

# Changes in Cognitive Function in Older Patients Following Intensive Care Unit Admissions

Mubeena Wong\*

Department of Medicine, University of Alberta, Alberta, Canada

## DESCRIPTION

Advancements in healthcare have significantly improved the survival rates of critically ill patients, including older adults, who may require treatment in Intensive Care Units (ICUs). While ICUs play a crucial role in saving lives, there is growing awareness of the potential cognitive consequences that older adults may experience following their stay in these high-intensity medical settings. This article delves into the cognitive changes observed in older adults after ICU stays, the contributing factors, and strategies for better post-ICU cognitive care.

### The cognitive toll of integrating palliative care stays on older adults

ICU stays, often involving invasive medical interventions, medications, and extended periods of sedation, can lead to a range of cognitive changes in older adults. These changes may manifest as

**Delirium:** Delirium is a common cognitive impairment seen in older adults following ICU stays. It is characterized by sudden confusion, disorientation, hallucinations, and agitation. Delirium is associated with increased morbidity and mortality, as well as long-term cognitive deficits.

**Memory impairment:** Older adults may experience memory problems after an ICU stay, including difficulty recalling events or conversations that occurred during their hospitalization.

**Attention and concentration issues:** Difficulty in sustaining attention or concentrating on tasks is another cognitive challenge that older adults may face after ICU discharge.

**Executive function deficits:** Executive functions, such as problem-solving, planning, and decision-making, may be impaired, affecting the individual's ability to manage daily activities effectively.

**Psychological symptoms:** ICU survivors, including older adults, may also experience symptoms of anxiety, depression, or Post-Traumatic Stress Disorder (PTSD), which can further compound cognitive difficulties.

### Factors contributing to cognitive changes

**Sedation and medications:** The use of sedatives and medications in ICUs, while essential for patient comfort, can lead to cognitive impairment.

**Delirium:** The presence of delirium during the ICU stay is a significant predictor of post-ICU cognitive decline.

**Infections:** ICU patients are at an increased risk of infections, which can have cognitive consequences, particularly if they lead to sepsis.

**Underlying health conditions:** Older adults often have pre-existing health conditions, such as dementia or cognitive impairment, which may be exacerbated during their ICU stay.

**Mechanical ventilation:** Mechanical ventilation, a common intervention in ICUs, can result in respiratory and cognitive issues.

### Strategies for better post intensive care unit cognitive care

**Early mobilization:** Initiating early mobilization and physical therapy in the ICU may help prevent delirium and maintain physical and cognitive function.

**Medication review:** Continuously evaluate and adjust medications to minimize the use of sedatives or medications with cognitive side effects.

**Delirium prevention and management:** Implement delirium prevention protocols, such as maintaining proper sleep-wake cycles, providing sensory stimulation, and using non-pharmacological interventions when possible.

**Comprehensive assessment:** Conduct comprehensive cognitive assessments during and after the ICU stay to identify cognitive changes promptly.

**Rehabilitation services:** Post-ICU rehabilitation services, including physical, occupational, and speech therapy, can aid in cognitive and functional recovery.

**Correspondence to:** Mubeena Wong, Department of Emergency Medicine, University of Alberta, Alberta, Canada, E-mail: mubeenawong007@edu.com

**Received:** 15-Nov-2023, Manuscript No. JPCIC-23-26578; **Editor assigned:** 17-Nov-2023, PreQC No. JPCIC-23-26578 (PQ); **Reviewed:** 12-Dec-2023, QC No. JPCIC-23-26578; **Revised:** 20-Dec-2023, Manuscript No. JPCIC-23-26578 (R); **Published:** 27-Dec-2023, DOI: 10.35248/2471-9870.23.9.236

**Citation:** Wong M (2023) Changes in Cognitive Function in Older Patients Following Intensive Care Unit Admissions. J Perioper Crit Intensive Care Nurs. 9:236.

**Copyright:** © 2023 Wong M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**Psychological support:** Address psychological symptoms, such as anxiety and depression, through counseling and support groups.

**Family involvement:** Involve families in the patient's care plan, as they can provide valuable support and continuity of care after discharge.

**Education and counseling:** Provide patients and their families with education on post-ICU cognitive changes, expectations, and available resources for support.

## CONCLUSION

Cognitive changes in older adults following ICU stays are increasingly recognized as a significant healthcare concern. As

the aging population grows, it becomes imperative to address these challenges to ensure the overall well-being of patients. Implementing strategies for better post-ICU cognitive care, including delirium prevention, early mobilization, and rehabilitation services, can help mitigate cognitive impairments and enhance the quality of life for older adults recovering from intensive care experiences. Healthcare professionals and families alike must be vigilant in recognizing and addressing cognitive changes in older ICU survivors to provide comprehensive care that extends beyond the immediate critical care setting.