

Organic Psychosis: Dementia and Delirium

Organic disorders are disorders associated with brain dysfunction.

Are also called cognitive disorders.

They include;

? Dementia

? Delirium.

1. Dementia

A chronic mental disorder characterized by gradual loss of memory and intellectual abilities, impaired reasoning, and deterioration of personality with the course being progressive, stationary, or reversible.

Clinical features

Has early and late signs.

Early signs and symptoms

Memory impairment for recent events and poor retention of new information.

Reduction in range of interests

Change in personality: the patient may be irritable or aggressive

Change in the mood. Mood may be labile.

Change in behavior i.e. restlessness and distractibility.

Poverty of thoughts and persecutory beliefs.

Late signs and symptoms of dementia

Further memory loss including memory for distant events

Disorientation especially in time but also in place and later in-person which may lead to wandering

Self-neglect and deterioration in self-care

Restlessness especially in the afternoon and evening.

Incoherence and mutism

Incontinence of urine and feces

Incidence

Is more common in the elderly than middle-aged.

Increases with age from 0.1% from those below 60 years to 15-20% to those who are 80 years.

Etiology

Significant loss of neurons and volume in brain regions devoted to memory and mental functioning.

Damage of the support structures of the nerve cells

Accumulation of beta-amyloid, an insoluble protein that form sticky patches in neurons

Deficiencies of vitamin B6, B12, and folate

Infections of the nervous system like encephalitis

Serious head injuries.

Excessive metal ions like zinc in the body.

Untreatable or irreversible forms of dementia

Degenerating disorders of the CNS.

Huntington's chorea: a hereditary disease marked by progressive degeneration of nerve cells in the brain

Parkinson disease

Alzheimer's disease.

Picks disease

Treatable or reversible forms of dementia

Vascular or multi-infarct dementia

Dementia resulting from intracranial space-occupying lesions

Dementia resulting from metabolic disorders like hepatic and renal failure.

Dementia resulting from endocrine disorders like Addison disease.

Dementia resulting from infections like AIDS, meningitis, and encephalitis.

Dementia resulting from vitamin deficiency like thiamine

Dementia resulting from Anoxia

Stages in the development of dementia

Dementia develops in three stages.

1. Stage one (2-4)

Develop between 2-4 years.

Characterized by:-

- ? Forgetfulness
- ? Declining interest in the environment
- ? Poor performance at work.

2. Stage two: (2-12 yrs)

Characterized by:-

- Progressive memory loss
- Difficulty in following instructions
- Hesitancy in response to questions
- Irritable and anxious
- Wandering
- Neglect personal hygiene
- Social isolation.

Stage 3: Final stage

Marked loss of weight because of inadequate intake of food.

- Unable to communicate
- Does not recognize family members
- Incontinence of urine and feces
- Loss of ability to stand and walk

Risk factors for dementia

- Family history of Alzheimer's disease
- Increased age
- Head trauma
- Cardiovascular diseases

Investigations

- Full hemogram
- UECs

CT scan and MRI

Treatment of dementia

Treatment of any reversible cause: hydrocephalus, renal failure, hypothyroidism, brain lesions, subdural hematoma, Vit B6 and B12 , folate deficiencies.

Pharmacologic treatment :

Tacrine (Cognex), a cholinergic drug that improves cognitive functioning. However, its use is limited due to liver toxicity.

Antidepressants, antianxiety, and antipsychotics used to relieve associated symptoms like hallucinations and delusions.

Antiepileptic drugs for multi-infarct dementia

Benzodiazepines for insomnia and anxiety.

Nursing management

Assess the patient level of functioning to formulate appropriate plan of care.

Provide safety to the patient. Assess the patient level of disorientation to determine specific requirement for safety.

Maintain daily routines to include drawing up a fixed timetable for patient for waking up, toilet ,exercise and meals,

Provide additional care during evening due to sun downing. This is a situation where patient condition deteriorates during evening and additional care must be provided.

Orient the patient to reality in order to decrease confusion. use calendar with large writing and a separate page for each day. Provide newspapers which stimulate interest in events

Provide a well balance diet rich in protein, higher fiber with adequate amount of calories. Allow plenty of time for meals.

Provide daily personal hygiene to include brushing of teeth, bathing, keeping the skin clean and

dry.

Provide toilet habits and maintained it as a rigid routine. The patient should be taken to urinate at a fixed interval depending on fluid intake and season

Prevent accidents from falling, slipping in bathroom and tripping over furniture by providing patients with firmly secured shoes. Any floor covering must be firmly secured.

Decrease the amount of stimuli to the patient environment so that confusion may be less.

Help the patient devise methods to reduce memory defects e.g. by asking them to note down the daily activities.

Use simple explanations and face to face introduction and communication to the patient.

Provided sufficient fluid during the day and minimum amount of fluid at evening around 6pm

Keep calm environment with fixed schedules to prevent changes in mood which are unpredictable.

Provide identification tag for patients with Alzheimer's disease as they are prone to wandering due to disorientation

Multi-infarct dementia

A condition characterized by an alteration in due brain function due to destruction of brain tissues

Contributing factors

- Advanced age
- Cerebral emboli or thrombosis
- Diabetes
- Heart disease
- High blood cholesterol
- Hypertension

Signs and symptoms

Confusion
Wandering or getting lost in familiar places
Leg or arm weakness
Problems with recent memory
Loss of bladder and bowel control
Inappropriate emotional reaction such as laughing or crying inappropriately
Problems with recent memory
Difficulty in following instructions

Nursing interventions

Reduce unnecessary stimulation
Avoid changing patient room and moving furniture
Orient patient to the surrounding
Make environment as stable as possible

Alzheimer's disease

Alzheimer's disease is a degenerative brain disorder of unknown etiology which is the most common form of dementia

- Usually starts in late middle age or in old age
- Results in progressive memory loss, impaired thinking, disorientation, and changes in personality and mood.

Origin of Alzheimer's Disease

The disease was first described by Dr. Alois Alzheimer, a German physician, in 1906. Alzheimer had a patient named Auguste D, in her fifties who suffered from what seemed to be a mental illness.

But when she died in 1906, an autopsy revealed dense deposits, now called neuritic plaques, outside and around the nerve cells in her brain.
Inside the cells were twisted strands of fiber, or neurofibrillary tangles.

Since Dr. Alois Alzheimer's was the first person who discovered the disease, AD was named after

him.

Auguste D

Definition

Alzheimer's disease is a chronic, irreversible disease that affects the cells of the brain and causes impairment of intellectual functioning.

Alzheimer's disease is a brain disorder which gradually destroys the ability to reason, remember, imagine, and learn.

Incidence

About 3 percent of men and women ages 65 to 74 have AD, and nearly half of those age 85 and older may have the disease.

Causes

- The cause of Alzheimer's disease is not known.
- However, several factors are thought to be implicated in this disease e.g.

Environmental factors

- Cigarette smoking.
- Certain Infections.
- Metals, industrial or other toxins.
- Use of cholesterol lowering drugs (statin).

Signs of Alzheimer's disease

Ten warning signs of Alzheimer's disease

- 1) Memory loss
- 2) Difficulty to performing familiar tasks
- 3) Problems with language
- 4) Disorientation to time and place
- 5) Poor or decreased judgment

- 6) Problems with abstract thinking
- 7) Misplacing things
- 8) Changes in mood or behavior
- 9) Changes in personality
- 10) Loss of initiative

Symptoms of Alzheimer's disease

- Confusion
- Disturbances in short-term memory
- Problems with attention and spatial orientation
- Personality changes
- Language difficulties
- Unexplained mood swings

Delirium (Acute organic syndrome)

Definition :Refers is acute organic mental disorder characterized by;

? (i) Impairment of consciousne