

Delirium

Information for patients and relatives

Delirium is often a very frightening experience for both patients and relatives, and one that can be difficult to talk about. It is important to note that delirium is extremely common in people receiving hospital care, and there is a lot that can be done to help. This leaflet has been developed to try to help patients and relatives affected by delirium understand more about symptoms and treatment.

What is Delirium?

Delirium is a state of mental confusion that can happen if you become medically unwell. It happens quickly, over hours or days, and usually lasts for a short time, although in some cases it can last for a number of weeks.

Who is most likely to develop delirium?

Anyone can develop a delirium; however there are certain patients who are more likely to have a period of delirium, these include:

- People over 65
- People who have recently had surgery
- People with a diagnosed or undiagnosed dementia
- People who have a severe acute illness
- People 'withdrawing' from alcohol or drugs

Delirium is also common after a stroke, a head injury, cardiac (heart) bypass surgery, and in patients with liver disease.

It is also very common for patients at the end of their life to develop delirium

What are the symptoms of delirium?

The main symptoms of delirium are:

- A sudden change in the person's mental state and behaviour.
- The individual becoming 'disorientated', such as not knowing where they are or the time of day.
- The level of consciousness changing with the person becoming very restless and agitated and then switching and being very sleepy and withdrawn.
- Difficulty remembering recent events, such as why they are in hospital.

People with delirium often find it very difficult to concentrate and cannot understand what is being said to them and their moods can rapidly change. These symptoms are usually worse later in the day and at night.

What should I look out for?

There are three types of delirium:

- **Hyperactive delirium.** This is probably the most easily recognised type of delirium and you would expect to see the person being very restless (pacing around), becoming agitated, having rapid mood changes and possibly experiencing hallucinations (experiencing sights, sounds, smells, tastes or physical sensations that do not exist outside the person's mind) or delusions (a belief that is held with strong conviction even when presented with evidence to the contrary).
- **Hypoactive delirium.** This type of delirium can be very difficult to recognise and the person may have abnormal drowsiness and sluggishness, inactivity or reduced motor activity.
- **Mixed delirium.** This delirium includes symptoms of both hyperactive and hypoactive delirium and the individual can switch rapidly between hyperactive to hypoactive states.

Why do people get a delirium?

People develop delirium for a number of reasons, the most common causes are:

- An infection such as urine or chest
- A high temperature
- The side-effects of medication especially pain killers and steroids
- Dehydration, low salt levels
- Liver or kidney problems
- Stopping drugs or alcohol abruptly
- Major surgery
- Brain injury or infection
- Terminal illness
- Constipation
- Being in an unfamiliar place.

How do we treat delirium?

To treat delirium, you need to treat the cause (for example a person with an infection may be treated with antibiotics) however the person with delirium may be too confused to describe what has happened to them, so it's important that someone who knows the patient well is able to talk to staff.

Using the **Bolton Pain Scale** to assess non-verbal signs such as facial expressions and how they are holding their body we will make sure that they are not in pain.

To help prevent patients from becoming more confused we will check that they can eat and drink independently. We will find out if they have any favourite foods to encourage them to eat more. The patients' relatives can also help by bringing in snacks and other food that they like. We will also ensure that they have enough fluids so they do not become dehydrated.

What if the person is very agitated?

Medication (or Pharmacological intervention) should only be used when the individual is acutely agitated or aggressive and they have become a risk to themselves or others. Some medications such as sedatives can sometimes make the delirium worse. In some cases 'antipsychotic' medication will be given to:

- help relieve distressing symptoms such as hallucinations
- Stop the person from hurting themselves or some else if they are very agitated

For some people antipsychotic medication is not appropriate, in this cases medication such as Lorazepam will be administered.

How long does delirium last?

In most cases the person with delirium will start to show signs of improvement shortly after the cause is treated. However for some people (particularly those with dementia) the symptoms can take up to several weeks to resolve.

Is delirium the same as dementia?

Delirium and dementia are two separate conditions, although people with dementia are at a higher risk of developing delirium. The table below shows the differences between delirium and dementia.

Delirium V's Dementia		
	Delirium	Dementia
Onset	Abrupt	Usually insidious; can be abrupt in stroke/trauma
Course	Fluctuates	Slow decline
Duration	Hours to weeks	Months to years
Attention	Impaired	Intact early; often impaired late
Sleep-Wake	Disrupted	Usually normal
Alertness	Impaired	Normal
Orientation	Impaired	Intact early; impaired late
Behaviour	Agitated, withdrawn or depressed; or combination	Intact early
Speech	Incoherent; rapid/slowed	Word finding problems
Thoughts	Disorganised, delusional	Impoverished
Perceptions	Hallucinations/illusions	Usually intact early

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

Author: David Sills

Department: Quality

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References:

ASHC (Kings Health Partners Academic Health Sciences Centre) 2017.

Delirium: Information for relatives and carers

www.kingshealthpartners.org

RCPSYCH (Royal College of Psychiatrists) 2015. Delirium.

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

We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.



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Ashford Hospital London Road, Ashford, Middlesex, TW15 3AA Tel: **01784 884488**
St. Peter's Hospital Guildford Road, Chertsey, Surrey, KT16 0PZ Tel: **01932 872000**

Website: www.ashfordstpeters.nhs.uk