



Mental Health Nursing: Organic Disorders

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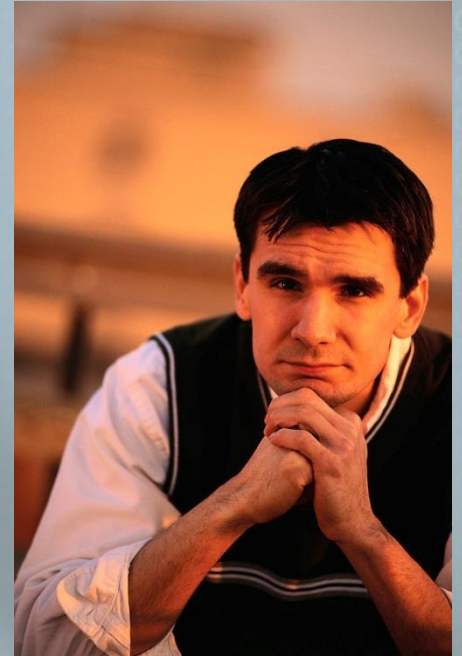
A Definition of Cognition

- Mental process characterized by knowing, thinking, learning, and judging
- Cognitive disorders include delirium and dementia



Delirium

- Disturbed consciousness accompanied by a cognitive change
- Characterized by a cluster of cognitive impairments
- Acute onset
- Specific precipitating stressor identified



Dementia

- Cluster of cognitive impairments
- Usually gradual onset
- Irreversible
- Predisposing and precipitating stressors may or may not be identifiable
- May cause severe impairment in social occupational functioning
- Includes memory impairment

Dementia Terminology

- Aphasia- difficulty finding the right word
- Apraxia- inability to do familiar skilled activities
- Agnosia- difficulty recognizing familiar objects
 - Behaviors related to effects on the temporal-parietal-occipital association cortex

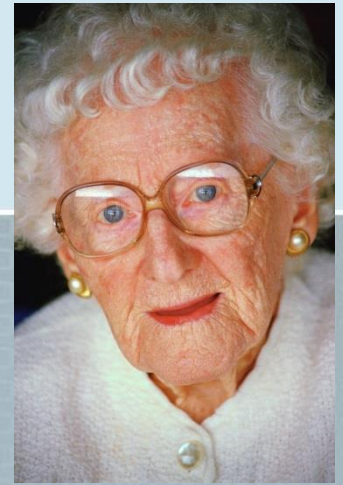
Terminology (continued)

- Pseudo-dementia- A cognitive impairment caused by a functional psychiatric disorder
- Sundown syndrome- extreme restlessness, agitation, or other behaviors that occur at the end of the day or at night
- Confusion- a nonspecific term for cognitive impairment

Continuum of Cognitive Responses

- **Adaptive Responses:** Decisiveness, Intact memory, Complete orientation, Accurate perception, Focused attention, Coherent, logical thought ↔
 - ↔ Periodic indecisiveness, Forgetfulness, Mild transient confusion, Occasional misperceptions, Distractibility, Occasional unclear thinking ↔
- **Maladaptive Responses:** Inability to make decisions, Impaired memory and judgment, Disorientation, Serious misperceptions, Inability to focus attention, Difficulties with logical reasoning

Predisposing Factors



- Aging
- Alzheimers disease or other alterations of the brain or its neurotransmitters (primarily acetylcholine)
- Genetic abnormalities such as Huntington's chorea
- Precipitating stressors



Precipitating Stressors

- Hypoxia (anemia, COPD, CHF, or increased intracranial pressure)
- Metabolic disorders (hypothyroidism, hypoglycemia, or adrenal disease)
- Toxic and infectious agents (urea in renal failure, AIDS dementia complex, chronic infections, or side effects or interactions from drugs/medications)
- Structural changes affecting brain (trauma, tumors, etc.)
- Sensory stimulation (sensory overload or underload)

Alleviating Factors

- Individual supports
- Interpersonal supports
 - Increased education, mental, physical, and social activity can help slow progression of dementia
- Resources may include home health services, adult day-care, family support and assistance to caregivers



Coping Mechanisms

- Intellectualization
- Rationalization
- Denial
- Regression



Medical Diagnosis

- Delirium due to a general medical condition
- Substance-induced delirium
- Delirium due to multiple etiologies
- Dementia of the Alzheimer's type
- Vascular dementia
- Dementia due to multiple etiologies
- Amnesic disorder due to a general medical condition
- Substance-induced persisting amnesic disorder

Examples: Nursing Diagnosis

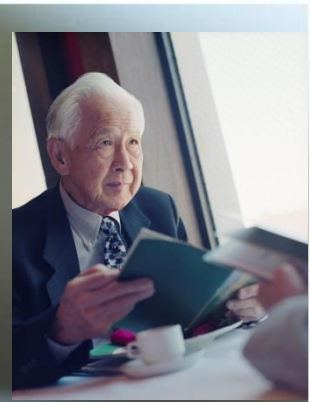
- Altered thought processes r/t severe dehydration as e/b hypervigilance, distractibility, visual hallucinations, and disorientation to time, place, and person
- Altered thought processes r/t barbiturate ingestion e/b altered sleep patterns, delusions, disorientation, and decreased ability to grasp ideas
- Altered thought processes r/t brain disorder e/b inaccurate interpretation of environment, deficit in recent memory, impaired ability to reason, and confabulation

Nursing Care

- Care for physiological needs
- Respond to hallucinations
- Respond to wandering
- Decrease agitation
- Administer medications
- Reinforce coping mechanisms
- Communicate therapeutically
- Provide health education, involving family and community

Remember that elderly people are very sensitive to medications. Administer with care, and monitor closely.

Reality Orientation



- When talking to people with dementia, it is not necessary to tell them the entire reality
- Example: "I am looking for my mother. Has she come yet?"
- Non-therapeutic response: *Your mother died 20 years ago.*
- Empathetic response: *It sounds like you miss your mother. Can you tell me about her while we have lunch?*



Nursing Interventions

- Highest priority is to maintain life and attend to physical needs
 - Nutrition and fluid balance
 - Ensure safety- May need restraint in acute care settings
 - Sedatives may be needed for sleep deprivation
- Communicate with clear messages and simple instructions
- Maintain dignity
- Decrease anxiety
 - Keep lights on if pt fears dark or shadows
 - Orientate to time, place and person

Evaluation



- Patient Outcome/Goal
 - Patient will achieve the optimum level of cognitive functioning
- Nursing Evaluation
 - Evaluation involves feedback from patient, significant others, peers, and supervisors
 - Was nursing care adequate, effective, appropriate, efficient, and flexible?



References



- Stuart, G. & Laraia, M. (2005). Principles & practice of psychiatric nursing (8th Ed.). St. Louis: Elsevier Mosby
- Stuart, G. & Sundeen, S. (1995). Principles & practice of psychiatric nursing (5th Ed.). St. Louis: Mosby