DELIRIUM

Delirium

Neuro-Cognitive Disorder
In DSM V: Delirium, Dementia, and Amnestic disorders.

Primary symptoms common – impairment in cognitive
The origin= a medical condition.

Delirium- a disturbance of consciousness and a cognitive
.change that develop during a short time

.Dementia- several cognitive deficits including impaired memory

.Amnestic disorders- only impaired memory

Acute brain syndrome

Acute confusional state

Metabolic encephalopathy

Toxic psychosis

Acute brain failure

Delirium

- (A) A disturbance of attention (reduced ability to direct, focus, sustain and shift attention) and awareness (reduced orientation to the environment)
- (B) The disturbance develops over a short period of time (hours to days) and tends to fluctuate in severity during the course of a day
- (C) An additional disturbances in cognition (memory, disorientation, language, perception, visuospatial ability)
- (D) Criteria A and C are not better explained by another NCD and not occur in the context of a severely reduced level of arousal , such as coma
- (E) there is evidence from history, physical examination or laboratory finding that the disturbances is a direct physiological consequence or another medical condition, medical intoxication or withdrawal (due to drug abuse or to a medications) or exposure to a toxin

- Common psychiatric symptoms- Abnormalities of mood, perception, and behavior

- Common neurological symptoms- tremor, nystagmus, incoordination

- Substance use: alcohol, cannabis, hallucinogen, opioids, amphetamine(or other stimulant), cocaine

Epidemiology

prevalence of delirium in the community is 1-2%, increases with age(13% -85 years):

~ 10-15% of patients on general surgical wards

- 16-83% of p. in intensive care units and cardiac intensive care units (70-87% older individuals) and 40-50% of p. who are recovering from surgery for hip fractures.
- Terminally ill cancer patients to 80%
- - 20% severe burns and 30%- AIDS
- Advanced age is a major risk

Other risk factors

- Young age-febrile illnesses
- Preexisting brain damage, rec. falls, immobility
- A history of delirium
- Alcohol dependence, anticholinergics medications
- NCD
- Sensory impairment
- malnutrition

Etiology

- The major causes;
- CNS
- Systemic disease
- Intoxication or withdrawal from pharmacological or toxic agents
- The major neurotransmitter; acetylcholine
- Major neuroanatomical area= the reticular formation- regulating attention and arousal.

Diagnosis(cont.)

DSM- V:

1. Substance intoxication delirium
2. Substance withdrawal delirium
3. Medication –induced delirium
4. Due to another medical condition
5. Due to multiple etiologies
6. Not otherwise specified

- Acute or persistent(weeks, months)
- Hyper, hypo or mixed level of activity

All presents with

- Disturbance of consciousness
- A change in cognition (memory deficit, disorientation, language disturbance) or the development of perceptual disturbance.
- The disturbance develops over a short time and tends to fluctuate during the course of the day.

Physical and lab. examination

- Usually diagnosed at the bedside and is characterized by the sudden onset of symptoms.
- MMSE
- Mental status ex.
- Physical ex.= clues of the cause
- EEG- generalized slowing of activity, but sometimes shows focal areas of hyperactivity

Laboratory workup

- Blood chemistries
- CBC
- Thyroid function tests
- Serologic tests for syphilis
- HIV antibody test
- Urinalysis
- ECG
- EEG
- Chest radiograph
- Blood and urine drug screens
- Additional; blood, urine, and CSF cultures
- B12, folic acid
- CT, MRI
- LP

Clinical features

- Impairment of consciousness: Fluctuating during the day= Lucid periods alternate with symptomatic periods.
- Anxiety, insomnia, transient hallucinations, night-mares, and restlessness may precede the delirious state by few days
- Abnormal arousal; 2 patterns- hyperactivity with increased alertness, and hypoactive patients
- Delirium is syndrome, not disease

Differential diagnosis

Dementia;

- the onset of dementia usually insidious. The cognitive changes are more stable over time, and do not fluctuate, usually alert. Beclouded dementia- when delirium occurs in patients with dementia.

Schizophrenia

Course and prognosis

- Sudden onset
- Prodromal symptoms may precede the onset- restlessness and fearfulness.
- The symptoms persists as long as the causally factors are present. (recede over 3-7 days)
- The older, the longer- the longer takes to resolve.
- a high mortality rate in the ensuing year

Treatment

- The primary goal- to treat the underlying cause.
- To provide physical, sensory, and environmental support.
- Pharmacotherapy- psychosis and insomnia; (phenothiazines should be avoided). Insomnia- short half life BZ.