Conference Takes New Look at Dementia, Delirium and Depression

By Carol Harrison

Roughly 90 healthcare providers and laypeople took another step toward becoming a “more dementia competent community” at the fourth annual Dementia Coalition Conference in Eureka on Sept. 12.

“There’s so much gray area with dementia,” said Rachael Riggs, coordinator of the conference and program manager for the Alzheimer’s Resource Center. “The vast majority think dementia is dementia and don’t know there is so much more. Dementia is not a diagnosis in itself and too many people don’t understand the foundational principles and aren’t being taught.”

“New Perspectives on Dementia Care” focused on the confusion around dementia, delirium, depression and pain.

“We make a lot of mistakes,” said Dr. Patrick Dawson, medical consultant for Redwood Healthcare Services and keynote speaker for the conference. “Forty percent of acute care hospital patients have or develop delirium, perhaps more in a nursing home. We miss it. Because it isn’t diagnosed, it isn’t treated.”

Dawson defined dementia as a chronic, acquired decline in memory that involves at least one other cognitive function.

Unlike dementia, delirium can be resolved with treatment.

“We need to be looking for delirium,” he said, as opposed to making dementia the fallback position.

“Always rule out delirium first,” said Mark Lamers, mental health expert for Humboldt County Department of Health and Human Services.

Lamers said patients with dementia are at “high risk of delirium” and listed urinary tract infections, dehydration, and metabolic disturbances as common causes.

Current theory varies as to how dementias and deliriums happen, but Dawson said a cholinergic deficiency is commonly associated with some. What many don’t realize, he said, is that the anti-psychotic drugs that treat hallucinations -- and over-the-counter drugs commonly used by seniors such as Benadryl, Excedrin PM or Tylenol PM – are anticholinergics. So are many other pain medications and anti-depressants.

Anticholinergics block the action of a chemical messenger whose range of duties in the body involves memory and cognitive function. Using an anticholinergic on someone who is already dealing with a cholinergic deficiency throws fuel on the fire, he said.
“If you want to see someone with Parkinson Disease Dementia get worse, give them an anti-psychotic,” he said.

“Anti-psychotics treat the behavior, not the underlying cause, but it happens when physicians are paid for 15 minutes and not for an hour,” Lamers said.

Two attendees expressed surprise at how prevalent anticholinergics are, and the impact they can have on dementia clients if their use is not tracked and an anticholinergic burden determined.

“It makes me want to go back, consult with the doctors about the medication lists and re-evaluate,” said Amanda Canonica, Director of Resident Services at Alder Bay in Eureka.

“It was a wealth of information, but for me, the drug interactions were like, wow,” summed up Laura Steel, administrator at Alder Bay. “An awful lot of people take pain medication and anti-depressants. There’s a lot to do.”

“Dr. Dawson surprised me a lot with the level of assessment we are able to do,” said Bill Duncan, director of the county’s transitional residential treatment facilities. “I have better assessment tools, a better idea of what I can ask rather than running to the default position of mental illness.”

Dawson offered a set of principles to guide treatment after he detailed some of the specific behaviors and signs of varying dementias to help attendees determine what something is and is not. The set included gathering a detailed, old-fashioned history and physical, remembering who you are treating and side effects, and remembering to be specific and reassess.

“It’s always the medicines. Start there and it will solve many problems,” he said. “The most dangerous thing I do as an internist? Prescribe pills.”

Lamers focused on overlapping presentations, the increased risk for delirium that dementia patients have, and the need to understand what is normal for a dementia patient who many view as abnormal.

“That means abnormally abnormal – not regular for them,” he said. “Behavior is meaningful. People with dementia who have changes in behavior have other problems they aren’t communicating.”

He also spoke about the so-called pseudo-dementia of depression.

“Being older is about accumulating losses,” he said. “More losses. More stress. More funerals to go to, but they aren’t your funeral.”

Individuals can become isolated, negative, and complaining. They may often repeat stories of past experiences or turn to alcohol, which fuels depression. Given a society that sees declining function and interest as a normal part of aging, help may be hard to come by.

“The most effective treatment for depression in older adults is not psychiatric,” he said.
His recommendation: exercise and movement to bolster dopamine functions and a social network that grows and develops through life so that some of the holes can be filled when friends and spouses start dying.

Laura Holmes, a social worker specializing in gerontology, focused on communication skills to deal with dementia clients. Her three key principles: slow down and deal with one thing at a time; enter the world and emotional place they are in, and approach them as you would a friend – with an open heart and concern for their feelings.

“When you come up and interact, it doesn’t matter what you say; it’s what you are feeling,” she said.

Saying something pleasant while radiating feelings of irritation, anger and impatience is a recipe for problems, she said.

“They will pick up on it. If there’s one thing to take away from my talk, this is it.”

Access Humboldt taped the speakers and the half-hour Q & A that followed between the audience and the three guests. It will air at a future date TBA.

Carol Harrison is a freelance writer who focuses on senior and health issues.

Day Health and Alzheimer’s Volunteer Training Next Month

Community members who want to make a difference in the lives of people who are living with dementia and other disabilities are encouraged to volunteer with Adult Day Health and Alzheimer’s Services.

The next training is Wed., Nov. 7, from 10 a.m. to 3 p.m. in Eureka.

“We have a variety of needs, everything from clerical support to socializing with clients, and we offer training and support for volunteers throughout their service,” said Rachael Riggs, program manager of the Alzheimer’s Resource Center.

Riggs said the typical volunteer commits to one year of service, has a regular schedule, and periodically attends volunteer in-service trainings.

Go online at www.humsenior.org to get a volunteer application or call 444-8254, ext. 3220 for more information or to receive an application. The deadline to apply is Nov. 2.