

Delirium

Information for carers



ABOUT THIS LEAFLET

You may find this leaflet helpful if:

- ❖ You know someone with delirium
- ❖ You are looking after someone with delirium.

WHAT IS DELIRIUM?

- ❖ Delirium is a change in a person's mental state or consciousness, which is often shown as confusion, difficulties with understanding and memory, or personality changes. There are different kinds of delirium – some people may be agitated and restless or have delusions and hallucinations, others may become unusually sleepy.
- ❖ Delirium is a common and serious illness in people in hospital or long-term care.
- ❖ People who develop delirium can be at risk of other problems such as falls and pressure sores which in themselves can be serious. People who are already in hospital may need to stay for longer and are more likely to go into long-term care.

People affected by delirium may experience some or all of these symptoms:

- ❖ Be less aware of what is going on around them
- ❖ Be unsure about where they are or what they are doing there
- ❖ Be unable to follow a conversation or to speak clearly
- ❖ Have vivid dreams, which are often frightening and may carry on when they wake up
- ❖ Hear noises or voices when there is nothing or no one to cause them
- ❖ See people or things which aren't there
- ❖ Worry that other people are trying to harm them
- ❖ Be very agitated or restless, unable to sit still and wandering about
- ❖ Be very slow or sleepy
- ❖ Sleep during the day but wake up at night
- ❖ Have moods that change quickly
They can be frightened, anxious, depressed or irritable
- ❖ Be more confused at some times than at others – often in the evening or at night.

HOW COMMON IS IT AND WHO IS AT RISK OF DEVELOPING DELIRIUM?

- ❖ About 1 in 10 of all hospital patients has a period of delirium.
- ❖ Nearly half of the oldest and frailest patients have a period of delirium in hospital.
- ❖ Delirium is much more common in people who:
 - ◆ Are older
 - ◆ Have memory problems, poor hearing or eyesight
 - ◆ Have recently had surgery
 - ◆ Have a terminal illness
 - ◆ Have an illness of the brain, such as an infection, a stroke or a head injury.

WHY DOES IT HAPPEN?

The most common causes of delirium are:

- ❖ A urine or chest infection
- ❖ Having a high body temperature
- ❖ Side-effects of drugs like pain killers and steroids
- ❖ Chemical problems in the body, such as dehydration or low salt levels
- ❖ Liver or kidney problems
- ❖ Suddenly stopping recreational drugs or alcohol
- ❖ Major surgery
- ❖ Epilepsy
- ❖ Brain injury or infection
- ❖ Terminal illness
- ❖ Constipation
- ❖ Being in an unfamiliar place.

There is often more than one cause – and sometimes the cause is not found.

HOW CAN I HELP SOMEONE WITH DELIRIUM?

Regular contact with familiar people and objects from outside the hospital is very important to patients with delirium. This helps to calm, re-orientate and reassure them. Talk slowly and clearly about familiar, non-threatening topics. Try to use a calm, reassuring tone. Remind them often where they are and what the time and date is. Avoid long tiring visits, loud chatter and laughter and multiple visitors at any one time. It may 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.

HOW IS DELIRIUM TREATED?

The hospital staff will assess the individual and treat the underlying cause. In addition they will make sure they are comfortable and use special techniques to minimize their confusion, disorientation and agitation.

CAN SEDATIVE MEDICATION (*tranquillisers*) HELP?

Sedatives can make delirium worse, so should only be used in a few situations:

- ❖ To calm someone enough to have investigations or treatment
- ❖ To stop someone endangering themselves or other people
- ❖ When someone is very agitated or anxious
- ❖ When someone is seeing or hearing things that are not there
- ❖ When someone who drinks a lot of alcohol stops suddenly.

Any sedative medication should be given in the lowest possible dose for the shortest possible time.

HOW LONG DOES IT TAKE TO GET BETTER?

- ❖ Recovery times vary for each person from several days to weeks and sometimes longer. This recovery often lags behind the recovery from the underlying illness.
- ❖ People with dementia sometimes take a longer time to recover from delirium.
- ❖ Unfortunately some people can be left with memory problems that were not present before the delirium started.

HOW DO THEY FEEL AFTERWARDS?

They may not remember what has happened, particularly if they had memory problems beforehand. However, they may be left with unpleasant and frightening memories – and even worry that they are going mad.

It can be helpful for them to sit down with someone who can explain what happened. This might be a family member, a carer or their doctor.

Most people feel relieved when they understand what happened and why.

WILL IT HAPPEN AGAIN?

Delirium is more likely to happen again with other illnesses. If you have concerns that it is happening again in the first instance seek help from the medical and nursing staff or your GP practice (if discharged from hospital).

FOR MORE INFORMATION AND SUPPORT

PLEASE CONTACT:

- ❖ Ward nursing and medical staff
- ❖ The Princess Royal Trust,
Lanarkshire Carers Centre
46 Campbell Street
Hamilton ML3 6AS
Tel: 01698 428 090
Fax: 01698 428 145
Email: info@prtlcc.org.uk
Web: www.prtlcc.org.uk

If you need this information in another language or format, please contact the NHS Lanarkshire General Enquiry Line on 08453 130 130 or e-mail info2@lanarkshire.scot.nhs.uk

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