

In Neurology

ACUTE CONFUSIONAL STATE IN ELDERLY

- Acute confessional state is a frequent cause of hospital admission in the elderly. It is clinically characterized by short history of disorientation and impairment of cognitive functions.
- In elderly, symptoms of a disease may be atypical. Confusion or delirium may be the first symptom of a serious illness in old age. Numerous physical and mental health problems may lead to such a state. Most important causes are urinary tract infection, pneumonia, stroke, Myocardial infarction, medications, worsening of chronic liver, lung and renal diseases, injury, intoxication, electrolyte disturbances, acute on chronic dementia and many others.
- Disturbances of consciousness, disorientation and cognitive dysfunctions are the initial cardinal manifestations of the disease. Symptoms of underlying physical disease like fever, cough etc. may coexist.
- Exact pathogenesis of acute confusion is not clearly evident. Different hypothesis are put forward to explain the temporary brain dysfunction
- A detailed history and physical examination are necessary in elderly keeping an eye as “atypical presentation” on possible underlying diseases.
- Urinary tract infections, Pneumonia, electrolyte disturbance, Stroke, Acute coronary syndrome, medications and intoxications, hepatic and renal encephalopathy are particularly important.
- Mental confusion, disorientation may be an early warning sign of severe covid-19.
- Investigations are directed towards common clinical conditions first followed by subsequent ones.
- Early resuscitation, specific treatment of underlying disease and judicious use of drugs to control delirium is very important.
- Rapid diagnosis and early treatment are necessary to decrease the morbidity and mortality associated with this serious condition.

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Vertigo

The illusion of movement is the defining component of vertigo.

It is a symptom and not a diagnosis.

A subjective sensation of rotation is often considered by physicians as 'true vertigo' and implies the involvement of the semicircular canals or their central connections.

The term dizziness is imprecisely defined by both doctors and patients. It may be seen with many general medical diseases like anemia, hypoglycemia and cardiac illnesses but also may be seen in the chronic stages of diseases of the vestibular system.

Characterizing the onset, the duration, the potential triggers, and the various associated symptoms help physicians localize the site of lesion responsible for vertigo and also provide clues to the etiological cause responsible for the presentation.

While a routine examination is often unremarkable in a patient who presents with vertigo, careful examination of the eye movements, positional maneuvers, assessment of posture and gait, and also assessment of the associated neurovascular structures will aid the clinician in diagnosing the etiology of vertigo in the majority.

Acute onset of vertigo, especially in the middle of the elderly age group, would require careful evaluation to ascertain whether the patient has vestibular neuritis, essentially a peripheral cause of vertigo, or, stroke an important central cause. This differentiation is very important in optimizing treatment strategies in an emergency.

The mnemonic HINTS (Head Impulse, Nystagmus, and Test of Skew) helps the physician in making this distinction.

Recurrent attacks of spontaneous or positional vertigo, with or without headache, lasting for a few seconds to even several days in the younger age group is commonly due to migraine.

While it may be commonly confused with Meniere's disease, careful history may allow physicians to distinguish this illness from migraine. In most cases of Meniere's disease, aural fullness precedes vertigo. Unilateral tinnitus with hearing loss during the attacks, fluctuating deafness that recovers in the early stages but invariably progresses, later on, are the key features of Meniere's disease.

Psychogenic dizziness can be constant or episodic and is often accompanied by various autonomic symptoms. Catastrophic fears may often coexist.

Benign positional paroxysmal vertigo is the commonest vestibular disorder. It is often seen in the elderly age group. Patients report vertigo upon lying down in the bed and on turning the head from one side to another while in the bed

This condition is to be treated with liberatory maneuvers rather than drugs.

Epley's maneuver is more difficult to perform by both patients and doctors. Semont maneuver is equally effective and can be employed efficiently in this context.