

Improving Care for Dementia Patients in Emergency Departments

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What is Dementia?

- ▶ Characterized by a decline in memory, language, problem-solving, calculating, and even visuospatial abilities which affect the patient's daily life
- ▶ Alzheimer's Disease (60-80%)
- ▶ Vascular Dementia (5-10%)
- ▶ Lewy Body Dementia (5-10%)
 - ▶ Alpha-synuclein
 - ▶ Slow gait, fluctuating symptoms, visual hallucinations
- ▶ Parkinson's Dementia
 - ▶ Often has tremors, shuffling steps, stooped posture, hypomimia
- ▶ Mixed Dementia

Diagnosing Dementia

- ▶ MD's have sometimes been reluctant to diagnose
- ▶ No significant curative treatment
 - ▶ Current medications may provide modest benefit
- ▶ MRI, FDG-PET, neuropsychiatric testing, CSF
- ▶ New law in Massachusetts
 - ▶ Requires healthcare providers to be educated about Alzheimer's and other dementias



What is Delirium?

- ▶ Acute confusional state with changes in attention and cognition
- ▶ Comes from the Latin meaning “off the plowed track”
 - ▶ Implies that one can be guided to stay on or get back on track
- ▶ Common cause of morbidity and mortality for hospitalized older adults

Diagnosing Delirium

- ▶ DSM-IV
- ▶ Disturbance of consciousness with reduced ability to focus, sustain, or shift attention
- ▶ A change in cognition or the development of perceptual disturbances that is not better accounted for by a pre-existing, established or evolving dementia
- ▶ The disturbance develops over a short period of time and tends to fluctuate over the course of a day
- ▶ Evidence from the history, physical exam, or lab results that the delirium has more than one etiology
- ▶ Confusion Assessment Method (CAM)



How often do patients with dementia visit emergency departments (EDs)?

- ▶ Dementia patients have a 20% higher visits compared to patients without Dementia
- ▶ Dementia patients have a 40% higher likelihood of preventable hospital admissions
- ▶ It is estimated that 20-40% of older adults who visit EDs have some form of dementia
- ▶ Dementia patients are more likely to die after hospitalization than patients without dementia

Dementia can be difficult to manage

- ▶ Dementia patients are more prone to
 - ▶ Acute delirium
 - ▶ Infection (reduced mobility, UTI, Pneumonia)
 - ▶ Dehydration (inadequate fluid intake)
 - ▶ Falls with injury (impaired mobility, needing help with ADLs)
 - ▶ Adverse effects of medications (misunderstanding or inability to remember if they took their meds)
 - ▶ Being physically or chemically restrained at the ED
 - ▶ Readmission (inadequate treatment or inability to follow discharge instructions)

What problems do they face in EDs?

- ▶ Disorienting to the patient, unfamiliar environment
- ▶ May not be able to answer questions about their presenting history, symptoms, needs
- ▶ Decreased PO intake, especially for longer stays
- ▶ 52% more likely to develop delirium if treated with a steroid
- ▶ Physical restraints, can be very disturbing to patient
- ▶ Providers who may not know how to care for these patients, or know that they have dementia at all
- ▶ Poor provider-patient relationship, poor communication among providers
- ▶ Stigma and ageism



Environmental Interventions

- ▶ Try to have someone with the patient so they can be reoriented
- ▶ Give them games, puzzles, food to keep them occupied
- ▶ Reduce sensory overload
 - ▶ dark at night, light during the day
 - ▶ Quiet at night, cluster care



Tips for preventing adverse reactions in patients with Dementia

- ▶ Start with a low dose
- ▶ Titrate the dose up slowly as needed
- ▶ Review all medications and supplements the patient takes
- ▶ Ask whether the patient has been taking their medications consistently
 - ▶ How do we know?
- ▶ Provide written instructions
 - ▶ In a language they can understand, font they can read
- ▶ Avoid using one medication to treat the side effects of another
 - ▶ Better to discontinue that medication and try one with lower side effect profile

Medications associated with delirium

- ▶ Antiarrhythmics
- ▶ Anticholinergics
- ▶ Antihistamines
- ▶ Anti-inflammatory medications
- ▶ Antiparkinsonian medications
 - ▶ Sinemet, l-dopa
- ▶ Barbituates
- ▶ Benzodiazepines
- ▶ Dihydropyridine calcium channel antagonists
- ▶ Corticosteroids
- ▶ Digitalis
- ▶ Diuretics
- ▶ Fluoroquinolones
- ▶ Histamine H2 receptor antagonists
- ▶ Opioids
 - ▶ meperidine
- ▶ Tricyclic antidepressants
- ▶ Medications containing alcohol
- ▶ Atropa belladonna extract
- ▶ Henbane
- ▶ Mandrake

Goals

- ▶ Prevent avoidable trips to ED, hospital admissions
- ▶ If in the ED, have a caregiver or provider with patient at all times
- ▶ Reduce unnecessary medications
- ▶ Determine if there is a reversible cause of the delirium
- ▶ Communicate with patient's caregiver, partner to get full story and include in care planning
- ▶ Provide environmental interventions to reduce risk of delirium
- ▶ Avoid chemical and physical restraints
- ▶ Communicate with other team members to coordinate care

References

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