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Delirium: An Increasing Problem in Elderly Persons

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I. INTRODUCTION

Delirium is the most common acute mental disorder encountered in hospitalized elderly persons. This disorder is an important problem because it is extremely common and often the initial presentation of a serious and potentially fatal medical illness. Patients with delirium have higher mortality and morbidity rates. Furthermore, delirium is frequently overlooked by physicians and other health care personnel who assume that the patient is demented, depressed, or just uncooperative and “acting out.” This review describes the epidemiology, clinical presentation, etiology, differential diagnosis, and management of delirium in elderly persons.

II. CASE PATIENT I PRESENTATION

Patient 1 is a 76-year-old woman who is brought to the emergency department from a local assisted-living facility because of confusion and a near-syncope episode. The patient’s medical history is pertinent for peripheral vascular disease, hypertension, congestive heart failure, and carotid arterial disease. Although she sustained a

hip fracture within the previous year, she ambulates with use of a walker and is independent in her activities of daily living except that she requires some assistance with dressing. Until this time, her mental status has been relatively normal except for some mild short-term memory loss. She is frequently confused about her medication regimen; therefore, the nursing staff administers the patient’s medications, which include enalapril, furosemide, nitroglycerin, and warfarin. Diazepam was recently added because of increased anxiety.

PHYSICAL EXAMINATION

In the emergency department, patient 1 is an elderly, chronically ill appearing woman who is awake but obviously confused and disoriented. Her vital signs are as follows: temperature, 37.1°C; pulse rate, 92 bpm and regular; blood pressure, 105/75 mm Hg; and respiratory rate, 14 breaths per minute. She has orthostatic hypotension (blood pressure decreasing to 90/60 mm Hg and pulse rate increasing to 120 bpm with upright posture). Her skin and mucous membranes are dry. Auscultation and percussion of her lungs indicate they are clear. Cardiac examination reveals no murmurs or gallops. Her abdomen is soft and nontender. Rectal examination shows no masses, and a stool sample is heme