

Found it hard to follow what is being said.

Found it difficult to speak clearly.

Saw and heard things that were not there.

What are the factors associated with developing delirium?

Background risk factors

Several factors increase the risk of delirium, including:

Older age (over 65)

Having dementia

Delirium is a treatable condition and may co-exist with dementia. However, it is sometimes difficult to recognise in people with dementia because it has similar symptoms such as confusion and difficulties with thinking and concentration.

Delirium can last for a few days, weeks or even months but it may take longer for people with dementia to recover.

How do you reduce the risk of delirium?

Keep pain under control.

Monitor signs of infection and treat.

Encourage the person to drink and eat regularly.

Check that the person is going to the toilet regularly.

Review medications and stop any unnecessary medications.

Ensure the person has their glasses or contact lenses and hearing aids.

Explain to the person where they are and ensure they have familiar items with them such as photos.

Find ways to help the person to sleep (e.g. reduce noise and lighting).

Help the person to get moving, sit up, or get out of bed as soon as they can.

Where possible limit bed moves in hospital.

How is delirium identified?

It is really important to identify delirium as soon as possible. Relatives and carers should tell medical staff if they notice anything about the patient's behaviour that is different from usual.

There are no blood tests or other lab tests to diagnose delirium, however they may do other tests to help them to find out what illness might be causing the delirium.

There is a quick test used to identify delirium where the healthcare professional will ask their patient some questions e.g. what year it is, or saying the months of the year in reverse order.

How is delirium treated?

Delirium can be treated in several ways

It is important to identify and treat t

Managing medications the person is taking for other conditions.

Ensuring the person is sitting and moving correctly.

Reducing noise.

Helping the person to get a good natural sleep (e.g. reducing noise and lighting at night time).

Checking if the person is distressed or agitated. If they are agitated, finding out the cause and trying to treat it (ideally without using medications).

Preventing the person becoming immobile, dehydrated, malnourished or isolated.

Reducing the risk of falling and pressure sores.

Telling relatives or carers about delirium and helping them support the patient.

Monitoring recovery and referring the person to a specialist if they are not improving

Planning what further care the person may need after leaving hospital.

Is medication used to treat delirium?

Drugs should not routinely be given for symptoms of delirium. They can make symptoms worse, so should be used in only a few situations:

Patients who are very distressed or agitated

Keep a low light on at night.

Avoid disagreeing with the person too much; change the subject if they express ideas that seem odd to you.

Offer them drinks to maintain hydration.

What happens after someone had delirium?

Following delirium a person may not remember what has happened, particularly if they had memory problems beforehand. However, some people may be left with unpleasant and frightening memories and even worry that they are going mad.

It can be helpful to sit down with someone who can explain what happened. This may be a family member, a carer or your doctor. Keeping a diary of what happened can also be helpful; someone can then go through this during recovery to explain and reassure about what happened.

The symptoms of delirium usually get better over a few days or weeks. However, delirium usually means a person will have to stay longer in hospital.

It can also have lasting consequences after the condition has been treated.

A person may have distressing memories of delirium, sometimes linked to feelings of fear or anxiety, for months afterwards. Those close to the person should support them to talk openly about their experience and feelings.

Delirium is linked to a more rapid worsening of a person's mental abilities and function. A person with dementia may enter hospital able to do something (for example dress themselves) but no longer be able to after having delirium. This change can be permanent.

In some cases a person will not have a diagnosis of dementia when they go into hospital, but after having delirium their symptoms will worsen and they will later be diagnosed with dementia. In these cases the delirium seems to have 'unmasked' the dementia.

After delirium, a person is at higher risk of their general health deteriorating more rapidly.

These complications are more likely after delirium but they are not inevitable. However, they do mean that it is important to be aware of delirium and work to prevent it where possible.

What should you do if you suspect delirium is developing again?

After having delirium there is an increased chance of developing delirium again if you become medically unwell. Therefore it is important to keep an eye out for any signs of delirium developing or becoming unwell and should contact a GP or 111 as soon as possible. If medical problems are treated early, this can prevent delirium from happening again. But please do not delay as it could be a medical emergency and need urgent treatment.

Further information

Dementia UK – www.dementiauk.org

Address: The Resource Centre, Holloway Rd, London N7 6PA

Tel: 020 7697 4160

The Alzheimer's Society – www.alzheimers.org.uk

Address: 43-44 Crutched Friars, London, EC3N 2AE

Tel: 0330 333 0804

European Delirium Association – www.europeandeliriumassociation.com

An organisation for health professionals and scientists involved with delirium. The website also has links to other websites that have information on delirium for health professionals, patients and carers.

Royal College of Physicians – www.rcplondon.ac.uk

The prevention, diagnosis and management of delirium in older people. Providing national guidelines (Royal College of Physicians 2006 Guidelines) for health professionals working with people with delirium.

Royal College of Psychiatrists

<https://www.rcpsych.ac.uk/mental-health/problems-disorders/delirium>

A web-based information leaflet on signs and symptoms, treatment, and what may happen after a person has had delirium.

NHS Website

<https://www.nhs.uk/conditions/confusion/>

This is a web-based information leaflet on when to contact GP or phone an ambulance if someone is showing signs of delirium.

Marie Curie

<https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/symptom-control/delirium>

This web-based leaflet focuses on delirium occurring towards the end of life. It describes causes, and offers advice on what carers can do and when to seek expert help.

ICU Delirium

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

This website provides information and support for patient and families following a stay in intensive care. This includes information delirium in intensive care.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Royal Devon University Healthcare NHS Foundation Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

Tell us about your experience of our services. Share your feedback on the Care Opinion website www.careopinion.org.uk.

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