Your guide to understanding Delirium

Issued by Department of Medicine
Purpose of this leaflet

This leaflet is for patients and carers and aims to give you information about a condition called Delirium.

What is delirium?

Delirium is a disturbance of brain function where you suffer from sudden severe confusion and changes in your behaviour and alertness.

It is a very common condition and frequently occurs in patients in hospital with other problems. It is most common in people over 65 and in those with pre-existing brain problems such as dementia.

The symptoms of delirium come on quickly and are often, but not always, fully reversible when the underlying cause has been treated. Recovery can be anytime between a few hours and several weeks.

Delirium can cause you to feel frightened, suspicious, restless and uncooperative, even with people you know well.

People with delirium are known to be at high risk of developing problems such as falls, fractures, infections and of becoming malnourished.
What are the causes of delirium?

There are many causes of delirium, including:

- Infection, such as pneumonia and urine infection
- Certain medications, such as some sedatives
- Change in surroundings
- Alcohol or drug withdrawal
- Severe injury or uncontrolled pain
- Surgery
- Dehydration or abnormalities in the salts in the blood
- Lung or heart disease
- Stroke
- Epileptic seizures

Often, delirium has more than one cause.

What are the symptoms of delirium?

The symptoms of delirium are often worse at night; this can affect how the person sleeps. People with delirium often sleep through the day and are awake at night.

Symptoms can be made worse by constipation, pain, impaired hearing or eyesight, poor nutrition and an unfamiliar environment.

If you suffer from delirium your symptoms might include:

- Confusion
- Changes in how awake and alert you are
- Agitation, occasionally leading to aggression
- Behavioural changes
- Hallucinations, seeing or hearing things which aren’t there
- Changes in thinking including paranoia
- Changes in activity and concentration
Goals for managing delirium

The team looking after you will have the following goals for your recovery:

• Identify and treat underlying causes of delirium for example infection or pain
• Maintain privacy and dignity at all times
• Make sure that your basic needs are being met by promoting nutrition, continence and mobility
• Maintain your safety and prevent harm. Some people, but not everyone, might have behavioural problems such as wandering or aggressive behaviour
• Use the minimum level of sedative drugs
• Make you feel safe by ongoing orientation and reassurance
• Create a calm environment on the ward
• Improve communication with you
• Try to understand the person within the patient
• Begin planning for discharge, preferably to your own home, as soon as possible. We will want to involve your family, friends or carers in this process.
Coping as a carer, friend or relative

Having a relative or friend who is suffering from delirium can be a frightening experience. The person may seem distressed and frightened, and sometimes they may not recognise their closest friends or relatives.

The symptoms are normally only short lived, but can last several weeks. The duration of the delirium will change depending on the underlying cause, if one is found.

The doctors and nurses on the ward should be able to keep you informed about the likely cause of the delirium in your relative/friend. They should also be able to give you some idea on how long the delirium will take to recover in the individual.

Recovering from delirium

Frequently the treatment of the original cause of the delirium may take only a few days but it often takes much longer for the delirium to resolve.

During this recovery time the person may be transferred to a different ward or type of healthcare facility, this is usually called intermediate care, to allow time for recovery, convalescence and rehabilitation. As the person recovers the ward staff will begin to plan for a successful discharge for your relative or friend. They will want to know more about the person’s wishes, help that you can and cannot give and to involve you in the discharge process. This may include assessments of mobility, safety with activities of daily living and a home visit if required.
Things you can do to help

Regularly reminding the person where they are and what the time and date is, can help reduce their confusion. Contact with familiar people and objects from outside the hospital such as photos helps to calm and orientate people.

Talk slowly and clearly about familiar, non-threatening topics to calm the person. If they are confused, don't contradict them and do not physically restrain them.

Avoiding long tiring visits, loud conversations, and multiple visitors at any one time can help prevent the person becoming agitated.

As they recover, the person may remember acting strangely or frightening thoughts. It is important to reassure them that they suffered from delirium, and that they are not ‘going mad’.

Please discuss any issues raised by this leaflet with the ward staff, as working together with you, they help your friend or relative to recover.

Members of the team that may be looking after you if you have delirium include:

Doctors: you will have one consultant responsible overall for your care but members of other teams, including the liaison older persons psychiatry team, and doctors in training are likely to be involved.

Nurses: this will include the ward manager and sister/charge nurse, the staff nurses and specialist nurses who may make a contribution including from liaison psychiatry.
Occupational therapist
Physiotherapist
Dietician
Social worker and/or care facilitator

If you have any questions or need further information please contact the ward staff.

**Useful websites**

British Geriatrics Society ([www.bgs.org.uk](http://www.bgs.org.uk)),

European Delirium Association ([www.europeandeliriumassociation.com](http://www.europeandeliriumassociation.com)),

NICE 103: delirium information for the public ([www.nice.org.uk](http://www.nice.org.uk))

Royal College of Psychiatrists ([www.rcpsych.ac.uk](http://www.rcpsych.ac.uk))
Alternative Formats
If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118

Other sources of information

NHS 111

NHS Choices
www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)
www.nice.org.uk

Patient Advice and Liaison Service (PALS)
Freephone: 0800 032 0202
Text: 01670 511098
Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust
General Enquiries 03 44 811 8111
www.northumbria.nhs.uk

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