



## The 3 D's Summary



Dementia, delirium and depression can look similar at first glance.

Knowing a person's baseline cognition and function are essential for detecting changes like delirium and depression. People may develop delirium or depression on top of a pre-existing dementia.

Use this introduction to assessment of the 3 D's to identify delirium or depression that may require further work up or intervention, reducing morbidity and mortality and increasing quality of life.

## Dementia

- All behaviour has meaning. If you do not understand why a person is behaving in a way that you wouldn't expect, you need to reassess the situation and try to figure out what their behaviour is telling you.
- Connect with a person before making demands on them.
- Ask questions one at a time and give time to respond.

## Delirium

**CAM (Confusion Assessment Method)** Answer these four questions:

- 1) Was the onset acute and does behaviour fluctuate? **AND**
- 2) Is there evidence of inattention? (difficulty focusing attention, shifting and keeping track)

**AND EITHER**

- 3) Is there evidence of disorganized thinking? (incoherent, rambling, illogical flow of ideas)

**OR**

- 4) Is there altered level of consciousness? (i.e. any state other than alert) (Alterations include hyperalert, lethargic, stuporous and comatose)

**Features 1 and 2, and either 3 or 4 are required for a diagnosis of delirium**

**\*Delirium requires a medical workup.**

## Delirium Prevention & Treatment

- Promote mental stimulation
- Get people moving at least 3 times a day
- Promote sleep routines
- Ensure people have their glasses and hearing aids
- Keep people well hydrated
- Make sure nutritious food is available and promote eating with others when possible
- Assess for pain and treat it
- Watch for atypical presentations of illness
- Prevent constipation
- Avoid over-stimulation
- Know baseline function and cognition

## Depression Symptoms (SIGECAPS)

- S** – sleep disturbance (insomnia, hypersomnia)
- I** – interest reduced (reduced pleasure or enjoyment)
- G** – guilt and self-blame
- E** – energy loss and fatigue;
- C** – concentration problems
- A** – appetite changes (low appetite/weight loss or increased appetite/weight gain)
- P** – psychomotor changes (retardation, agitation)
- S** – suicidal thoughts

**If you think a patient has depression, follow up and treatment should be arranged**