

Delirium

Information and advice for patients and their relative, friends or carers

Elderly Care Medicine

What is delirium?

Delirium is a sudden change in a person's level of confusion. It can happen both in people who are not normally confused and those who are. It can also sometimes be called acute confusional state.

How common is it?

Delirium is a common problem. It is estimated that between one and three patients in 10 will experience an episode of delirium while they are in hospital. If you belong to one or more of the groups listed below, you will be likely to be at risk of developing delirium:

- Elderly group;
- People who are very unwell;
- People who have broken their hip;
- People who are already confused normally (for example if they have dementia).

What causes it?

There are many different causes of delirium. These include:

- Infection;
- Pain;
- Constipation and dehydration;
- Stroke;
- Seizures;
- Anaemia;
- Liver and kidney problems;
- Operations;
- Drugs/medications;
- Being in an unfamiliar place and many more.

The team looking after you will conduct a full assessment to determine the cause. Occasionally, no obvious cause can be identified.

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What are the symptoms?

Delirium presents with a sudden change in a person's normal level of confusion. You may:

- Find it difficult to concentrate on conversations or be slow to answer;
- Feel muddled and mistake where you are;
- Experience seeing or hearing things which nobody else can (hallucinations) or mistake real objects for something else;
- Be more restless, agitated and over active or more often excessively sleepy;
- Be reluctant to eat and drink;
- Be awake more during the night and sleep during the day;
- Struggle to understand and cooperate with what people are asking you to do;
- Experience mood swings, e.g.: become anxious, frightened, depressed or irritable.

You may experience some of the symptoms above, but it would be rare to experience all of them.

How is it diagnosed?

We will talk to you and your family and may also conduct physical examination and investigations to diagnose and find out the cause of the delirium.

How is it treated?

The most important step in treating delirium is to identify and treat the underlying problem that has caused delirium.

It is also important for you to stay in a quiet and calm environment as much as possible.

You may become agitated because of delirium, and as far as possible this is managed without giving sedating medications. However, we may give you sedating medications if you present a risk of harm to yourself or others or you are very distressed by your symptoms and cannot be reassured.

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How long will it take for me to get better?

Often once treatment is started for the underlying causes, you will start to improve quickly, often in the first 24-48 hours. Delirium can sometimes last some weeks, and rarely may persist even longer.

What can my family and friends do to help?

Family and friends can do a lot to help you by:

- Giving you reassurance;
- Reminding you where you are and why you are there;
- Helping you to eat and drink;
- Providing you familiar objects from home;
- Making sure you have glasses/hearing aids/dentures;
- Being with you at times of the day when you are more confused (often in the evening).

Will this happen again?

If you have previously had delirium, you will be more likely to develop it again in the future when you become unwell. To reduce this risk, please seek advice early if you feel unwell or your family feel you are more confused. You may wish to get advice from your GP or NHS 111.

Contact details

The nursing or medical staff looking after you or your relative can give you more information on your individual case.

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Further information

The following websites and organisations may also be useful:

Age UK

Tel 0800 169 6565

<http://www.ageuk.org.uk/>

The Alzheimer's Society

Tel 02073060606

www.alzheimers.org.uk

The Royal College of Psychiatrist

www.rcpsych.ac.uk

For more information about our hospitals and services please see our websites www.swbh.nhs.uk, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

- BGS, 'Delirium: Diagnosis, prevention and management', January 2006
- NICE, 'Delirium – Quality Standard 63', July 2014
- NICE, 'Delirium: Diagnosis, prevention and management – CG103', July 2010

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5303 or email: swb-tr.swbh-gm-patient-information@nhs.net



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