

# Delirium

## An information guide for patients and families

### What is delirium?

Delirium is mental confusion that can happen if you become medically unwell. It is also known as “acute confusional state”. Medical problems, surgery and medications can all cause delirium. Delirium starts suddenly, but usually improves when the condition causing it improves.

### How common is delirium?

- About 1 in 10 hospital patients have a period of delirium
- In patients over 70 years, this rises to 1 in 3 patients.

### Who may experience delirium?

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 more common in people with

- Dementia
- Sight or hearing impairment
- Multiple medications
- Frailty
- Limited mobility
- Sleep disturbance
- Excess alcohol consumption.

### What is it like to have delirium?

A person experiencing delirium may:

- Be less aware of what is going on around them
- Be unable to follow a conversation or speak clearly
- Hear voices or see things that are not there.
- Be agitated or sleepy
- Be very changeable in their mood.

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**Patient  
Information**

## What causes delirium?

Almost anything can trigger delirium in a susceptible person. This might include:

- Pain
- Infections (especially urine)
- Nutrition (not eating enough)
- Constipation
- Dehydration (not drinking enough)
- Some medications e.g. diuretics, antidepressants, pain relief and medicines for Parkinsons Disease
- Environment – where they are, what's happening, especially a change from their usual routine.

## Why is it important to spot delirium?

Delirium is very distressing for patients and families. The patient with delirium is at risk of:

- Staying in hospital longer
- Hospital-acquired infections
- Falling and sustaining an injury.

Delirium is a serious complication of the medical illness, and is linked with increased risk of dying.

## How is delirium diagnosed?

There is no blood test or scan which can diagnose delirium. The patient will have recently become more confused than is usual for them.

- The ward staff may need to talk to someone who knows them well to be sure of this
- Their speech content may be confused
- They may have reduced attention and appear to be in their own world, easily distracted
- They may appear at times sleepy, and at other times restless.

## How do we try to avoid delirium?

We try to reduce the risk of delirium by:

- Moving the patient as few times as possible
- Looking for and treating anything which may cause delirium

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- Promoting a calm, quiet and caring environment which supports the patient
- Avoiding the use of a catheter into the bladder unless really necessary
- Regularly re-orientating the patient in time, using clocks and calendars.

### **How can family and carers help?**

Families and carers can help the patient by:

- Bringing in glasses and hearing aids if used
- Visiting and being involved as often as they are able
- Bringing in, or completing, the “This is me” document, if the person had a memory problem before admission
- Bringing in a small clock and a table top calendar for the person.

### **How is delirium treated?**

Delirium is treated by:

- Medical and nursing staff identifying and treating the underlying cause where possible
- Reassuring and orienting – family members and carers can help the nursing staff with this
- Medical and nursing staff remaining calm and supportive
- Nursing the patient in as calm an environment as possible – this may mean moving the patient to a side room
- Sometimes referring the patient to the Mental Health Liaison Team. They are a specialist team of nurses and doctors who assess and treat mental health problems
- Introducing a low dose of a medication called an antipsychotic, which can help the worst symptoms for a few days. The need for this would be reviewed by the doctors regularly
- Sometimes giving medication which is needed by some patients to help them sleep.

If a patient with delirium needs an investigation or other treatment which they are too confused to accept, they may need a sedative medicine just to allow this investigation or treatment. Outside of an emergency, doctors will wish to discuss this with family members.

**Patient  
Information****Follow up care**

Patients who had problems with their memory before they came into hospital are more likely to get delirium.

When a person like this goes home, after a few weeks their GP may wish to refer them to the Memory Assessment Service for further investigation.

If the person with delirium is still taking antipsychotic drugs when they are discharged, these will be reviewed by their GP regularly so that they can be stopped when the medication is no longer needed.

Patients who have had delirium are at increased risk of further episodes when they become ill, so remember to tell the ward staff that the patient has had delirium before if they are admitted to hospital again.

If you would like more information or if you have any questions please contact the ward doctor or the nurse in charge of the ward where the patient is being treated.

Families and carers can contact the consultant directly if they have any concerns after the patient has been discharged.

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Adapted from NICE clinical guideline 103  
Delirium: diagnosis, prevention and management  
[www.nice.org.uk/guidance/CG103/PublicInfo](http://www.nice.org.uk/guidance/CG103/PublicInfo)