

Delirium

Other formats

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- 01392 402093 (for Mid Devon, East Devon and Exeter services)
- 01271 314090 (for North Devon services)
- rduh.pals@nhs.net

What is delirium?

A sudden change in a person's mental state that happens quickly (over hours or days). It usually improves when whatever is causing it gets better.

What are the symptoms of delirium?

There are 3 different types of delirium:

Hyperactive

the person becomes agitated and restless

Hypoactive

the person is drowsy and withdrawn

Mixed

the person fluctuates between hypo and hyperactive throughout the day

People who have delirium say they:

- Felt unsure of their whereabouts/environment.
- Worried that other people were trying to harm them (including healthcare staff and family members).
- Felt afraid, irritable, anxious or depressed.
- Felt slow and sleepy.
- Felt agitated and restless.
- Had vivid dreams that continued when they woke up.

- Found it hard to follow what is being said.
- Found it difficult to speak clearly.
- Saw and heard things that were not there.

What are the factors associated with developing delirium?

Background risk factors

Several factors increase the risk of delirium, including:

- Older age (over 65)
- Having dementia
- Frailty
- Having more than one illness
- Having loss of hearing or sight
- A history of depression
- Having had delirium before
- Alcohol/drug misuse

Triggering factors

These can include infections, pain, side effects of medications, surgery or being in an unfamiliar environment like a hospital.

Delirium is one of the most common medical emergencies and affects:

- 20% of adults in hospital
- 65%% of people who are in hospital for a hip fracture
- 75% of patients in intensive care
- 50% of patients with dementia

Delirium and dementia

Delirium is **different** from dementia. For someone with delirium, symptoms come on over a matter of hours or a few days or a couple of weeks. The symptoms of dementia come on slowly, over a period of 6 months or more.

Delirium is much more common in older people, especially those with dementia.

Delirium is a treatable condition and may co-exist with dementia. However, it is sometimes difficult to recognise in people with dementia because it has similar symptoms such as confusion and difficulties with thinking and concentration.

Delirium can last for a few days, weeks or even months but it may take longer for people with dementia to recover.

How do you reduce the risk of delirium?

- Keep pain under control (avoiding Opiate based drugs)
- Monitor signs of infection and treat.
- Encourage the person to drink and eat regularly.
- Check that the person is going to the toilet regularly, including having their bowels open.
- Review medications and stop any unnecessary medications.
- Ensure the person has their glasses or contact lenses and hearing aids.
- Explain to the person where they are (include date and time), and ensure they have familiar items with them such as photos.
- Find ways to help the person to sleep (e.g. reduce noise and lighting).
- Help the person to get moving, sit up, or get out of bed as soon as they can.
- Where possible limit bed moves in hospital.

How is delirium identified?

It is really important to identify delirium as soon as possible. Relatives and carers should tell medical staff if they notice anything about the patient's behaviour that is different from usual.

There are no blood tests or other lab tests to diagnose delirium, however they may do other tests to help them to find out what might be causing the delirium.

There is a standard test used to identify delirium where the healthcare professional will ask their patient some questions e.g. what year it is, or saying the months of the year in reverse order.

How is delirium treated?

Delirium can be treated in several ways

- It is important to identify and treat the underlying causes of delirium. A few examples are: low oxygen levels, medications, pain, infection, constipation, dehydration and drug/alcohol intoxication or withdrawal.
- Continuing to treat other conditions the person has.
- Managing medication the person is taking for other conditions.
- Ensuring the person is sitting and moving correctly.
- Reducing noise.
- Helping the person to get a good natural sleep (e.g. reducing noise and lighting at night time).

- Checking if the person is distressed or agitated. If they are agitated, finding out the cause and trying to treat it (ideally without using medications).
- Preventing the person becoming immobile, dehydrated, malnourished or isolated.
- Reducing the risk of falling and pressure sores.
- Telling relatives or carers about delirium and helping them support the patient.
- Monitoring recovery and referring the person to a specialist delirium nurse, if they are not improving
- Considering the need for a care package as part of the discharge plan.

Is medication used to treat delirium?

Drugs should not routinely be given for symptoms of delirium. They can make symptoms worse, so should be used in only a few situations:

- Patients who are very distressed or agitated and pose a risk to either themselves or others.
- To calm someone enough to have investigations or treatment.
- If hallucinations or delusions are causing the person severe distress

What can help someone with delirium?

- Keep calm and reassure the person.
- Use short simple sentences when talking.
- Observe the person to see if they are in any pain.
- Make sure there's nothing obscuring their senses and have their glasses, hearing aids and dentures to hand if they use them.
- Use familiar photos and objects to distract the person and provide familiarity.
- Help reorientate the person by making sure they know the time and date (make sure a calendar and clock are in view).
- Help the person to find the toilet if needed, and ensure that they are passing urine and opening their bowels.
- Avoid too much stimulation and having too many people around if possible.
- Keep a low light on at night.
- Avoid disagreeing with the person too much; change the subject if they express ideas that seem odd to you.
- Offer them drinks to maintain hydration and small frequent snacks.

What happens after someone had delirium?

Following delirium, a person may not remember what has happened, particularly if they had memory problems beforehand. However, some people may be left with unpleasant and frightening memories and even worry that they are going mad.

It can be helpful to sit down with someone who can explain what happened. This may be a family member, a carer or a healthcare professional. Keeping a diary of what happened can also be helpful; someone can then go through this during recovery to explain and reassure about what happened.

The symptoms of delirium usually get better over a few days or weeks, or it may last up to three months. However, delirium could mean a person may have to stay longer in hospital.

It can also have lasting consequences after the condition has been treated.

- A person may have distressing memories of delirium, sometimes linked to feelings of fear or anxiety, for months afterwards. Those close to the person should support them to talk openly about their experience and feelings.
- Delirium is linked to a rapid deterioration in a person's mental abilities and function, in someone who has a previous cognitive impairment. That person may enter hospital and be able to do something (for example dress themselves) but after having delirium they may no longer be able to do that task. This change can be permanent.
- After delirium, a person is at higher risk of their general health deteriorating more rapidly.

These complications are more likely after delirium but they are not inevitable. However, they do mean that it is important to be aware of delirium and work to prevent it where possible.

What should you do if you suspect delirium is developing again?

After having delirium there is an increased chance of developing delirium again if you become medically unwell. Therefore, it is important to keep an eye out for any signs of delirium developing or becoming unwell and should contact a GP or 111 as soon as possible. If medical problems are treated early, this can prevent delirium from happening again. But please do not delay as it could be a medical emergency and need urgent treatment.

Further information

Dementia UK – www.dementiauk.org

Address: 7th Floor, One Aldgate, London, EC3N 1RE

Tel: 020 8036 5400

Dementia UK helpline: 0900 888 6678

Email: helpline@dementiauk.org

The Alzheimer's Society – www.alzheimers.org.uk

Address: 43-44 Crutched Friars, London, EC3N 2AE

Tel: 0330 333 0804

European Delirium Association – www.europeandeliriumassociation.com

An organisation for health professionals and scientists involved with delirium. The website also has links to other websites that have information on delirium for health professionals, patients and carers.

Royal College of Physicians – www.rcplondon.ac.uk

The prevention, diagnosis and management of delirium in older people. Providing national guidelines (Royal College of Physicians 2006 Guidelines) for health professionals working with people with delirium.

Royal College of Psychiatrists

– www.rcpsych.ac.uk/mental-health/problems-disorders/delirium

A web-based information leaflet on signs and symptoms, treatment, and what may happen after a person has had delirium.

NHS Website – www.nhs.uk/conditions/confusion This is a web-based information leaflet on when to contact GP or phone an ambulance if someone is showing signs of delirium.

Marie Curie – www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/symptom-control/delirium

This web-based leaflet focuses on delirium occurring towards the end of life. It describes causes, and offers advice on what carers can do and when to seek expert help.

ICU Delirium – www.icudelirium.org

This website provides information and support for patient and families following a stay in intensive care. This includes information delirium in intensive care.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern, please contact the PALS desk:

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