

Old Age Psychiatry CBL 3-The Confused Patient

Learning Outcomes

- 1) To recall the main clinical features of delirium
- 2) To describe the main aetiological factors for delirium
- 3) To recall the key risk factors for delirium
- 4) To describe an approach to the assessment and management of delirium

Case history

Phillip is an 85 year old man. He suffered a fractured neck of femur following a fall at home and was hospitalised following surgery. You are working as an F2 doctor in orthopaedics and are asked by one of the orthopaedic nurses on the ward to review Phillip's mental state. The nurse believes that Phillip is psychotic. Phillip believes he is in his own home and shouts at staff who approach him to leave immediately, threatening to fight them. He has become aggressive on a few occasions, throwing chairs and last night barricaded himself in his room. On one occasion he scared another patient by trying to climb into her bed believing it was his wife. The staff report he is often drowsy in the daytime but becomes agitated at night pacing the ward. At times he is more calm and his level of agitation goes up and down fairly quickly.

You go to see Phillip in his room. He is unable to focus on the conversation and at times his speech is rambling and incoherent. He becomes tearful frequently speaking of seeing clowns outside his room last night who were trying to kill him and therefore had barricaded his door to stop this. Phillip does not know where he is or why and appears very confused.

Phillip's wife Phillis and the ward staff have noticed that Phillip has been coughing today. When the ward nurse repeats his observations she notes that he now has a slight fever and his oxygen saturations have dropped to 93%.

Phyllis also mentions that she had become concerned about her husband's memory over the past year with him becoming more forgetful, misplacing his keys frequently and struggling to find things in the kitchen. She is very concerned about his current behaviour and would like to understand what is going on.

Questions

- 1) What is the differential diagnosis for Phillip's current presentation?
- 2) What investigations need to be done here?
- 3) What are the clinical features of delirium identified in this case?
- 4) What are the different types of delirium?-what type of delirium is Phillip suffering from?
- 5) What is the aetiology of delirium?
- 6) What are risk factors for developing delirium including those present in this case?
- 7) What is the course and prognosis of delirium including this case?
- 8) How would you manage this presentation, considering a pharmacological and non pharmacological approaches? What advice would you give to the ward team?
- 9) Phillip one evening attempts to leave the ward in a highly agitated state, stating he must see his wife. What would you consider putting in place to protect him and others? How might you manage this?
- 10) Would any other investigations/assessments be warranted in the future given the history?

Advanced Questions:

- 1) How would you explain a diagnosis of delirium to the family?
- 2) How would you differentiate delirium from dementia?

