



# CenterPointe

## HOSPITAL

### of COLUMBIA

## DEMENTIA AND EFFECTIVE WAYS TO COMMUNICATE

- Approach the person slowly and calmly
- Use the person's first name
- Speak slowly, clearly and distinctly
- Use a friendly tone of voice and facial expressions
- Use short, simple sentences
- When repeating something use the exact same words
- Use one step commands
- Limit choices to 2 or 3, too many can prove to be confusing
- Face the person when you speak to them
- Make eye contact with the person
- Do not touch the person from behind
- Use non-verbal communication (i.e. waving, nodding, etc.)
- Listen – try to grasp the true meaning of what the person is saying
- Listen with your ears and your eyes
- Make sure eyeglasses and hearing aides are in good working order
- Look for what they are saying verbally, but also nonverbally





# CenterPointe HOSPITAL of COLUMBIA

## DIFFERENTIATION OF ACUTE CONFUSION (DELIRIUM), DEPRESSION AND DEMENTIA

Distinguishing delirium from depression and dementia is important because these conditions are often confused. This result may be detrimental to the patient because the nursing interventions are different for each of these conditions. An inappropriate intervention could have negative consequences for the patient. The following table highlights the differences in clinical features between delirium, dementia and depression.

### Differentiation of Acute Confusion (Delirium), Depression and Dementia

Clinical Feature	Delirium / Acute Confusion	Depression	Dementia
Attention	Variable from inattention to hypervigilance	Generally able to focus	Generally normal
Memory	Impaired recent memory	Generally normal	Impaired in recent and remote memory
Orientation	Disoriented to time and place	Generally oriented	May be disoriented
Psychomotor Behavior	May be agitated, lethargic, or both	May vary from lethargic to agitated	Generally normal
Sleep-Wake Cycle	Cycle reversed	Disturbed sleep	Fragmented sleep
Thinking	Disorganized thinking, fragmented speech	Generally intact but often slowed	Impaired thinking

*Reference: Matthiesen, V., Sivertsen, L., Foreman, M., & Cronin-Stubbs, D. (1994).  
Acute Confusion: Nursing Intervention in Older Patients. Orthopedic Nursing, 13(2), 23, Table 2.*



# CenterPointe HOSPITAL of COLUMBIA

## GERIATRIC DEPRESSION SCALE

Choose the best answer for how you have felt over the past week.

- |   |          |
|---|----------|
| 1. Are you basically satisfied with your life?                                | yes / no |
| 2. Have you dropped many of your activities and interests?                    | yes / no |
| 3. Do you feel that your life is empty?                                       | yes / no |
| 4. Do you often get bored?  | yes / no |
| 5. Are you in good spirits most of the time?                                  | yes / no |
| 6. Are you afraid that something bad is going to happen to you?               | yes / no |
| 7. Do you feel happy most of the time?  | yes / no |
| 8. Do you often feel helpless?  | yes / no |
| 9. Do you prefer to stay at home, rather than going out and doing new things? | yes / no |
| 10. Do you feel you have more problems with your memory than most?            | yes / no |
| 11. Do you think it is wonderful to be alive now?                             | yes / no |
| 12. Do you feel pretty worthless the way you are now?                         | yes / no |
| 13. Do you feel full of energy?   | yes / no |
| 14. Do you feel that your situation is hopeless?                              | yes / no |
| 15. Do you think that most people are better off than you are?                | yes / no |

Compare the answers below to your own. For every answer that matches your own, give yourself one point. A score of 5 or more suggests Depression, and you should seek professional help.

- |        |         |         |
|--------|---------|---------|
| 1. no  | 6. yes  | 11. no  |
| 2. yes | 7. no   | 12. yes |
| 3. yes | 8. yes  | 13. no  |
| 4. yes | 9. yes  | 14. yes |
| 5. no  | 10. yes | 15. yes |

Toll Free: 855-623-7016

Main: 573-615-2001

[www.CenterPointeHospitalColumbia.com](http://www.CenterPointeHospitalColumbia.com)



CenterPointe  
HOSPITAL  
of COLUMBIA

1201 International Drive  
Columbia, MO 65202

# WARNING SIGNS OF PSYCHIATRIC DISORDERS (ADULTS)

Certain life events and circumstances may trigger the onset of a psychiatric disorder. Possible triggers include:

- Exposure to trauma
- Divorce
- Loss or grief
- Relocation



573-615-2001 ■ 855-623-7016

The following symptoms and changes in behavior may indicate the need for further assessment by a specialist and may qualify as admission criteria for an outpatient treatment program:

## THOUGHT PROCESS

- Trouble concentrating
- Appearing distracted
- Confused thinking
- Suspicion and paranoia

## HOSTILITY

- Verbal or physical threats
- Angry outbursts
- Destruction of property

## APPEARANCE

- Decreased personal hygiene
- Bizarre dress

## SOCIAL INTERACTION

- Isolation or withdrawal
- Excessive talking
- Feelings of loneliness
- Feelings of rejection

## SUICIDE

- Preoccupation with death
- Thoughts of suicide
- Self-destructive behavior
- Description of suicide or self-harm plan

## SLEEP DISTURBANCE

- Insomnia
- Excessive sleeping
- Restlessness
- Nightmares

## APPETITE

- Sudden increase in appetite
- Sudden decrease in appetite
- Weight loss or gain (5 to 10 percent)

## MOOD

- Tearfulness
- Unusual/unprovoked anxiety
- Agitation
- Rapid mood changes

## MEDICATION

- Resisting medication
- Self-medicating with alcohol or other drugs

For more information, or to make a Referral, contact:

CenterPointe Hospital of Columbia Assessment and Referral at 573-615-2001 or 855-623-7016.

## CenterPointe Hospital of Columbia and Outpatient Program Location

CenterPointe Hospital of Columbia  
1201 International Drive  
Columbia, MO 65202  
573-615-2001 Admissions  
855-623-7016 Toll-Free

CenterPointe Columbia Outpatient  
601 W. Nifong Blvd., Suite 6B  
Columbia, MO 65203  
573-875-5900

