NARAYANA
COLLEGE OF NURSING

UNIT–XII Nursing management of Organic brain disorders

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ORGANIC MENTAL DISORDER

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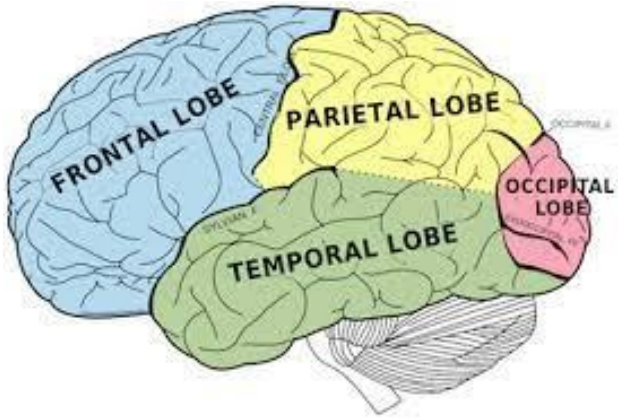


SPECIFIC OBJECTIVES

- List down the ICD 10 classification of organic mental disorder.
- Define chronic organic brain syndrome.
- Enlist the etiological factor of dementia.
- Discuss the various stages of dementia.
- Explain the clinical features, course and prognosis of the dementia.
- Explain the treatment modalities of the dementia
- Discuss the nursing interventions of the client with dementia.
- Define acute organic brain syndrome.
- Enlist the etiological factor of delirium.

- Explain the clinical features, course and prognosis of the delirium.
- Explain the treatment modalities of the delirium
- Discuss the nursing interventions of the client with delirium.
- Define the organic amnestic syndrome.
- List down the etiology of organic amnestic syndrome.
- Elaborate the clinical features of organic amnestic syndrome.
- Discuss the management of organic amnestic syndrome.
- Explain the mental disorder due to brain damage, dysfunction and physical disease.
- Discuss the personality and behavioral disorders due to brain disease, damage and dysfunction.

ORGANIC MENTAL DISORDER

- An **organic mental disorder** (OMD), also known as **organic** brain syndrome, is any **disorder** involving decreased **mental** function due to a medical or physical disease of the brain, rather than to **psychiatric illness**.

CLASSIFICATION OF ORGANIC MENTAL DISORDERS

- F00: Dementia in Alzheimer's disease.
- F01: vascular dementia.
- F04: Organic amnestic syndrome.
- F05: Delirium.
- F06: Mental disorders due to brain damage, dysfunction and physical disease
- F07: Personality and behavioral disorders due to brain disease, damage and dysfunction.

DEMENTIA

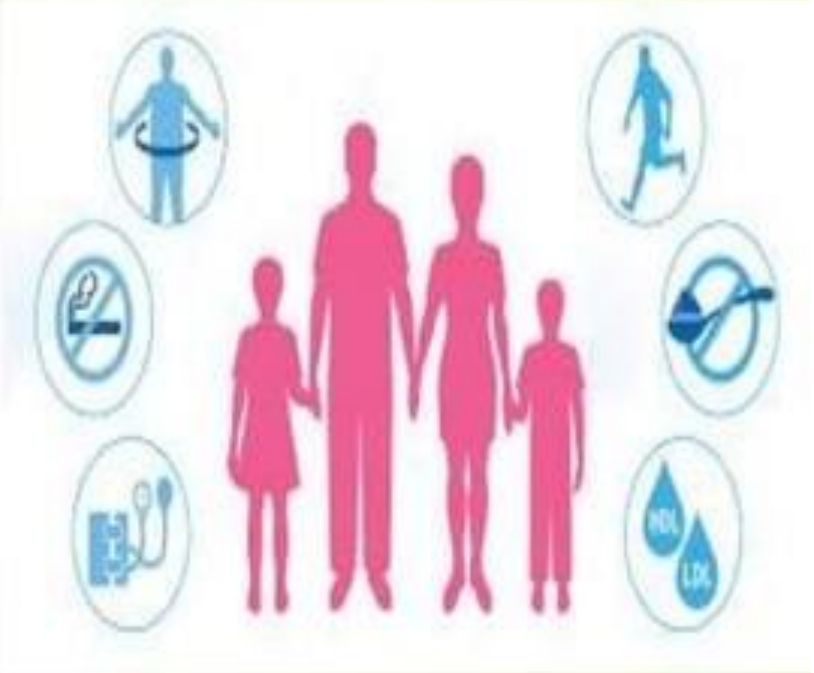
Dementia is a disease which causes problems with memory, thinking ability and behavior. It usually starts slowly and gets worse with time.

RISK FACTORS

1. Age
2. Family history and genetics
3. Gender
4. Mild cognitive impairment
5. Down syndrome
6. Past head trauma
7. Poor sleep patterns

8. Lifestyle and heart health:

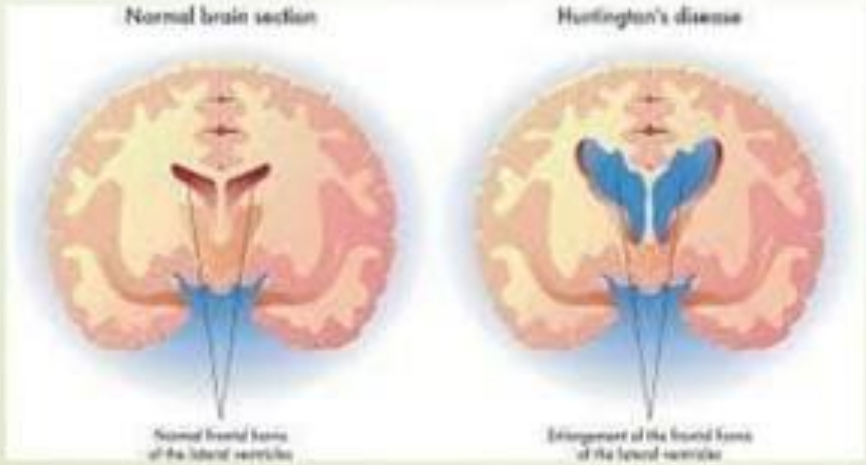
- Lack of exercise
- Obesity
- Smoking
- High blood pressure
- High cholesterol



ETIOLOGICAL FACTORS

Untreatable and irreversible causes:

- Degenerating disorders of CNS
- Alzheimer's disease.
- Pick's disease.
- Huntington's chorea.
- Parkinson's disease.



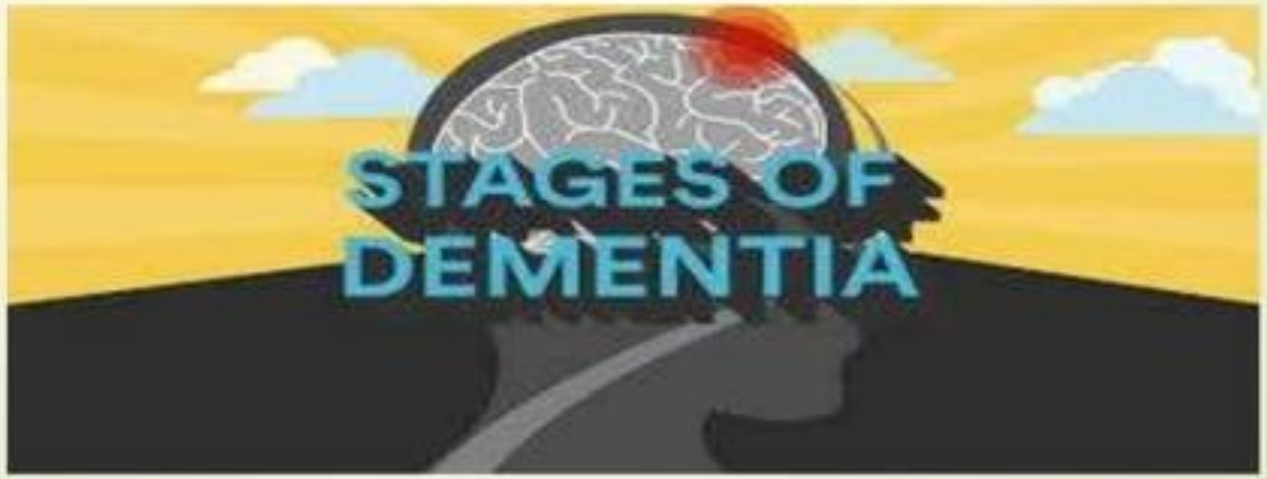
Treatable and reversible causes:

- Vascular-multi-infarct dementia
- Intracranial space occupying lesions
- Metabolic disorders-hepatic failure, renal failure
- Endocrine disorders-myxedema, Addison's disease
- Infections-AIDS, meningitis, encephalitis

- Intoxication-alcohol, heavy metals (lead, arsenic), chronic barbiturate poisoning.
- Anoxia-anemia, post-anesthesia, chronic respiratory failure.
- Vitamin deficiency, especially deficiency of thiamine, and nicotine.
- Miscellaneous-heatstroke, epilepsy, electric Injury.

STAGES OF DEMENTIA

- Stage-1 (Early Stage)
- Stage-2 (Middle Stage)
- Stage-3 (Final Stage)



Stage I: Early stage

- Forgetfulness
- Declining interest in environment
- Hesitancy in initiating actions
- Poor performance at work.

Stage II: Middle stage

- Progressive memory loss
- Hesitates in response to questions
- Has difficulty in following simple instructions
- Irritable, anxious
- Wandering
- Neglects personal hygiene
- Social isolation

Stage III: Final stage

- Marked loss of weight because of inadequate intake of food

- Unable to communicate
- Does not recognize family

- Incontinence of urine and feces
- Loses the ability to stand and walk
- Death is usually caused by aspiration Pneumonia


Signs and
Symptoms


1
Memory Loss
2
Difficulty performing familiar tasks
3
I DEN'T ROMEDBIR
M
D E E
Problems with language
4
Disorientation to time and place
10
warning signs of dementia
5
Poor or decreased judgement
6
Problems keeping track of things
7
Misplacing things
8
Changes in mood and behaviour
9
Trouble with images and spatial relationships
10
Withdrawal from work or social activities

SYMPTOMS OF DEMENTIA

- Personality changes- withdrawn, decreased self care.

- Memory impairment- Recent memory.
- Cognitive Impairment- Disorientation, poor Judgement.

- Behavioral Impairment- Stereotype Behavior.
- Neurological Impairment- Aphasia, Apraxia.

- Sundowner syndrome

DIAGNOSIS

1. History collection
2. Mini mental Status Examination
3. MRI
4. CT Scan
5. PET(Positron emission tomography) Scan.
6. Vitamins analysis

TREATMENT

DRUGS:

- Tacrine Hydrochloride (Cognex)
- Memantine
- Symptomatic treatment: antipsychotics, antidepressants, anxiolytics, benzodiazepines.

NURSING MANAGEMENT

❖ DAILY ROUTINE

- ✓ Fixed timetable
- ✓ Clock with large faces
- ✓ Calendar with large writing

❖ NUTRITION AND BODY WEIGHT

- ✓ Well balanced diet
- ✓ Rich in protein ,high fiber and adequate calories.
- ✓ Semi solid diet
- ✓ Consideration of medical illnesses.

❖ PERSONAL HYGIENE

- **PREVENT FROM ACCIDENT**
- **FLUID MANAGEMENT**
  - ✓ No beverages after 5 pm.
  - ✓ Avoid caffeine , tea

- **MOOD AND EMOTIONS**
  - ✓ Mood changes are unpredictable.
  - ✓ Fixed daily routine.

❖ MAINTAIN INTERPERSONAL RELATIONSHIP

- ✓ verbal communication should be clear.
- ✓ Reinforce social acceptable skill
- ✓ Give necessary information repeatedly.

❖ IMPROVE SLEEP PATTERN

- ✓ Avoid day napping.
- ✓ Avoid sleeping pills.

DELIRIUM (ACUTE ORGANIC BRAIN SYNDROME)

- Delirium is an acute organic mental disorder characterized by impairment of consciousness, disorientation and disturbances in perception and restlessness.

ETIOLOGY

- Vascular: hypertensive encephalopathy, cerebral arteriosclerosis, intracranial hemorrhage.
- Infections: encephalitis, meningitis.
- Neoplastic: space occupying lesions.
- Intoxication: chronic intoxication or withdrawal effect of sedative-hypnotic drugs.
- Traumatic: subdural and epidural hematoma, laceration, post-operative, heatstroke.

- Vitamin deficiency, e.g. thiamine.
- Endocrine and metabolic: diabetic coma and shock, uremia, myxedema, hyperthyroidism, hepatic failure.
- Metals: heavy metals (lead, manganese,' mercury), carbon monoxide and toxins.
- Anoxia: anemia, pulmonary or cardiac failure.

CLINICAL FEATURES

- Impairment of consciousness: clouding of consciousness ranging from drowsiness to stupor and coma.
- Impairment of attention: difficulty in shifting, focusing and sustaining attention.
- Perceptual disturbances: illusions and hallucinations, most often visual.

- Disturbance of cognition: impairment of abstract thinking, immediate and recent memory.
- Psychomotor disturbance: hypo or hyperactivity.
- Disturbance of the sleep-wake cycle: insomnia or in severe cases total sleep loss or reversal of sleep-wake cycle.

- Emotional disturbances: depression, anxiety, fear, irritability, euphoria, apathy or wondering perplexity.

- **Course and Prognosis:** The onset is usually abrupt. The duration of an episode is usually brief, lasting for about a week.

TREATMENT

- Identification of cause and its immediate correction, e.g., 50 mg of 50% dextrose IV for hypoglycemia, 02 for hypoxia, 100mg of B1 IV for thiamine deficiency, IV fluids for fluid and electrolyte imbalance.

- Symptomatic measures: benzodiazepines or antipsychotics.

NURSING INTERVENTION

Providing safe environment:

- Restrict environmental stimuli, keep unit calm and well-illuminated.
- There should always be somebody at the patient's bedside reassuring and supporting.
- As the patient is responding to a terrifying unrealistic world of hallucinatory illusions and delusions, special precautions are needed to protect him from himself and to protect others.

Alleviating patient's fear and anxiety:

- Remove any object in the room that seems to be a source of misinterpreted perception.
- As much as possible have the same person all the time by the patient's bedside.
- Keep the room well lighted especially at Night.

Meeting the physical needs of the patient:

- Appropriate care should be provided after physical assessment.
- Use appropriate nursing measures to reduce high fever, if present.
- Maintain intake and output chart.
- Mouth and skin should be taken care of.
- Monitor vital signs.
- Observe the patient for any extreme drowsiness and sleep as this may be an indication that the patient is slipping into a coma.

Facilitate orientation:

- Repeatedly explain to the patient where he is and what date, day and time it is.
- Introduce people with name even if the patient misidentifies the people.
- Have a calendar in the room and tell him what day it is.
- When the acute stage is over take the patient out and introduce him to others.

ORGANIC AMNESTIC SYNDROME

- Organic amnestic syndrome is characterized by impairment of memory and global intellectual functioning due to an underlying organic cause.
- There is no disturbance of consciousness.

ETIOLOGY

- Head trauma
- Hypoxia
- Brain tumors
- Stroke
- Bilateral temporal lobectomy
- Herpes simplex encephalitis.

- Thiamine deficiency, the most common cause being chronic alcoholism. It is also called as "Wernicke-Korsakoff syndrome." Wernicke's encephalopathy is an acute phase of delirium receding amnestic syndrome, while Korsakoff's syndrome is a chronic phase of amnestic syndrome.

CLINICAL FEATURES

- Recent memory impairment
- Anterograde and retrograde amnesia
- There is no impairment of immediate memory.

MANAGEMENT

- Treatment for underlying cause.

MENTAL DISORDER DUE TO BRAIN DAMAGE, DYSFUNCTION AND PHYSICAL DISEASE

- These are mental disorders, which are causally related to brain dysfunction due to primary cerebral disease, systemic disease or toxic substances.
- Primary cerebral disease: Epilepsy, encephalitis, head trauma, brain neoplasms, vascular cerebral disease and cerebral malformations.

- Systemic diseases: Hypothyroidism, hypoxia, hypoglycemia, systemic lupus erythematosis and extra cranial neoplasms.

- Drugs: Steroids, anti-hypertensive, anti-malarial, alcohol and psychoactive substances.

The following mental disorders come under this category:

- Organic hallucinocis
- Organic catatonic disorder
- Organic delusional disorder
- Organic mood disorder
- Organic anxiety disorder

PERSONALITY AND BEHAVIORAL DISORDERS DUE TO BRAIN DISEASE, DAMAGE AND DYSFUNCTION

- These disorders are characterized by significant alteration of the premorbid personality due to underlying organic cause. There is no disturbance of consciousness and global intellectual function.
- The personality change may be characterized by emotional lability, poor impulse control, apathy, hostility or accentuation of earlier personality traits.

ETIOLOGY

- Complex partial seizures (temporal lobe seizures)
- Cerebral neoplasms
- Cerebrovascular disease
- Head injury.

MANAGEMENT

- Treatment for the underlying cause.
- Symptomatic treatment with lithium, carbamazepine or with antipsychotics.

SUMMARY

Today we had discussed about organic mental disorders, its' classification, etiological factors, clinical features, and management.

CONCLUSION

- Delirium is frequently confused with dementia Globally, dementia is characterized by cognitive and functional impairment and usually follows a chronic deteriorating course, whereas delirium is characterized primarily by inattention and has an acute onset with a fluctuating course. Also, an abnormal level of consciousness is highly suggestive of delirium, while in dementia attention and the level of consciousness tend to remain intact, at least until late stages.

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THANK YOU