Collateral History for Delirium/ Dementia

Introduction

- **W**ash hands, **I**ntroduce self, ask **P**atients name & what they like to be called, **E**xplain the need for a collateral history - is it ok with them?
- Establish their relation to the patient

Presenting Complaint

Confusion/ memory Loss

History of Presenting Complaint

- Onset: acute/chronic/acute-on-chronic
- Progression: slowly progressive (Alzheimer's), step-like (Vascular)
- Triggers: Infection, Stress
- Associated symptoms:
    - Depression
    - Psychiatric symptoms: hallucinations/Delusions
    - Behavioural change: agitation, aggression, wandering, disinhibition, calling out
    - Sleeping pattern: awake at night (Alzheimer's), early morning waking (depression), fluctuating consciousness (delirium)
    - Cognitive disturbances: aphasia, apraxia, agnosia, difficulty planning/organising

Past Medical History

- Ask about: Parkinson's, vascular disease/ diabetes, head injury, infection
- Psychiatric history

Drug History

- Blood pressure/ diabetes medication
- Parkinson's drugs
- Alzheimer's drugs: galantamine, donepezil, rivastigamine
- New medication
- Allergies

Family History

- Related conditions e.g. dementia, vascular disease, depression

Social History

- Living situation, carers, home support
- Who performs their daily tasks (if the patient does them, how well?)
    - Washing
    - Dressing
    - Cooking
    - Cleaning
    - Shopping
- Work/ drive
- Smoking + alcohol + other cardiovascular risk factors
- RISK
    - To self: wandering, leaving gas on, abuse, neglect by self or others
    - To others: aggression, risky behaviour

ICE (Ideas, Concerns and Expectations)

- Carer's Needs: Empathise with the demands, stress, coping, other support
- How does the relative/carer expect you to help? What are they worried about?

Conclusion

- Summarise situation and patient needs
- Thank relative

Causes of Dementia

- **Alzheimer's:** most common, prevalence increases with age, some genetic association. Slowly progressive. Presents with memory impairment + cognitive disturbance (aphasia/agnosia/apraxia). Due to generalised atrophy of cortex with plaques and tangles.
- **Vascular Dementia:** stepwise deterioration. Often have multiple cardiovascualar risk factors. May have focal neurology. CT head may show areas of ischemia or small vessel disease.
- **Lewy-Body Dementia:** progressive dementia with daily fluctuations of awareness. Parkinsonian features (bradykinesia, tremor, rigidity etc) and psychiatric symptoms (e.g. hallucinations) are common. Due to lewy bodies in the cerebral cortex.
- **Other dementia:** frontotemporal lobe dementia, Pick's disease, dementia associated with Down's syndrome, CJD, dementia associated with cerebral tumours and extra pyramidal syndromes.
- **Pseudodementia** due to depression, normal pressure hydrocephalus, space-occupying lesion, B_{12} deficiency, alcohol abuse, neurosyphilis, hypothyroidism.

Causes of Delirium

- ***Infection*** e.g. UTI, pneumonia, meningitis, encephalitis, malaria, sepsis
- ***Neurological*** e.g. stroke, subdural haematoma, epilepsy
- ***Endocrine/ metabolic*** e.g. dehydration, hyponatraemia, hypercalcaemia, thyroid dysfunction, renal/ liver failure, thiamine deficiency
- ***Resp/Cardiac*** e.g. MI, Heart failure, Hypoxia, PE
- ***Drugs*** e.g. sedatives, analgesia, opiates, anti-parkinsonism medications, anti-cholinergics, steroids, alcohol or benzodiazepine withdrawal
- ***Others*** e.g. malignancy, post-operative, pain, constipation, urinary retention