Cognitive Impairment Session: Short Answer Questions

1. **What are the four key characteristics of delirium?**

Acute and fluctuating

Inattention

Disorganized

Altered level of consciousness (drowsy, lethargic, agitated)

2. **Using the CAM model, what criteria must be met to screen positive for delirium?**

Acute/fluctuating AND Inattention PLUS Disorganized OR ALOC

3. **What are the 3 different types of delirium?**

Hyperactive

Hypoactive

Mixed

4. **What type of delirium is the most common?**

Hypoactive

5. **Compare delirium and dementia by completing the following table?**

TABLE 94.3

Comparison of Delirium and Dementia

	DELIRIUM	DEMENTIA
Onset	Acute	Slow
Awareness	Reduced	Clear
Alertness	Fluctuates	Normal
Orientation	Impaired	Impaired
Memory	Impaired	Impaired
Perception	Hallucinations	Intact
Thinking	Disorganized	Vague
Language	Slow	Word finding difficulty

6. **List four non-pharmacological interventions to prevent or manage delirium?**

Treat and manage pain

Allow food and drink

Promote mobility

Avoid tethers or restraints
Avoid medications that can cause delirium
Re-orient the patient → family/caregiver, sitter, clock, whiteboard
Promote normal sleep pattern
Visual and hearing assists
Access to toileting

7. List 5 causes of dementia?

BOX 94.2

Causes of Dementia

PRIMARY DEGENERATIVE DEMENTIAS
Alzheimer's disease
Lewy bodies disease
Frontal lobe disease (Pick's disease)

SUBCORTICAL DEMENTIAS
Parkinson's disease
Huntington's disease

VASCULAR DEMENTIA
Multi-infarct dementia

INTRACRANIAL PROCESSES
Space occupying lesions (tumor, subdural hematoma)
Hydrocephalus
CNS infections (HIV-1, neurosyphilis, chronic meningitis)
Repetitive head trauma

ENDOCRINOPATHIES
Addinson's and Cushing's diseases
Thyroid and parathyroid disease

NUTRITIONAL DEFICIENCIES
Thiamine
Niacin
Folate
Vitamin B_{12}

TOXIC EXPOSURES
Heavy metals
Carbon monoxide
Carbon disulfide

DRUGS
Psychotropics
Antihypertensives
Anticonvulsants
Anticholinergics

DEPRESSION
Pseudo-dementia

8. **What is BPSD? List three symptoms that can be seen with BPSD.**

behavioral and psychological symptoms of dementia

Apathy, psychosis, depression, mania, aggression, agitation

9. **What are 4 features that can distinguish pseudodementia (depression) from dementia?**

1. Onset of cognitive changes more obvious in depression than dementia
2. Progression of symptoms is more rapid with depression
3. Patients with depression usually complain of cognitive dysfunction and emphasize their disabilities.
4. Affective change is pervasive, patient makes little effort to perform simple tasks
5. Loss of social skills
6. Attention and concentration intact, but patients may give answers "I don't know"

***Rosens list in text chapter 94*

10. **List 7 drugs that can be associated with causing delirium?**

Table 3

Selected Medication-Related Causes of Delirium

Anesthesia
Anticholinergics, e.g., benztropine, atropine, scopolamine
Anticonvulsants, e.g., phenytoin, valproic acid, carbamazepine, topiramate, levetiracitam
Antidepressants. More common with highly anticholinergic tricyclics (e.g., amitriptyline, imipramine, doxepin) and less common with SSRIs.
Antiemetics
Antihistamines with highly anticholinergic properties such as diphenhydramine
Antiparkinsonian agents, e.g., levodopa, trihexyphenidyl, amantidine
Antipsychotics. Delirium and psychosis has been reported with larger doses and in combination with anticholinergic agents; more likely with low-potency, highly anticholinergic agents; atypical antipsychotics (e.g., clozapine).
Antispasmodics, e.g., oxybutinin
Corticosteroids
Digoxin
H_2-receptor antagonists, e.g., cimetidine, famotidine, nizatidine, ranitidine
Muscle relaxants
NSAIDs
Opioids, especially highly anticholinergic meperidine
Sedative hypnotics, e.g., alcohol, barbiturates, benzodiazepines, chloral hydrate

SSRIs: selective serotonin reuptake inhibitors; NSAIDs: nonsteroidal anti-inflammatory drugs.
Source: References 2, 5, 12, 18, 19.