

## PATIENT INFORMATION

# Delirium

## Information for Patients and Carers

Delirium is a medical term for a significant change in a person's mental state. It usually comes on quickly over hours to days and can indicate an underlying illness. It is a common, serious condition but if recognised quickly it can be treated.

### **Who is at risk of delirium?**

Many factors put individuals at greater risk of developing a delirium including:

- Older age or frailty
- Pre-existing memory problems or dementia
- Previous brain injury or a condition that affects the brain, e.g. stroke or Parkinson's disease
- Visual or hearing problems
- Taking lots of medications for multiple conditions
- Recent surgery
- Terminal/serious illness
- Infection
- Acute or chronic pain
- Previous delirium
- Constipation
- Dehydration
- Poor nutritional intake

The more factors present, the greater the risk of developing delirium. If an individual with multiple risk factors becomes acutely unwell for another reason they will also be at risk of a delirium.

## **What are the symptoms of delirium?**

There are two types of delirium. People can alternate between the two.

1) **Hyperactive (overactive) delirium:** An individual has confusion that changes throughout the day and they often feel or appear to be agitated or restless.

2) **Hypoactive (underactive) delirium:** The person becomes sleepy and less responsive.

Delirium is often worse at night and tends to fluctuate so the person may have periods of being lucid and then acutely confused again. Patients may lose awareness of time, place, or familiar people, and experience delusions (believing things that are not true) or hallucinations (seeing things that are not there).

## **How is delirium diagnosed and treated?**

To diagnose delirium we review a person's clinical history (what changes have occurred and when) and their overall health and social background. It is helpful for the medical team to speak with a close friend or family member about how the person has changed since the onset of delirium.

Treatment is aimed at identifying and treating any underlying or precipitating causes, such as giving antibiotics for infection or treating an acute illness. Medication will be reviewed and some drugs may be stopped or changed; pain will be treated; constipation and urinary retention should be excluded. In addition, we will aim to optimise good nutrition and hydration.

Regular routines, activity, and dressing can also help and we try to promote these on our wards. You can help by bringing in familiar items and clothes for your relative.

Rarely, drugs may be required to manage delirium but we will always try other measures first and aim to only use these in severe cases or if an individual is a risk to themselves or others.

## **What can you do to help someone with delirium?**

Friends, family and carers can play an essential role in supporting someone with delirium by:

- Speaking clearly, using simple sentences and addressing the person by name
- Ensuring your face is clearly visible when speaking and allowing plenty of time for the person to respond
- Being patient and repeating information as often as needed
- Providing regular reminders and reassurance about where they are and what is happening
- Bringing familiar items from home, spending time with the person and encouraging them to wear their own clothes
- Ensuring they use their glasses and hearing aids if available

Delirium can be distressing for the person affected as well as their loved ones. Try to remember that any personality change is due to the delirium and is temporary. Try to avoid arguing with the person – distracting them with a different topic or activity is usually more effective.

### **Discharge from hospital**

People with delirium tend to recover more quickly in their own, familiar environment so it is possible your loved one may be discharged before their delirium has fully resolved. We will do this when we are confident that the underlying cause has been treated, that the delirium is improving and the patient will be safe at home.

These strategies may help to aid recovery after discharge:

1. Try to create a calm environment - reduce noise and ensure adequate lighting, especially at night
2. Routine is helpful – promote regular sleep patterns, have regular meals, get dressed
3. Monitor and maintain proper hydration and nutrition
4. Engage family and friends for emotional and practical support.

Delirium may last anything from a few days to a couple of months. Many people will fully recover from an episode of delirium with the right treatment. However, in some cases, it can indicate the possibility of an underlying cognitive problem or concern with the memory. If we have identified that this may be the case, then we will ask the person's GP to investigate once they leave hospital and the delirium has settled.

Some people may retain distressing memories of delirium, but others will not recall the episode at all. Some may only have partial recall and find the 'missing' bits very upsetting. Talking through any distressing feelings with family, your GP, or a healthcare professional can be helpful. Seek medical advice if these issues persist for over three months.

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
- The Patient Advice and Liaison Service (PALS) on [tsdft.feedback@nhs.net](mailto:tsdft.feedback@nhs.net) or telephone 01803 655838