MENTATION—RECOGNIZING DEMENTIA, DELIRIUM, AND DEPRESSION

The ability to think clearly and to recognize familiar faces and locations is often called *mentation*, which means how the mind works to process information and make decisions and involves memory and mood. In this video you will learn about three common but often confused conditions that can affect older adults and are especially challenging when the person is hospitalized: dementia, delirium, and depression. The video shows Mr. Ramirez and his son Hugo as they face the reality of an older adult’s increasing emotional upsets and difficulty maintaining independence. This video is the third in the “4M” series—the others are What Matters, Medications, and Mobility.

**Dementia**
*Dementia* is an umbrella term that describes long-term changes in thinking, memory, executive function (the ability to organize and complete tasks), or behavior. Alzheimer’s disease is one common form of dementia, but there are others, such as Lewy body dementia and vascular dementia. Dementia can also occur with diseases such as Parkinson’s and Huntington’s disease, or accidents such as head trauma.

Don’t assume that your family member or friend’s memory lapses or behavior changes are caused by dementia. There may be other causes that can be diagnosed and treated. Start with a primary care physician (preferably one who has known your family member or friend for an extended time). The physician will conduct a series of office tests to measure things like memory, spatial relations, and problem solving. The primary physician may refer your family member or friend to a neurologist or a specialized clinic for further evaluation.

There is no cure for dementia, but there are ways to manage the problem. If the diagnosis is indeed dementia, ask for a referral to an organization that provides services for the person you care for as well as support for you as the family caregiver.

**Delirium**
Delirium is different from dementia. Unlike dementia, which is slow to develop, delirium can occur suddenly, especially in an unfamiliar environment like a hospital. Delirium is not a disease in itself; it is caused by an underlying medical problem such as an infection or injury, can result from a reaction to medication, or can come from changes in sleeping patterns.

The following are some common signs of delirium:

> Confusion
> Speech that does not make sense
> Seeing things or people that are not there
> Sudden behavior that is unusual for the person
> Changes in physical abilities; being more or less active than usual

Since the health care team does not know your family member or friend’s typical behavior, you can describe what normal behavior is and tell staff when you see signs of delirium. For example, your calm and polite grandmother may yell at a nurse or refuse to let an aide bathe her. This is not her normal behavior and is likely due to delirium. It then becomes a matter of finding out what caused the delirium.

Hospitals are trying to interrupt patients’ sleep less frequently because it disturbs the patient and can be disorienting. As a family caregiver, you can help support the patient’s need for sleep by maintaining the bedtime rituals he or she is used to at home. This can include brushing teeth, washing face and hands, turning off the TV an hour before bedtime, and dimming the lights. Such actions will help calm your family member or friend. If the patient in the next bed is noisy during the night, ask the nurse if your family member or friend can be moved to a quieter room.
The white board in your family member or friend’s room that was described in the “What Matters” video is also a good tool to remind him or her of the date and time and the names of the staff who will be caring for him or her. Orienting your family member or friend to time and place and reason for being in the hospital is a good way to overcome confusion related to delirium. Beds near windows are helpful in keeping older adults oriented to time of day.

**Depression**

Like dementia, depression is a condition that develops over time. It’s understandable that many older adults feel sad and hopeless at times, particularly when they think of all the losses they have endured, such as loss of family and friends, decreasing ability to do the physical activities they enjoyed, and especially a loss or feared loss of independence and having to leave their homes. Even retirement may be considered a loss—of workplace friends and a sense of accomplishment.

While dementia and delirium may be exhibited in loud and frenzied behavior (though this is not always true for dementia), depression is behavior at the other extreme. Depressed people may lose interest in activities they loved; they may express feelings of worthlessness and guilt about past transgressions; they may lack energy and sleep patterns may be disrupted; they may withdraw from people and conversation; they may not enjoy their meals and lack appetite; they may stop caring about their appearance. Depressed adults often experience total body pain. These are all signs that professional help is needed, because depression can be treated with medications, physical activities, counseling, and other techniques.

These are also signs of depression:

- Mood changes
- Tearfulness
- Lack of motivation
- Thoughts of suicide or statements like “I’d be better off dead.”

If your family member or friend talks about suicide, even if he or she is already in the hospital, alert a health care professional. If you are home, call the National Suicide Prevention Lifeline at 800-273-8255 or bring the person to the nearest emergency department.

A final note about depression: Do any of these symptoms apply to you as the family caregiver? Family caregivers are subject to various degrees of depression. You, too, need compassionate care and support. For more resources for you, check out the list of national agencies, groups and organizations for caregivers compiled by AARP [https://www.aarp.org/caregiving/local/info-2019/national-resources-for-caregivers.html](https://www.aarp.org/caregiving/local/info-2019/national-resources-for-caregivers.html).

**Additional Resources**

- Medline Plus, a publication of the National Library of Medicine, has extensive information about dementia ([https://medlineplus.gov/dementia.html](https://medlineplus.gov/dementia.html)), delirium ([https://medlineplus.gov/delirium.html](https://medlineplus.gov/delirium.html)), and depression ([https://medlineplus.gov/depression.html](https://medlineplus.gov/depression.html)).
- The Alzheimer’s Association is a good resource for information on dementia. Go to [https://www.alz.org/alzheimer_s_dementia](https://www.alz.org/alzheimer_s_dementia).
- The United Hospital Fund’s Next Step in Care website ([www.nextstepincare.org](http://www.nextstepincare.org)) has a guide on reducing stress for patients with dementia and their family caregivers. Although intended for providers, it can also be useful for family caregivers.
- The federal Substance Abuse and Mental Health Administration (SAMHSA) has information on depression at [https://www.samhsa.gov/find-help/national-helpline](https://www.samhsa.gov/find-help/national-helpline), or call SAMHSA’s National Helpline: 1-800-662-HELP (4357).
- The Centers for Disease Control and Prevention (has a publication called Depression Is Not a Normal Part of Growing Older. Go to [https://www.cdc.gov/aging/depression/index.html](https://www.cdc.gov/aging/depression/index.html).

For more information, go to [www.AARP.org/nolongeralone](http://www.AARP.org/nolongeralone).

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