United States experienced only a 0.5% increase in our elderly population (from 12.5% to 13%). The most rapid rate of increase in the elderly population is expected between 2005 and 2030. By 2030, it is estimated that the elderly will make up approximately 22% of the U.S. population.

It is thought that the relatively slow growth of the elderly population in the 1990's was due to the low birth rate during the Great Depression. And that the expected rapid growth between 2005 and 2030 will be due to the aging of the baby-boomer generation.

Definitions

Confusion has been defined as a mental state in which reactions to environmental stimuli are inappropriate; a state in which the person is bewildered or perplexed or unable to orientate himself.

Delirium is an acute or subacute alteration in mental status especially common in the elderly population.

Dementia is a clinical syndrome involving a substantial loss of intellectual function and memory impairments that is severe enough to cause dysfunction in daily living.

After considering these three definitions it would seem that 'confusion' although moderately descriptive really tells the reader nothing about the patient and should be clarified with specific descriptive narratives and as such not a good candidate for a diagnosis. Therefore, it would seem that what is left for diagnoses of confused patients is delirium and dementia. Owing to the fact that dementias can have vastly differing causative agents, even 'dementia' should be clarified when used as a diagnosis.

Differentiating the causes of confusion

As with many other disorders affecting the elderly, confusion often results from multiple interacting processes rather than a single causative factor.

Often the confused elderly person seeking medical attention can have multiple disorders such as stroke, congestive heart failure, an affect disorder, a metabolic disorder, sensory impairment such as hearing loss, multiple drug treatment regime, possibly adverse affects of a variety of drugs or alcohol, and often multiple physicians prescribing. And, an accurate diagnosis can be a challenge to the most skilled medical practitioner.

Disorders causing confusion in the elderly may be best addressed when broken down into the following categories:

Acute disorders, usually associated with an acute illness, drugs and environmental factors as seen with delirium