

Delirium

i Information for patients and relatives
Elderly Care



What is delirium?

Delirium is also known as an 'acute confusional state'.

It often starts suddenly, and causes a change in a person's alertness and levels of attention, which can fluctuate during the course of the day.

It usually clears when the cause has been treated.

Delirium is not madness or dementia, and in the large majority of cases is fully reversible.

Who can get delirium, and how common is it?

Delirium can occur at any age, and can affect around 1 in 10 of all hospital patients.

However, around 25% of all elderly patients admitted to hospital suffer with delirium either on admission or during their hospital stay.

Sometimes it is the only presenting symptom of illness in the elderly.

How do you recognise delirium?

The person with delirium may:

- Suddenly be very different to their usual self
- Be quiet, withdrawn or sleepy, very restless or disturbed, or change between the two
- Be less aware of what is going on around them or where they are
- Have difficulty following a conversation
- Feel threatened and worried that someone wants to harm them
- Hear or see things that aren't really there
- Have vivid dreams that they find distressing, and which carry on when they wake up
- Be more confused at certain times of the day, especially in the evenings or at night
- Talk in a rambling and incoherent manner, or talk about the past as though it is the present
- Wander around without purpose
- Lose control of their bladder and bowels

If you think that you have noticed any of these changes in your relative, please let the doctor or nurse know as soon as possible.

What causes delirium?

There are many causes of delirium, including:

- Suddenly stopping or starting drugs (like sleeping tablets or painkillers) or alcohol
- Infection (chest, urine, skin etc)
- Constipation or urinary retention
- Hip fracture
- Major surgery
- Terminal illness
- Frailty, malnutrition, immobility
- Being in an unfamiliar place
- Sleep deprivation
- Poor eyesight or hearing

Sometimes there can be more than one cause, and occasionally it is not clear what the cause is.

Is a brain scan necessary?

Brain scans do not usually help to explain the cause of delirium. There are some situations, such as after a head injury, when doctors will request a scan.

How is delirium treated?

Things that are known to cause or worsen delirium should be avoided.

The underlying illness should be found and treated.

The most important management is excellent supportive care for the person.

How do you manage aggressive behaviour or wandering in a delirious patient?

Sometimes it can help to calm a restless or agitated patient if someone familiar sits with them.

Nursing staff may ask you to help with this. Occasionally, sedative medication is used as a last resort. It can worsen delirium and so is only used if:

- The patient needs to be calmed enough to have investigations or treatment
- The patient is extremely agitated or anxious, or is a danger to themselves or others
- When someone who drinks a lot of alcohol stops suddenly.

Any sedation is given at the lowest possible dose for the shortest possible time.

How can I help someone with delirium?

You can support someone with delirium by:

- Keeping calm, and talking to them in short, easy to understand sentences.
- Check that they can understand you, and repeat things as necessary.
- Gently remind them of where they are, and what has been happening to them.
- Give them plenty of reassurance.
- Don't argue with them.
- Remind them of the date and time, and make sure that they can see a clock or a calendar.
- If the person normally wears glasses or hearing aids, ensure that these are available in hospital.
- Encourage and help the person to eat and drink.
- Bring in some familiar photos or objects from home.
- Avoid overstimulation from too many visitors or loud noises.

How long does delirium take to get better?

Delirium will improve once the cause is treated. Usually it takes only days but can take weeks to months, especially in people with dementia.

If a person has had one episode of delirium, they are more likely to have another episode in the future.

In some cases, the symptoms may never go away, and this may be a very early sign of dementia.

How do you feel after having delirium?

Some people may not remember what it was like to have delirium, especially if they already have problems with their memory.

Others can be left with unpleasant or frightening memories. Some people worry that they are developing dementia or going mad.

If you have concerns and need to talk please either let the ward team know or contact your General Practitioner.

Further information

- NICE Guidelines on Delirium
- <https://www.nice.org.uk/guidance/cg103>
- The prevention, diagnosis and management of delirium in older people national guidelines.
- Royal College of Physicians, 2006.

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