[Alexis](https://ashford.instructure.com/courses/72891/users/115340" \o "Author's name) M post to week 5 discussion 1

This case is an 80-year-old male who is on an inpatient rehabilitation unit and you are being asked to see the patient to evaluate him for dementia versus delirium. The patient is a retired professor who was living alone and independently prior to his injury. He fell on the ice while retrieving his mail and sustained a right hip fracture. He underwent surgery for repair of his hip fracture two days prior to your consult. The patient has been exhibiting the following symptoms: occasional visual hallucinations, confusion about where he is, inconsistent recall as to the reason he is in the hospital, and behavioral outbursts (e.g., yelling and swearing at the staff).

            The first things that we will look into are what exact symptoms are being given to us via the case study. From the case study we are able to see that the patient is experiencing the following: visual hallucinations, confusion about their whereabouts, forgetfulness as to why they are in the hospital, and outburst such as yelling, and swearing. Some of this patients background information informs us that he is a single male of 80 years of age. The individual was living alone prior to slipping on ice and injuring their hip. So, because of this there is no one that can attest to how long the individual may have been experiencing his mental symptoms.

            Although dementia and delirium share some of the same symptoms we have to identify what we know first. The individual slipped and fell on ice. The individual up to this point was doing well, they were living alone and independently thus informing us that there was no mental delay with the individual up until the point of their fall. Another key point to understand about delirium and dementia is that one is acute, in other words they are sudden. While the other develops over time. Using the clues that we were given we know that the individual was self-sufficient enough to live independently, thus showing that whichever the diagnosis is, came about suddenly.

            Additionally, delirium is a change from baseline attention and awareness developing over

            a short period of time (hours-days) with fluctuations in severity over a 24-h time period.

            Other changes in cognition may also occur. Examples include disorientation, memory

            deficit, and disturbances in language, visuospatial ability, or perception (Bush, S.H., Et

            Al., P. 1624., 2017).

Other effects of delirium are to include sleep-wake cycle disturbance, delusions, dysarthria, dysgraphia, emotional lability, and abnormal psychomotor activity (Bush, S.H., Et Al., 2017). So, some of the symptoms that the individual is currently displaying fall under delirium. Some of the Neuropsychiatric Symptoms for dementia are as follows: apathy, depression, sleep disorders, hallucinations, delusions, psychosis, agitation, and aggression (Phan, S.V., Et Al, 2019). From the information that I have obtained from the case and literatures, I would diagnose this as being delirium. The reason for this as stated above is that the individual was living perfectly fine being 80 years old alone and independently until he slipped and fell on ice. Although the case only mentions his hip being hurt, there is the possibility that the individual could’ve hit their head, or recently developed Delirium since the only thing that separates these two is inattention.

            Some of the tools or assessments that I would suggest in making my diagnosis iron-clad would be to order test to confirm what I suggested. Of the tools that can be utilized are Confusion Assessment Method (CAM), a quick brief how what needs to happen when this is utilized is that ACUTE and INATTENTION need to coincide with DISORGANIZED thinking and ALTERED LEVEL of CONSCIOUSNESS (Bush, S.H., Et Al., 2017). This tool is based on the DSM-III-R criteria and utilizes nine items from it (Bush, S.H., Et Al., 2017). Along with this I would ask for an MRI and CT in order to visually see any other issues within the brain. Some of the recommendations for the patient is for them to think of the prospect of hiring someone to aide in taking care of them, a care giver. Or if they do have family to reach out. Reason being is because to determine when exactly this illness took over maybe impossible to answer if the individual has been alone for a substantial time, but if given the right care and or attention then the possibility of monitoring them along with ensuring they are not alone and keep them from getting injured becomes priority. Thus, making living conditions better for the individual.

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