

PATIENT INFORMATION

Delirium

Information for Patients and Carers

Delirium is a common but serious condition which can occur at any age, but is most likely to be seen in the very young or the elderly. Approximately 15-20% of all elderly people admitted to hospital suffer with delirium either on admission or during their stay in hospital. It is often linked with longer hospital stays for the patient. It can be the first sign of an illness but if recognised quickly it can be treated.

Symptoms:

Confusion occurs rapidly over a few hours or days. There may be an underlying Dementia but often there is not.

The person may be unaware of their confusion, or unable to describe how they feel, and they may become withdrawn.

It may present as apathy/loss of interest, sleepiness, confusion or agitation with over activity such as wandering.

The confusion is often worse at night and it fluctuates, so there may be periods when the person is lucid.

The person may not be aware of the time of day or where they are. They may not recognize people close to them and may be unable to remember recent events.

They may have unusual thoughts or delusions, or they may think that someone is out to harm them, and be distrustful of their loved ones. They may hear or see things that are not there.

Causes:

Delirium can be caused by many things, and often more than one factor. The main factor is often not found. Known causes include:

- Infections such as urinary tract infection and chest infection.
- Respiratory and heart disease.
- Drugs-prescription or recreational.
- Stroke or Transient Ischaemic Attack.
- Renal or Liver Disease.
- Thyroid disorders.
- Urinary retention & constipation.
- Bereavement.

- Malnutrition and dehydration.
- Trauma of any kind -including mental trauma.
- Alcohol or drug withdrawal.
- Low blood sugar.
- Previous episodes of confusion.

Treatment:

Treatment will depend on the cause rather than specifically treating the confusion. This may include:

- Antibiotic/Antiviral medications.
- Review of existing medications to establish if they have caused confusion, possible change of medication.
- Ensuring good nutritional and fluid intake.
- Relieving any constipation or urine retention.
- If a delirium is hyperactive and severe, and not improving, anti-psychotic medication may be considered.

How You Can Help:

You can support the person by:

- Speaking clearly, using simple sentences.
- Address the person by name.
- Be prepared to say the same thing several times.
- Don't argue with them.
- Make sure that your face can be clearly seen when addressing them.
- Give the person plenty of time to answer.
- Bring in familiar items from home such as photographs.
- Spend time with your friend or relative if at all possible.
- Encourage the person to dress in their own clothes.
- Remember that any personality change is due to the underlying problem, and is temporary.
- Make sure that the person is wearing their glasses and their hearing aid.
- The confusion may last anything from a few days to a couple of months. Some people may retain distressing memories of delirium, but others will not recall the episode at all.

If you have concerns and need to talk to somebody please either -

- Speak to your named nurse, ward sister or ward manager
- Ask to speak to the Doctor on ward
- Contact the Dementia Lead -07891 468962
- The Dementia Education Team – on tsdft.dementiaeducation@nhs.net
- The Patient Advice and Liaison Service (PALS) on tsdft.feedback@nhs.net
 - or telephone ☎ **(01803) 655838**

For further assistance or to receive this information in a different format, please contact tsdft.dementiaeducation@nhs.net, who created this leaflet.