

Patient information

Delirium

For support and information whilst an inpatient please contact: **01284 713847**

What is delirium?

Delirium is a state of confusion which can develop over the course of a few hours or a few weeks. It may occur as a complication of a medical illness or after undergoing surgery.

It is a temporary condition which will improve once the cause or causes are identified and treated.

Patients with delirium become confused, have difficulty concentrating, cannot think clearly and may have hallucinations. They may be hyperactive or agitated, or they may be apathetic and withdrawn. It often worsens in an unfamiliar environment, with a change of routine.

Who is at risk?

Delirium is most likely to occur in people who:

- are aged 65 years or over
- have an infection
- have a hip fracture or heart failure
- take certain medications
- have depression
- have poor eyesight or hearing problems

- have dementia (delirium is not the same as dementia, delirium is not a mental illness although the symptoms may be similar)

What are the causes?

Usually there is more than one cause. It may not be obvious and sometimes no reason is found. These can include:

- pain
- certain medications
- infections such as a chest infection
- alcohol or drug withdrawal
- heart and lung diseases
- urinary retention or constipation
- any kind of trauma
- dehydration

Symptoms

The confusion tends to be worse at night and can also fluctuate so that sometimes the person is lucid. They may:

- behave differently from usual
- become aggressive
- be quieter than usual
- be unable to follow even simple commands
- have memory problems
- not know where they are
- appear restless and want to wander
- have trouble sleeping
- see or hear things that are not there

People usually recover after a few days but it can take several days or weeks. People with dementia can take a particularly long time to get over delirium. Unfortunately, in some instances people who develop delirium do not always return fully to their previous level of functioning once the causes of the delirium have been treated.

What can be done to help?

- Keep the person orientated as much as possible with verbal and visual clues, eg clocks and calendars. Remind them often where they are and what the time and date is.
- Talk about family and friends and bring in photographs or other reminders of home.
- Talk slowly and clearly about familiar, non-threatening topics and use calm, reassuring tone of voice.
- Avoid long, tiring visits, loud chatter and laughter and multiple visitors at any one time.
- Ensure they are wearing their glasses or hearing aid if needed.
- Keep noise to a minimum at night, and turn lights down or off to encourage sleep.
- If they have hallucinations, explain that they are not real and be reassuring. If they insist that the hallucinations are real, do not argue as this may make matters worse.

If you have any questions or concerns, please speak to a member of the ward team.

How is delirium managed?

The doctors and nurses will do tests to find the underlying cause or causes and will then start appropriate treatment, for example antibiotics for infection. Special nursing techniques are aimed to optimise comfort and minimise confusion, disorientation and agitation. It is particularly important to maintain adequate food and fluid intake. Occasionally (for example when a patient is a danger to themselves or others) sedation may be necessary on a short-term basis whilst the cause of the delirium is being treated.

You may find that at times they are better and at other times more confused. This is a characteristic of delirium and will improve as the delirium resolves. It can be distressing to have a relative or friend who is delirious. The patient may fail to recognise you or may behave out of character. Despite this it is important to continue visiting if you can and hopefully the patient will improve and respond to your visits.

As they recover the patient may recall that they were confused or 'behaved oddly'. They will need an explanation why this has happened and reassurance that this was a combination of social, environmental or medical factors.

Sources of information and support

Dementia Together

Practical advice for people living with dementia, regardless of a diagnosis.

Tel 0808 688 000

<http://www.dementia-together.com/>

Customer First

Adult community services

Tel 0808 800 4005

<https://www.suffolk.gov.uk/adult-social-care-and-health>

Alzheimer's Society, National Dementia Helpline

Tel: 0300 222 11 22

<https://www.alzheimers.org.uk/>

Suffolk Family Carers

Support for family carers

Tel 01473 835477

<https://suffolkfamilycarers.org/>

Dementia UK

Practical information and support

<https://www.dementiauk.org/>

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



AccessAble

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