



Dementia, Delirium, Depression in the Older Person

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The “Demographic Imperative”



- ★ Individuals 65 and over are the fastest growing segment
- ★ By 2028 elderly will represent 21% of Ontario’s population compared to current 13%



What are the Implications?



- ★ Increasing age correlates to increasing cancer rates
- ★ Eleven-fold greater incidence in persons over age of 65 versus under.
- ★ 80% of all cancers occur in those over 60 years of age



*Implications of Delirium,
Depression and Dementia
in the Older Person with
Cancer*

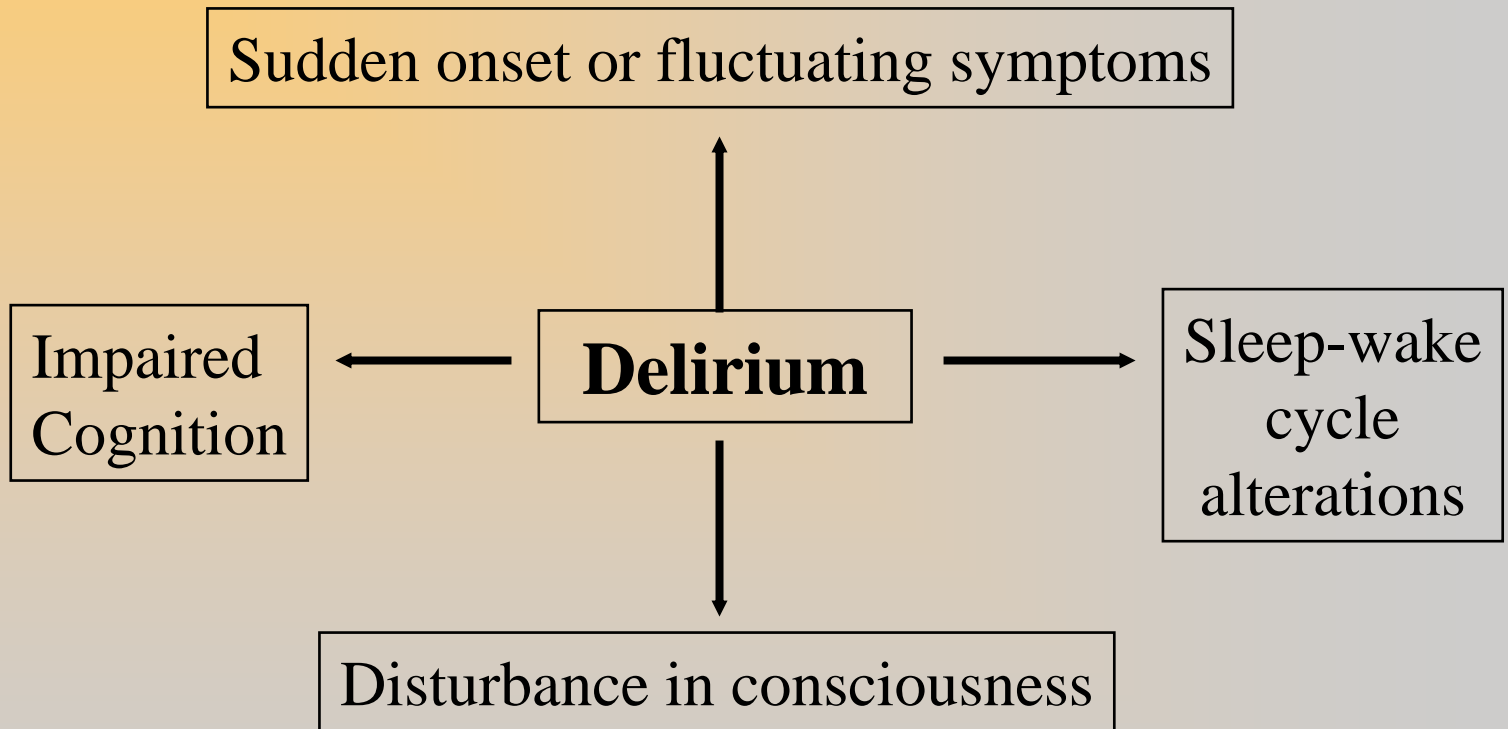


Delirium or acute confessional state is a disorder of global cerebral dysfunction



*Hallmark Features of Delirium

D. Boyle Oncology





Delirium



- ★ Older person has higher baseline vulnerability
- ★ Most typical presentation includes agitation, “hypoactive” delirium can be mistaken for depression
- ★ Increases morbidity and mortality
- ★ Interferes with pain management **extremely** distressing experience for patient, family and staff (80%;76%;73%)
- ★ 53% recall delirium experience



Delirium



- ★ Ranges vary from 15-20% occurrence of hospitalization cancer patients
- ★ Patients with advanced cancer with ‘terminal restlessness’ may be actually ‘terminal delirium’
- ★ 90% occurrence days to hours before death



Delirium: Intervention

- ★ Nursing staff critical to prevention, detection and intervention
- ★ Lighting; noise level; familiar person; re-orientation; eye glasses; clocks, etc.
- ★ Requires medical assessment and management
- ★ **Important: Psychomotor Agitation and emotional lability may be misinterpreted as pain**





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Depression in Patients With Cancer



- ★ Rates vary depending on type of cancer (e.g. oropharyngeal up to 57%; pancreatic up to 50%)
- ★ On average, rate of approximately 25%
- ★ Challenge to differentiate symptoms of associated cancer and those associated with cancer



Strategies for Detection



- ★ Standardized assessment tools may be helpful; mental health interview
- ★ Ask a clinician, family member or friend who know individual well if they have seen a change in the person's mood
- ★ Older persons experiencing depression may not endorse depressed mood, requires patient to understand 'meaning' of depression
- ★ Ask "how do you feel"
- ★ Important: assess the individual's ability to derive pleasure from events



SIG E CAPS



- S:** sleep disturbed
- I:** interest decreased / ability to obtain pleasure decreased
- G:** guilt feelings or feelings of worthlessness
- E:** energy lower than usual
- C:** concentration poor
- A:** appetite poor; weight loss
- P:** psychomotor changes (anxiety or retardation)
- S:** suicidal ideation



Implications of Depression



★ Influences persons' desire for life sustaining treatment



★ Decreased quality of life

★ Poor compliance to treatment leading to poorer outcomes



* History of depression associated with increase cancer risk and poorer outcomes*



*Differentiating
Grief & Depression*



Grief

- ★ Grief is a normal reaction to potentially life threatening illness
- ★ Grief “comes in waves, progresses and eventually diminishes on its own
- ★ Still able to experience pleasure
- ★ Able to maintain normal self-image/self worth



Depression

- ★ Constant, persistent feeling that impacts on person's life
- ★ Tends to not resolve on own
- ★ Low self-esteem and worthlessness
- ★ Socially withdrawn and wishing for early death/or ending one's life



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Dementia

- ★ Latin term meaning “mind away”
- ★ Prevalence of 8% in Canadians aged 65 and over, increasing to one in three for those over age 85
- ★ Older person with dementia may be seen as “resistive” or “unco-operative” responding to their reality





Risk Factor for cognitive changes?



- ★ Central nervous system (CNS) involvement with tumor
- ★ Treatments administered directly to the CNS
- ★ Chemotherapy and radiation given to the brain at the same time
- ★ Chemotherapy given into the spinal fluid after radiation



When do cognitive changes occur?



- ★ Dementia occurs gradually over time and usually occurs after treatment is completed.
- ★ Dementia may be harder to identify than delirium
- ★ Can develop as early as three months after radiotherapy
- ★ Can occur 48 months or longer after completion of radiation therapy to the brain
- ★ “Chemo-brain” can occur during or after chemotherapy treatment



Chemo-brain (mild dementia)

Slight change in ability to remember or concentrate well after receiving chemotherapy

Symptoms may include:

- ★ Difficulty concentrating
- ★ Difficulty remembering things that occurred recently
- ★ Difficulty completing tasks
- ★ Confusion
- ★ Inability to think clearly





Pain Identification in Patients with Dementia



- ★ At risk of unidentified or under-treated pain
- ★ Unable to interpret, recall, verbally communicate and/or localize
- ★ Do not rely on prn's. When assessing for pain note time of last analgesia



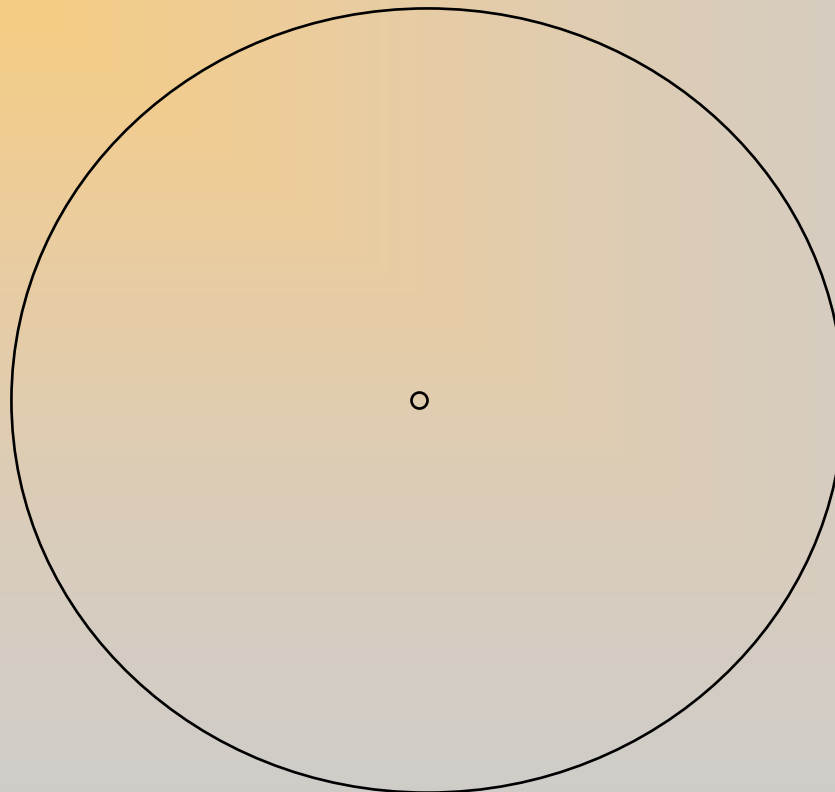
Strategies for Pain Assessment

- ★ Best assessment strategy is combining behavioural observation with a pain interview and use of a pain scale.
- ★ Behavioural changes may include:
 - Frown, grimaces, body
 - Refusing food, poor sleep, increased wandering, protective behaviours

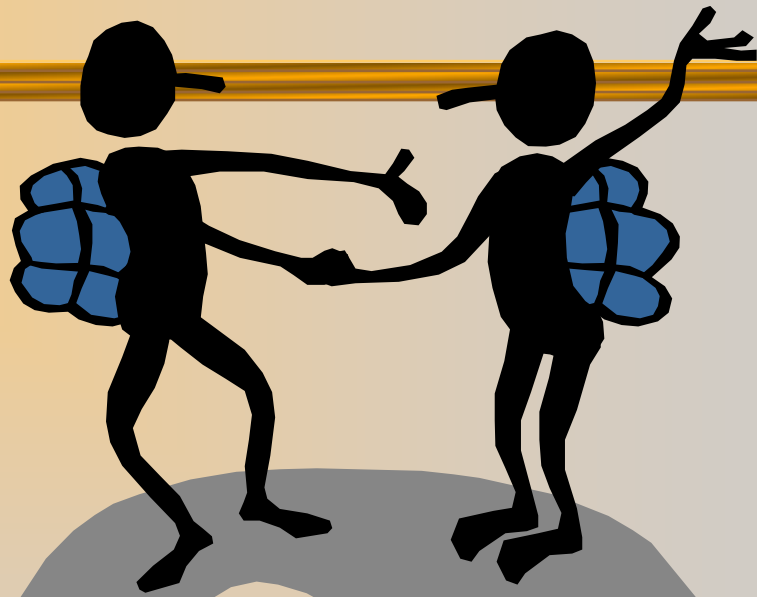




How can I Quickly Assess Cognitive Changes



Make this
circle look
like a clock



The End