GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Patient and Carer Information Leaflet

Understanding Delirium

What is Delirium?

Delirium is a term used to describe a condition of acute confusion which usually starts suddenly, is temporary and associated with physical ill health.

The signs and symptoms of delirium can change rapidly throughout the day and from one day to the next. It is not the same as dementia which is a chronic progressive condition caused by diseases of the brain. However people who are frail and have dementia are more likely than the general population to develop delirium when they fall ill.

Delirium will usually gradually improve over a few days or weeks with appropriate treatment of the physical cause, although some patients will not fully recover their previous level of functioning after an episode of delirium.

Causes of Delirium

There are many physical causes of delirium:-

- Dehydration (not drinking enough)
- Infection – for example urinary tract or chest infection
- Side effects of medication
- Withdrawal from drugs or alcohol
- Major surgery
- Heart disease (for example heart attack or heart failure)
- Lung disease (for example when there are low oxygen levels in the blood)
- Stroke or Transient Ischaemic Attacks (TIA’s)
- Fits
- An imbalance of natural chemicals in the body such as sodium or calcium
- Delirium can be made worse by poor eyesight or hearing, constipation, pain or poor nutrition

There is often more than one cause of delirium present at any time and sometimes no specific cause can be found.

The people most at risk of delirium:

- Are aged over 65 (40% of older patients become delirious in hospital)
- Have had surgery, especially hip or heart
- Have depression or other mental health disorders
- Take certain high risk medications
- Have underlying cerebrovascular disease such as previous strokes or TIA's

Signs & Symptoms to look out for

People with delirium can be restless and tense. They usually become confused and may have problems focusing and recognising familiar faces.

Sometimes people with delirium behave out of character, becoming agitated and developing hallucinations (seeing people, creatures or objects or hearing noises or voices that are not there). They may also talk about strange ideas and may lose touch with reality; this symptom is known as a delusion.

Hallucinations and delusions can be very convincing for the person. They can be vivid and frightening and cause distress. Sometimes patients with delirium are unusually quiet and withdrawn losing interest in usual activities.

It is helpful if carers and relatives inform or report to the ward team any changes to the usual behaviour of your relative outlined in this leaflet.

What can you do?
It is important to make sure the person is as comfortable as possible and cared for in a supportive, calm and quiet area. There are strategies that can help to calm, orientate and reassure people with delirium. Regular contact with loved ones, familiar people and objects from outside the hospital can be helpful. Sharing this leaflet with all visitors will help to inform them of what to expect and how to help. It can be helpful to plan a schedule of visiting arrangements to ensure that there are no more than 2 visitors at any time. Asking friends to keep visits short, avoiding loud chatter or laughter. If the person experiences hallucinations it may help to explain that these are not real but due to their brain playing tricks on them because they are unwell. If the person insists that the hallucinations are real, avoid arguing about these experiences because trying to correct them may cause stress and make matters worse. Maintain a calm, quiet and reassuring presence by the bedside.

Treatment of Delirium

The ward team will carry out tests to find the cause or causes of delirium which may include blood and urine tests, chest x-rays and heart recordings. They will begin the appropriate treatment for example antibiotics when the source of infection is identified. It is very important for everyone involved in patient care and carer roles to make sure the person is eating and drinking enough. The ward team will contact any further specialist advice whenever this is required for example they may ask for

the psychiatric liaison services known as the OAPL team to provide advice. Sometimes medication will be prescribed to calm or treat hallucinations whilst the underlying cause of the delirium is being investigated and treated. This medication will be monitored and reviewed regularly and discontinued as soon as possible.

For further information consult:

NICE – National Institute for Health and Care Excellence
http://www.nice.org.uk/cg103/informationforpublic

Patient Info – Trusted medical information and support
http://patient.info/doctor/delirium-pro

Information adapted from:

Department of Elderly medicine Cambridge (information for carers about delirium)

Royal College of Psychiatrists (leaflet on delirium)

Royal Surrey County Hospital leaflet on delirium

Authors: Dr Jaweria Faheem CT3 and Dr Patrick Chance, Consultant in Old Age Liaison Psychiatry

**"This document is available in Welsh /
Mae'r ddogfen hon ar gael yn Gymraeg".**