

CHAMP: Delirium in Seniors

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Risk Assessment at Admission

1. ↓ Vision (<20/70)
2. Severe Illness
3. ↓ Cognition (≤ 24 MMSE)
4. Dehydration (BUN/Cr > 18)
1-2 = Int. Risk \Rightarrow OR 2.5
3-4 = High Risk \Rightarrow OR 9.2

Precipitating Risk Factors

1. Phys. Restraints
2. Malnutrition
3. ≥ 3 Med Classes added
4. Bladder Catheter
5. Iatrogenic Event
Int. Risk = 1-2 \Rightarrow OR 7.1
High Risk = 3-5 \Rightarrow OR 17.5

Diagnosis: CAM: 1 + 2 + (3 or 4)

- 1= Acute Onset & Fluctuating Course
- 2= Inattention
- 3= Disorganized Thinking
- 4= Altered LOC
(Most Common = HYPOACTIVE Form)

Delirium versus Dementia

<u>Feature</u>	<u>Delirium</u>	<u>Dementia</u>
Onset	Acute	Insidious
Course	Fluctuating	Constant
Attention	Disordered	Gen. Preserved*
Cons-ness	Disordered	Gen. Preserved*
Halluc's	Often Present	Gen Absent*
Invol. Movmt	Often Present	Gen Absent*

* = Variable in Advanced Dementia

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Meds—Anticholinergic Med Classes

1. **Antiemetics/Antivertigo** (e.g., Antivert, Phenegren, Compazine, Tigan)
2. **Antispasmodics (GI)** (e.g., Levbid, Levsin & Donnatal)
3. **Antispasmodics (GU)** (e.g. Ditropan, Detrol)
4. **Bronchodilators-Ipratropium**
5. **Sp. Anti-Parkinsonian** (e.g., Artane, Cogentin)

Meds—with Sig. Anticholinergic Properties

1. **Tricyclics \approx Antihistamines**
2. **Older Antipsychotics** (e.g., Mellaril, Thorazine, Clozapine)
3. **Newer Antipsychotics** (Haldol *likely* > Risperidone, olanzapine, Seroquel, Geodon)
4. **Important Others:** (Decreasing Potency) Cimetidine, Prednisolone, Theophylline, Digoxin, Furosemide, Nifedipine, Ranitidine, Isosorbide dinitrate, Warfarin, Codeine, Dipyrindamole, Dyazide, Captopril

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