

# Delirium

This leaflet is for people who have been diagnosed with delirium and their carers.



# What is delirium

Delirium is 'mental confusion' that can happen if a person becomes medically unwell. It is sometimes called 'acute confusional state'. Delirium is a symptom of something wrong in the body. It has a lot of causes including infections, dehydration, side effects of medications, constipation, pain or undergoing a surgical procedure.

Delirium comes on **suddenly**. It usually starts to improve when the condition causing it improves, but sometimes it can take up to 2-3 months for the person to get back to normal, even after the underlying cause has been treated.

## How common is delirium?

- If you are younger, and usually fit and well, your risk of delirium is about 1 in 10 when you come into hospital
- If you are over 70 or have other underlying illnesses, your risk can rise to up to 1 in 3



### Who might experience delirium?

Anyone can develop delirium. However, you are more likely to develop delirium if you:

- Are over 65 years old
- Have a hip fracture
- Have a serious illness
- Have any kind of memory problem

It is also more common in people who:

- Are living with dementia
- Have a sight or hearing impairment
- Are taking multiple medications
- Are frail (having existing health needs might affect a person's ability to recover from any new health need)
- Suffer with sleep disturbance
- Are misusing or dependent on alcohol
- Have experienced delirium before

### What is it like to have delirium?

Someone with delirium may:

- Be agitated (restless/distressed)
- Hear voices or see things that are not real
- Be very sleepy
- Need prompting to eat, drink or attend to their personal care
- Be less aware of what is going on around them
- Be disoriented to what day it is, or what time of day
- Be very changeable in their mood

Someone with delirium may experience all of these symptoms at different times. It can be quite frightening for the person, particularly if they are hearing voices or seeing things that are not real.

Sometimes, as a person improves, they start to understand and remember what was happening to them. Other people may not recall what happened to them once they recover. It can take up to 2-3 months for a person to fully recover from an episode of delirium, even when the underlying cause has been treated or improved.

### Causes of delirium

Almost anything can trigger delirium, but common causes can be identified using the acronym - **PINCH ME**:

- **P**ain
- **I**nfections
- **N**utrition (not eating enough)
- **C**onstipation
- **H**ydration (not drinking enough)
- **M**edications (consider any recent changes, including over the counter medications)
- **E**nvironment (changes in the person's usual routine, including admission to hospital /changes to care home)

### Why is spotting delirium important?

Delirium is a serious, but treatable, complication of an underlying medical illness. People who develop delirium are at higher risk of:

- Falling and injuring themselves
- Being admitted to and staying in hospital longer
- Catching hospital-acquired infections
- Dying

In addition to these medical factors, delirium can be very distressing and frightening for the person and their family, particularly if the person becomes very agitated, hears voices, or sees things that aren't there.



### How is delirium diagnosed?

- The health care professional involved may need to talk to someone who knows the person very well to confirm that this is not the person's normal presentation
- Staff will use the PINCHME acronym to help identify causes
- Staff will check/monitor temperature, pulse, blood pressure etc to look for signs of illness which might be causing delirium
- The person's GP may suggest testing samples such as urine to confirm a suspected infection to prescribe appropriate treatment
- The person may have a history of previous delirium

### Reducing the risk of delirium

To help reduce risks for people who may be prone to developing a delirium we can:

- Avoid hospital admission where possible and keep people in their own homes
- Treat any underlying illnesses as promptly as possible
- Keep the environment as calm and quiet as possible
- Reorient people to their environment as much as possible; provide reassurance, let them know where they are and what the date/time is
- Provide caring and consistent support
- Minimise ward or bed moves for people in hospital where possible
- Avoid medical interventions unless clinically indicated
- Check with the person's GP or Pharmacist before starting over the counter medicines or herbal supplements
- Ensure people are eating and drinking adequately
- Ensure people are opening their bowels/passing urine as they normally would



### How can family and carers help?

- Inform health care professionals if the person has experienced delirium before
- Share important information about recent medication changes and drug or alcohol use with health care professionals.
- Ensure the person's reading glasses and hearing aids are fit for purpose and worn (provide a case and label them if the person is going into hospital)
- Visit and be involved in supporting the person as often as you are able
- Share the person's 'This is Me' (see link on page 8) or other personalised care plan e.g. (Me at My Best) with people involved in the person's care
- If the person is no longer at home, bring in familiar items to make them feel more at home (label them if possible). Staff do their best to keep things safe, but please don't bring anything valuable or irreplaceable. A small clock, table top calendar and photos of family are also very useful

### Treating delirium

Delirium is best treated by finding and treating the underlying cause early, frequently reassessing the care needs of the person and supporting the person in a calm, consistent and familiar environment.

The person with delirium may be referred to Health and Social Care teams or a specialist team of nurses and doctors who assess and treat people experiencing mental health needs.

If the person is very agitated or distressed, or pose a risk to themselves or other people (including falling or aggressive behaviour), they may be treated with a small dose of a medication called an antipsychotic. This antipsychotic medication is used as a sedative, which can help with these symptoms. This does not treat the cause of the delirium but sometimes allows the person to recover more quickly and safely. Medication to help someone sleep may also be considered. If medication is prescribed it will be for a short period only, until symptoms subside, and will be reviewed regularly.

### Delirium and capacity

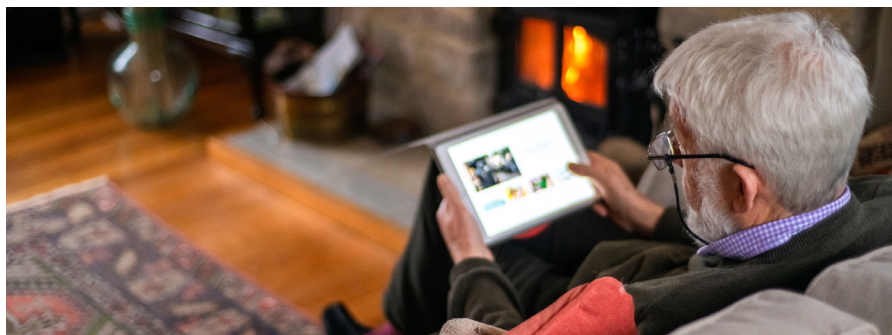
Delirium can often affect a person's ability to understand information and make decisions (e.g. their capacity to decide about treatment). This will regularly be assessed by the person's medical and nursing team. If a person with delirium needs a test or treatment, but they are too confused to give consent, the care team will consider a 'best interest's plan of care'. Best interest's decisions will involve the person's family or carers unless the situation is an emergency. If the person has a Lasting Power of Attorney in place for health and welfare, then please share this with the staff involved in their care.

### Follow-up care

It is very important that the person who experienced delirium **does not drive** until all their symptoms have resolved and they have been reviewed by the medical team on the ward, or their GP.

If someone has been diagnosed with delirium in hospital, this will be shared with their GP so that the GP can further assess the person after they leave hospital. If the person has been prescribed medication (e.g. an antipsychotic), it is suggested that this is reviewed in the community (usually by the person's own GP) around 2 weeks after the person leaves hospital, to see if the medication is still needed. If you have been started on medication with no follow-up organised, please contact your GP surgery for this to be reviewed.

The person may be referred onto specialist teams in the community for follow up care but this will be discussed with them and their family/loved ones.





## Any questions?

For further information or any questions raised from reading this leaflet, please speak to the health care professional involved in your care.

You can also find helpful information about delirium at:

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

<https://www.alzheimers.org.uk/get-support/daily-living/delirium>

### **You can also find useful information and support from:**

Managing Memory Together - 0800 694 8800

Alzheimer's Society - 01452 525222

Dementia Connect 0333 150 3456

Gloucestershire Carers Hub 03001 1190 000 or  
[carers@peopleplus.co.uk](mailto:carers@peopleplus.co.uk)

John's Campaign [www.johnscampaign.org.uk](http://www.johnscampaign.org.uk)

This Is Me <https://www.alzheimers.org.uk/get-support/publications-factsheets/this-is-me>

