

Issue Number D5, Revised 2007

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## Recognition of Dementia in Hospitalized Older Adults

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**WHY:** About one fourth of older hospital patients have dementia.<sup>i</sup> Their dementia may never have been formally diagnosed, and even if it has been diagnosed, the diagnosis may not be noted in their hospital record. Because of stress caused by acute illness and being in an unfamiliar setting, some older patients show symptoms of dementia for the first time in the hospital. Older hospital patients with dementia are at much higher risk than other older hospital patients for delirium, falls, dehydration, inadequate nutrition, untreated pain, and medication-related problems. They are more likely to wander, to exhibit agitated and aggressive behaviors, to be physically restrained, and to experience functional decline that does not resolve following discharge. This *Try This* document suggests ways hospitals can increase recognition of dementia in their older patients, to lessen or avoid any of these problems.

**TARGET POPULATION:** Dementia should be considered a possibility in every hospital patient age 75 and over and can be present in younger patients as well. People with dementia usually come into a hospital for treatment of their other medical conditions, although some come in because of complications of their dementia. Of older people with dementia, 30% also have coronary artery disease; 28% congestive heart failure (CHF); 21% diabetes; and 17% chronic obstructive pulmonary disease (COPD).<sup>ii</sup>

**BEST PRACTICES:** Several approaches can be used to increase recognition of dementia in older hospital patients. One approach is to ask the person and family if the person has "severe memory problems."<sup>iii</sup> Another approach is to ask if a doctor has ever said that the person has Alzheimer's disease or dementia.<sup>iv</sup> The easiest way to do this is to add the items "severe memory problems," "Alzheimer's disease," and "dementia" to the list of diseases and conditions patients and families are routinely asked about on intake forms and in intake interviews.

Two instruments on the second page can also be used to alert staff to the possibility of dementia. The approaches exemplified in these instruments identify "triggers" that indicate a possible problem and need for further assessment. It should be noted that reliability for these instruments has not been established. Hospitals should consider which approach(es) will work best within their existing admission procedures. A combination of approaches may be most effective.

### **When no prior diagnosis of dementia is reported:**

**1. Family Questionnaire:** A family member or friend who accompanies the patient to the hospital can be handed a print copy of the 7-item Family Questionnaire.<sup>v</sup> This questionnaire is intended to identify memory problems that interfere with day to day activities – a hallmark sign of possible dementia. As an alternative to the print questionnaire, the intake interviewer or other hospital staff can ask the family member or friend the seven questions. Responses can be scored by staff.

**2. Patient Behavior Triggers for Clinical Staff:**<sup>vi</sup> This tool includes signs and symptoms that suggest the need to consider dementia. The intake interviewer and other hospital staff can be asked to record or report their own observations of these signs and symptoms.<sup>vii</sup>

**Note:** At the time of hospital intake, it is very difficult to differentiate dementia from delirium, and many older patients with dementia also have delirium.<sup>viii</sup> None of the approaches above rule out delirium. Further assessment is needed for this purpose.

### **REFERENCES:**

- <sup>i</sup> Maslow, K. (2006). How Many People with Dementia are Hospitalized? In N.M. Silverstein, & K. Maslow (Eds.), *Improving hospital care for persons with dementia* (pp 3-21). NY: Springer Publishing Co, Inc.
- <sup>ii</sup> Bynum, J.P.W, Rabins, P.V., Weller, W., Niefeld, M., Anderson, G.F., & Wu, A.W. (2004). The relationship between a dementia diagnosis, chronic illness, Medicare expenditures, and hospital use. *JAGS*, 52(2), 187-194.
- <sup>iii</sup> One of 18 conditions listed in Kaiser Permanente's health risk assessment instrument for Medicare beneficiaries.
- <sup>iv</sup> Question from the Medicare Current Beneficiary Survey.
- <sup>v</sup> Adapted from a family questionnaire developed for the Chronic Care Networks for Alzheimer's Disease project, a joint project of the Alzheimer's Association and the National Chronic Care Consortium.
- <sup>vi</sup> Adapted from a similar tool developed for the Chronic Care Networks for Alzheimer's Disease project, a joint project of the Alzheimer's Association and the National Chronic Care Consortium.
- <sup>vii</sup> Mion, L.C., Palmer, R.M., Anetzberger, G.J., & Meldon, S.W. (2001) Establishing a case-finding and referral system for at-risk older individuals in the emergency department setting: The SIGNET model. *JAGS*, 49(10), 1379-1386.
- <sup>viii</sup> Fick, D, & Foreman, M. (2000). Consequences of not recognizing delirium superimposed on dementia in hospitalized elderly individuals. *Journal of Gerontological Nursing*, 26(1), 30-40.

Best practice information on care of older adults: [www.ConsultGerIRN.org](http://www.ConsultGerIRN.org).

**BEST TOOLS:**  
**Family Questionnaire** <sup>v</sup>

Please answer the following questions. This information will help us provide better care for your family member or friend. Thinking back over the past six months, before hospitalization, would you say your family member or friend has experienced or had problems with any of the following? Please circle the answer.

1. Repeating or asking the same thing over and over.	Not at all	Sometimes	Frequently	N/A
2. Forgetting appointments, family occasions, holidays?	Not at all	Sometimes	Frequently	N/A
3. Writing checks, paying bills, balancing the checkbook?	Not at all	Sometimes	Frequently	N/A
4. Shopping independently for clothing or groceries?	Not at all	Sometimes	Frequently	N/A
5. Taking medications according to instructions?	Not at all	Sometimes	Frequently	N/A
6. Getting lost while walking or driving in familiar places?	Not at all	Sometimes	Frequently	N/A
7. Making decisions that arise in everyday living?	Not at all	Sometimes	Frequently	N/A

Relationship to patient \_\_\_\_\_ (*spouse, son, daughter, brother, sister, grandchild, friend, etc.*)  
 This information will be given to the patient's primary health care provider. Thank you for your help.

**How to Use the Family Questionnaire:**

If a family member or friend is with the patient, tell the patient you have a few questions for his or her family member or friend that will help you find out if the patient has trouble remembering or thinking clearly. Explain that this information may not come to the hospital's attention unless you ask about it and that the information will help you take better care of the patient. Show the questionnaire to the patient if he or she asks to see it. Ask the patient for their consent, then hand the questionnaire to the family member or friend. Once it is completed, score the questionnaire, and attach it to the patient's chart.

**Scoring:**

Not at all or N/A = 0  
 Sometimes = 1  
 Frequently = 2

**Total Score:** \_\_\_\_\_

Score Interpretation: *A score of 3 or more should prompt further assessment. A score of 3-6 indicates possible dementia. A score of 7-10 indicates probable dementia.*

Adapted from a family questionnaire developed for the Chronic Care Networks for Alzheimer's Disease project, a joint project of the Alzheimer's Association and the National Chronic Care Consortium.

**Patient Behavior Triggers for Clinical Staff** <sup>vi</sup>

Individuals with undiagnosed dementia may exhibit behaviors or symptoms that offer a clue to the presence of dementia, for example, if the patient:

- Seems disoriented
- Is a "poor historian"
- Defers to a family member to answer questions directed to the patient
- Repeatedly and apparently unintentionally fails to follow instructions
- Has difficulty finding the right words or uses inappropriate or incomprehensible words
- Has difficulty following conversations

**How to use the patient behavior triggers:**

These triggers can be used on a laminated card or other convenient form to remind staff of signs and symptoms that indicate a need for dementia assessment.

Adapted from a similar tool developed for the Chronic Care Networks for Alzheimer's Disease project, a joint project of the Alzheimer's Association and the National Chronic Care Consortium.

When the results of any of these approaches indicate possible dementia, further assessment is needed to measure the level of cognitive impairment and identify delirium, depression, and other conditions that can cause cognitive impairment. For assessment instruments that are useful for this purpose, see *Try This*: Mental Status Assessment of Older Adults: The Mini Cog; *Try This*: Confusion Assessment Method (CAM); *Try This*: Brief Evaluation of Executive Dysfunction; and *Try This*: The Geriatric Depression Scale (GDS), all available at [www.hartfordign.org](http://www.hartfordign.org).