MENTAL HEALTH AND RECOVERY BOARD

OF ASHLAND COUNTY

WITHIN THE COVID-19 PANDEMIC STORM: WHIRLING DELIRIUM EPIDEMIC

Diana Spore, PhD, MGS
Consultant, Mental Health and Recovery Board of Ashland County
Former Board Member, Mental Health and Recovery Board of Ashland County

Older adults – particularly those who dwell in long-term-care facilities – are at highest risk of becoming ill and dying after exposure to COVID-19. When seniors and other individuals who are at high risk (e.g., those with severe breathing problems) are tested positive and become very ill, they usually enter intensive care units (ICUs) in hospitals. Within the pandemic storm, a delirium epidemic is whirling. Szabo (2020) has referred to ICUs as a "delirium factory" for these patients.

Delirium, which will be described below in simple terms, is an under-recognized symptom of coronavirus. In fact, standard evaluation of COVID-19 does not routinely assess for mental status impairment or delirium. Also, delirium is associated with procedures or approaches used to treat or care for COVID patients.

Research is constantly underway and we're being updated about relevant statistics very frequently. What we know at this point, based on preliminary research: about 20-30% of patients either present with delirium when arriving in ICUs, or suffer from delirium during the time period while hospitalized. Rates are up to almost 70% among those individuals who are very ill, regardless of age. They suffer emotionally as well as physically, are basically isolated throughout their stays. The winds are changing in response to action taken by disability rights groups. Their advocacy efforts has resulted in in recognition at the federal level, having the greatest impact on what is being done in Connecticut. Those with disabilities have the legal right to be provided with support in order to receive quality care, to make well-informed decisions. However, issues with delirium have not been addressed, particularly in relation to certain segments of the "disabled" population.

Dementia and Delirium

It is important to distinguish between dementia and delirium. Since symptoms can be quite similar, it is important that input is provided by family members and/or caregivers in order to make accurate diagnoses. Also, an individual can have both dementia and delirium.

- **Dementia**

Dementia is more common among those at advanced ages. However, it is not a normal part of aging. Dementia survivors display progressive impairment in cognitive, social, and behavioral functioning. Remembering, reasoning, judgment, comprehension, and insight are all adversely affected. Dementia is also linked with changes in mood and personality. Individuals with dementia may demonstrate verbal outbursts, anger, low stress tolerance, and apathy. Over time, ability to attend to activities of daily living (bathing, grooming, eating, and going to the bathroom) diminishes. Increasing support and help from caregivers will be needed as the disease process progresses.

- **Delirium**

Delirium is of rapid onset and seriously affects mental abilities. Individuals with delirium reveal marked confusion and a decrease in "being in touch" with what is happening around them. Symptoms include being unable to stay focused and to answer questions clearly or understandably. Thinking skills are impaired. These include problems with memory, orientation (e.g., not knowing who or where he/she is, being unaware of date, time of day, or season), and communicating. Individuals with delirium may see things that are not real or "there," become agitated, fight, and make sounds (e.g., moans) repeatedly. Emotionally, they can display fear, sadness, anger, irritability, and mood swings.

Delirium is a symptom of COVID-19. Other possible causes include: use of some types of medications (e.g., those that are highly sedating), multiple medical conditions and illnesses, fever, urinary tract infections, dehydration, and pain. Seniors who are in nursing homes or hospitals are particularly at risk of developing delirium.

Ramifications of the Delirium Epidemic

Delirium in individuals who are very ill is more likely to result in further declines in health status, cognitive status, and level of functioning. They are more likely to be placed in long-term care facilities. The risk of death is increased. Individuals who live with dementia may have an even greater decline in their cognitive status after suffering from delirium. When contributing factors are dealt with quickly, and when individuals have better health, recovery is more likely.

Critical Roles of Family Members and/or Caregivers

So why are family members and caregivers needed at the bedsides of seniors with COVID-19 in ICUs? To be present, these key players in providing humanistic care will need to wear personal protective equipment (PPE), to be trained, and to follow guidelines. Family members and/or caregivers should be part of the diagnostic and treatment team. They know patients well or at least much better, will be able to identify if certain behaviors or "problems" are new or very atypical. They know medical histories well, know what medications have been problematic, and are more familiar with how to communicate effectively. Informed consent is to be provided when treatments take place. When confused, hallucinating, and unable to communicate, patients with delirium may be unable to understand ramifications or even what is about to happen when care decisions are implemented.

Health care powers of attorney have been empowered to speak on behalf of patients who cannot speak for themselves. However, in this pandemic, their "power" has been diminished. For example, medical professionals will be the primary or sole decision-makers about when patients will be taken off of ventilators. Due to limited resources, medical professionals may make treatment decisions, across patients, based on who has the "best" likelihood of survival.

Family members and/or caregivers can help make care more humanistic and person-centered in nature. They know what makes the patient uniquely him/her, and how best to communicate and "get through," particularly when caring for someone with dementia. Family members and/or caregivers can describe what's going on (e.g., why PPE is being worn, a "look" that can be terrifying to someone who is confused) and be calming. They can help keep patients "grounded" when confused and experiencing hallucinations. Loved ones can help keep patients oriented to person, place, and time through verbal exchanges. Use of sedating medications can be reduced by using soothing tones of voice and by touching gently. The relatively common use of chemical and physical restraints with COVID patients in ICUs can be minimized. Being "connected" in multiple ways can reduce isolation, which is known to increase the risk of delirium. .

Concluding Comments

Family members and/or caregivers can play critical roles in working with medical professionals to provide humanistic, patient-centered care during this pandemic. Non-drug approaches by medical professionals would be more effective in preventing and decreasing the severity of delirium. However, a battle is underway, the front-line medical staff are dealing with limited resources, with life and death. And yet, attempts are being made in hospitals to have COVID patients walk safely in their rooms or exercise in their beds; wear hearing aids and glasses so they do not deal with sensory deprivation; to use relaxation techniques; and to engage in intellectually-stimulating activities. We must reduce isolation, help patients to remain connected with loved ones, and minimize or eliminate the use of physical and chemical restraints. Delirium has serious ramifications in terms of mortality, future health and cognitive status, and likelihood of being placed in an institutional setting. Orienting, connecting, and

calming those with delirium are critical. This is much more than an ethical issue, a way of ensuring that those who may be dying are not terrified, alone, heavily sedated, and/or totally confused.

Probably the best resource (toolkit) addressing delirium prevention, targeted for clinicians, was created by the Hospital Elder Life Program (https://www.hospitalelderlifeprogram.org/for-clinicians/covid19-resources).

Mental Health & Recovery Board of Ashland County
www.ashlandmhrb.org 419-281-3139