

Delirium

Information for patients, family and carers

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This patient information provides information for people affected by Delirium and their carers.

What is Delirium?

Some patients develop a condition called Delirium or acute confusion while they are in hospital. Delirium is a condition that usually affects people's brains for a short time. This can cause a number of problems. Delirium can develop quickly and may 'come and go'. Relatives and carers have an important role to play in spotting Delirium if it develops. It is important to recognise and treat Delirium as soon as possible. This patient information explains what Delirium is, the possible causes, what you can do to help your relative or friend if he/she experiences it and what we may do to help.

Who gets Delirium?

Anyone can develop Delirium, but certain things put people at higher risk:

- Old age
- Frailty
- Hearing or visual impairment
- Dementia or pre-existing memory problems
- Being in hospital with a serious illness or broken hip

What are the symptoms?

Someone with Delirium may be:

- Unable to remember recent events and keep track of time, or recognise relatives and friends
- Unsure whether it is night or day, or where they are
- Restless and agitated or withdrawn and inactive (sleepy and slow)
- Anxious
- Suspicious of people and their intentions
- Sleepless or experiencing vivid nightmares
- Have difficulty working out what is real at times or seeing and hearing things that are not there

For most people Delirium is mild and may only last hours. However, some people do experience more severe periods of Delirium that may last for days.

Types of Delirium

There are three types of Delirium:

- Hyperactive Delirium – symptoms may include restlessness (for example, pacing up and down), agitation or rapid mood changes and refusal to cooperate with care
- Hypoactive Delirium – a patient may be inactive, sleepy or slow, or seem to be in a daze
- Mixed Delirium – where patient switches between the hyperactive and hypoactive forms of Delirium

What causes it?

Most cases of Delirium have several causes acting together.

Common causes include:

- Pain
- Infection – this is a common cause, but not always the cause
- Not eating or drinking enough (leading to dehydration and malnutrition)
- Constipation
- Medication
- Environmental changes (especially the very busy hospital environment)
- Urinary retention (being unable to pass urine)
- Alcohol use or withdrawal
- Surgical problem (e.g. gallstones) or surgery itself

Do all patients with Delirium need admission to hospital?

Not necessarily. Being in your own environment with people, routines and surroundings that you know is likely to improve recovery from Delirium. The decision on whether someone can be looked after in their usual environment depends on the cause of Delirium, the support available to them at home and the wishes of the patient and caregivers. If it is possible to manage the patient at home, this may be preferable.

What tests are needed?

Delirium can be diagnosed by reviewing the symptoms and performing a test of memory and concentration. The 4AT test is used in Emergency departments and the community, the CAM assessment is used within our acute hospitals. Staff will review daily to ensure a Delirium is identified early so treatment and support is offered early.

Gathering more information, performing an examination and carrying out further tests e.g. blood tests or urine tests, can help identify causes of Delirium.

Occasionally a CT scan of the brain may be needed if a stroke or bleed on the brain is suspected.

How is Delirium treated?

Delirium is treated by treating the underlying causes and at the same time ensuring we avoid anything that would make it worse. Things that can help include:

- Ensuring good hydration and nutrition
- Avoiding unnecessary ward moves
- Avoiding the use of a urinary catheter if possible (although sometimes this is needed to treat incomplete emptying of the bladder)
- Avoiding constipation developing
- Reviewing and changing medications which may be part of the cause

What can help if someone becomes agitated or aggressive?

Delirium can be frightening for those affected and they can become agitated and aggressive. Being reassured by people they know can really help and you may be asked as a carer to help by sitting with the patient to help them remain calm. If you would like to stay for longer periods with the person there are options to do this, please speak to the nurse in charge of the ward. Some people become so agitated that they are at risk of harming themselves or others. Medications known as sedatives may then be needed. These are only used, when necessary, in the lowest possible doses and for short periods.

They will only be used in the following situations:

- To protect patients or others from harm
- To carry out essential tests
- To give essential treatments

How can I help?

As a relative or carer, you can do lots to help:

- Stay calm and reassure them
- Talk in clear short, simple sentences, repeat things if necessary
- Limit the number of visitors at one time
- Remind them of the time and date
- Bring them a clock, calendar or newspaper
- Bring some familiar things or photos from home and talk about them
- Make sure they have their glasses and hearing aid, and the room is bright and well lit
- Ask the nurses if you can help at mealtimes or when you visit help them drink and bring them foods they enjoy
- Explain what is happening to them and their progress, share this patient information with them

If your relative has Dementia, memory problems, or communication problems ask the ward team to help you complete an All About Me document; this will help the team to communicate better with your relative and understand their care needs more fully.

Who are the Mental Health Liaison Team?

Delirium is generally managed by the clinical team looking after the patient. However, sometimes the team need the expert opinion of mental health specialists based in the acute hospital called Mental Health Liaison Teams. They help ensure that patients with both physical and mental health problems (such as Delirium) receive timely, safe and effective care during their hospital stay. They may wish to speak with carers or relatives so may contact you.

How long will it take to get better?

People usually make a full recovery from Delirium, and this starts to happen a few days after treatment. It may take several weeks (or months) to fully recover, particularly for those with pre-existing dementia. Some people with Delirium do not return to their previous level of mental or physical function, depending on the underlying cause. This may particularly be the case in those who are frail or have dementia.

Occasionally an episode of Delirium may be a trigger for revealing underlying long term memory problems and an assessment of dementia may be made when the patient has recovered. The ward team will work with you to plan a safe discharge where Delirium is taking longer to resolve. Some people with Delirium continue to have symptoms. This can be a sign of early dementia so the clinical team will refer some patients for a full assessment at the memory clinic.

Further information

If you (or the person you care for) have been affected by Delirium and you would like more information then please contact the nurse in charge of the ward, who will be happy to answer your questions or direct you to the most appropriate member of the team who can.

Information available on the internet: National Institute for Health and Care Excellence (NICE) information for people with Delirium, carers and those at risk of Delirium. <http://www.nice.org.uk/guidance/CG103/InformationForPublic>

Royal College of Psychiatrists information leaflet:

<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/delirium.aspx>

Dementia UK: www.dementiauk.org

Alzheimer's Society: [Alzheimer's Society \(alzheimers.org.uk\)](http://alzheimers.org.uk)

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