SAQ 11

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A 72 year old woman with Lewy body dementia presents to the emergency department with her daughter. This morning she woke up confused, agitated and became very aggressive, which is not usual for her.

- State four (4) distinctive elements this patient might have that would indicate she has a delirium. (4 marks)

- State four (4) non-pharmacological approaches that would be useful in the prevention and/or management of delirium in this patient during her admission.
  (4 marks)

- State four (4) principles that guide the pharmacologic management of increasing agitation in this patient. (4 marks)

Delirium

- Delirium is a complex neuropsychiatric condition of acute brain dysfunction with multifactorial aetiology.
- Delirium is common in hospitalised older patients
- Presentation of delirium is highly variable
- Disturbances in attention and awareness are central to the diagnosis, with other common abnormalities including abnormal motor behaviour, sleep wake cycle abnormalities and disturbances in emotion, perception and thinking.
- Abnormalities in motor behaviour form the basis for the categorisation of delirium into three subtypes; hyperactive, hypoactive and mixed delirium.

DSM-V criteria for a diagnosis of Delirium

- Disturbance in attention (ie, reduced ability to direct, focus, sustain and shift attention) and awareness (reduced orientation to the environment).
- The disturbance develops over a short period of time (usually hours to a few days), represents a change from baseline attention and awareness, and tends to fluctuate in severity during the course of a day.
- An additional disturbance in cognition (eg, memory deficit, disorientation, language, visuospatial ability or perception).
- The disturbances in Attention and Cognition are not better explained by another pre-existing, established or evolving neurocognitive disorder and do not occur in the context of a severely reduced level of arousal, such as coma.
- There is evidence from the history, physical examination or laboratory findings that the disturbance is a direct physiological consequence of another medical condition, substance intoxication or withdrawal (ie, due to a drug of abuse or to a medication), or exposure to a toxin, or is due to multiple aetiologies.

- Delirium and DLB share a number of clinical similarities, including global impairment of cognition, fluctuations in attention and perceptual abnormalities.
- Delirium is a frequent presenting feature of DLB

- DLB can be diagnosed clinically in the presence of progressive cognitive decline accompanied by two out of three core features; fluctuating cognition, recurrent visual hallucinations and spontaneous motor parkinsonism
- It is notable from clinical practice that some of the features of delirium overlap with DLB.

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State four (4) distinctive elements this patient might have that would indicate she has a delirium. (4 marks)

- Symptoms/signs of acute illness
  - Sepsis/stroke/electrolyte/drug toxicity-withdrawal
- Onset & course
  - Acute onset of reversible state of brain dysfunction with delirium
- Cognitive Impairment
  - Deficits in attention & STM with both
- Fluctuating Cognition & Consciousness
  - Common to both DLB & delirium but more rapid/acute with delirium
- Perceptual disturbances & Delusions
  - Visual hallucinations common to both
  - Delusions more common in DLB but can occur in delirium too
- Motor Disturbances
  - Extrapyramidal/parkinsonian with DLB
  - Frequent in delirium but different to DLB
  - Overactivity(restlessness/agitation) & underactivity (motor retardation) with delirium
- Falls & syncope
  - Common in DLB (postural instability)
  - Can occur in delirium (multifactorial)
- Sleep Disturbances
  - Disturbances in sleep/wake cycle common to both
- Emotional Disturbances
  - Common to both

A decision has been made to admit her for IV rehydration and antibiotic for a urinary tract infection (UTI).
State four (4) non-pharmacological approaches that would be useful in the prevention and/or management of delirium in this patient during her admission.
(4 marks)

- Environmental modifications
  - Quiet area
  - Low lighting
  - Low beds etc
- Involvement of family/familiar objects etc
- 1:1 Nursing/familiar staff/specialty training of staff
- Meet needs/remove triggers
  - Regular toilet/food/drink/mobility/drugs contributing to delirium
- Regular orientation/Day/Night routines
- Some answers stated physical restraints but as there are multiple approaches to consider before this “last resort” this didn’t gain any marks

State four (4) principles that guide the pharmacologic management of increasing agitation in this patient. (4 marks)

- Use oral whenever possible
- Use lowest dose (start low)
- Small/slow increments (go slow)
- Avoid PRN or range of doses
  - Ideally single dose for specific symptom or behaviour
- Regular review of dose/need (eg daily)
- Avoid antipsychotics in Lewy Body Dementia (except quetiapine)
- Avoid Anticholingerics in Delerium

General Themes for answers not scoring full marks

- Familiarity (or lack of) with ACEM examination glossary of terms
  - State : 8-10 words NOT One
- Multiple answers for the same concept/theme
  - Stating 4 different sites or signs of infection or acute illness will only score 1 point
  - All 4 non-pharmacologic approaches from the same example eg Environment
- Responses lacking adequate detail
  - Not appreciating that DLB is distinct from Alzheimers/other Dementias
- Responses with information already provided
  - Treating the underlying cause of delirum in part c as this had already been provided
- Answers lacking perspective (in this pt)
- Lists of drugs & doses rather than principles of drug management