

Factors Affecting Decisional Impairment in APS Clients

Chronic Pain	May become the focus of attention and inhibit the ability to listen. A recent study found a relationship between untreated pain and increased depression among the elderly.
Dehydration	Can cause altered mental status, agitation or lethargy, lightheadedness and confusion. Speech difficulty, sunken eyes, weakness and lethargy are often attributed to other conditions. Chronic and acute-medical conditions, malnutrition and severe hot and humid weather can all cause dehydration.
Delirium	An acute, <u>reversible</u> disorder. It occurs suddenly, over a short period of time and fluctuates during the day. It may be caused by existing cognitive impairment, severe physical illness, stroke, Parkinson's disease or dehydration, and can be aggravated by acute pain. Symptoms include changes in the way the patient uses information and makes decisions, inability to focus, and uncharacteristic behavior. The patient reports feeling "mixed up."
Dementia	Involves a significant, persistent decline in functioning over a period of time. Depending on the type of dementia, the patient may lose memory as well as some or all of cognitive functions such as language, motor activities, ability to recognize familiar stimuli, and/or executive functioning. Accurate diagnosis requires a detailed history as well as physical and neurological examinations. Some dementias are reversible.
Depression	The patient reports feeling sadness, emptiness, detachment, loss of interest in usual activities, sleep disturbances, and/or weight loss. Speech is slowed, diminished or repetitive. Patient may show anxiety or panic. Condition persists for more than two weeks and is not related to situational loss.
Disease	Thyroid, diabetes, cancer, Parkinson's, heart disease, stroke and AIDS may cause diminished capacity as the diseases progress.
Grief	Intense grief reaction may result in temporary confusion, dependency, exhaustion and inability to make decisions.
Hearing/Vision Loss	Can mimic or exacerbate cognitive impairment. Communication difficulties due to sensory or physical impairments are often mistaken for confusion.
Low Blood Pressure	Can be due to side effect of medication or medication error, causing dizziness, weakness and falling which could result in head injury.
Low IQ	May affect patient's understanding of choices, risks and benefits.
Malnutrition	Protein energy malnutrition and low levels of vitamin D lead to weakness and diminished ability to provide self-care and ultimately to decreased cognition.
Medication Mismanagement	Drug interactions and adverse reactions are common and can be serious. May be due to patient's visual or cognitive impairment, inability to afford prescriptions, or functional illiteracy. Medication misuse frequently causes mental impairment. Antibiotics and cardiovascular drugs are the most frequent causes of adverse effects.
Physical Illness	May result in electrolyte imbalances that cause confusion and prevent rational decision making.
Psychosis	Difficult to detect. Symptoms include delusions, hallucination, and agitation.
Substance Abuse	Older adults become inebriated with lower levels of alcohol consumption—leads to malnutrition and alcohol dementia. Also, alcohol intake in conjunction with certain medications can have a greater impact on older individuals than younger individuals.
Stress/Anxiety	Anxiety disorder is more prevalent than depression among the elderly. Older women are more at risk than men. May be the result of family violence or Post Traumatic Stress Disorder.
Traumatic Brain Injury	May be the result of physical abuse or a fall. Falls are the most common injury in the elderly due to weakness, environmental hazards, dizziness, alcohol, medications or stroke. A patient with sudden changes in mental status after a fall may have subdural hematoma.
Urinary Tract Infection	Most common infection in the elderly. Can present as acute change in cognitive status. May result in delirium.