



Conditions affect cognitive functions

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Many of us have aging parents, grandparents, friends and other family members who are beginning to develop medical problems and conditions, with which we are unfamiliar. While caring for loved ones, it can be difficult to navigate some of the terms used in the medical and mental health fields.

Three common conditions which can affect our loved ones' cognitive functioning, yet often go unrecognized among the geriatric population, are dementia, delirium and depression. Recognizing signs of these conditions can enable family members to advocate for elderly loved ones and can help improve outcomes.

Dementia is usually a progressive, steady decline in several areas of cognitive functioning, including memory, orientation and perception, which leads to impairments in functioning.

Examples of impairments in functioning may include the inability to manage finances; difficulties remembering when/how to complete self-care activities such as bathing, taking medication, eating; or forgetfulness in daily life.

Dementia develops over months or years, and sudden changes usually are not seen, unless immediately preceded by a stroke.

Psychotic symptoms such as delusions (inaccurate beliefs) and hallucinations (seeing/hearing things that aren't present) can occur as dementia worsens.

There are several types of dementia, including Alzheimer's disease and vascular dementia. If you suspect your

loved one may show signs of dementia, you should consult his primary care physician. The Alzheimer's Association can provide additional information. You also can visit www.nia.nih.gov/Alzheimers/Publications/CaringAD/.

Delirium is a temporary worsened mental state, characterized by a sudden onset of cognitive impairments including difficulties with attention, lethargy, reduced awareness, disturbance in orientation, problems with recent memory and disorganized thinking. Psychotic symptoms such as delusions or hallucinations can be present.

Compared with dementia, the onset of confusion in delirium is much more acute. There are many medical causes of delirium, including low blood oxygen levels, infection and overmedication, among others.

If you believe your loved one may show signs of delirium, immediately contact his primary care physician. Hospitalization may be appropriate, depending on the severity of symptoms. Once the medical problem causing the delirium is resolved, mental status will return to normal.

Depression is characterized by affective symptoms, often including sadness, tearfulness, irritability, hopelessness, worthlessness, guilt, withdrawal from usual activities of interest, social withdrawal, appetite changes (over or undereating), sleep changes (sleeping excessively or very little), and sometimes suicidal thoughts. In more severe depression,

psychotic symptoms such as delusions or hallucinations may be present.

With severe depression, some cognitive symptoms may be present. Onset of symptoms would coincide with worsening depression. Such changes may be variable and often more patchy. Depression in older adults often is overlooked, yet the suicide rate for older adults is one of the highest compared to other age groups. Some research shows that elderly single Caucasian males have the highest rate of completed suicides.

If you believe your elderly loved one may have depression, immediately contact his primary care physician or a psychiatric treatment center.

If you believe your loved one may be contemplating suicide, psychiatric hospitalization may be appropriate.

For a listing of treatment facilities in your area, visit mentalhealth.samhsa.gov/databases/.

When caring for an older adult, remember that resources are available and give yourself permission to ask for help.

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