

# Delirium

## Information for patients and their family members or carers

### What is delirium?

Delirium is a term we use to describe a sudden onset of confusion. Delirium is very common with 15% of people (15 patients in 100) in hospital experiencing it at any one time. Having dementia increases the likelihood of developing delirium, but this condition can affect anybody, regardless of age or medical history.

Delirium can often be overlooked when a person has dementia because the hospital team may not know what level of confusion is normal for them. It is really important that they have clear and accurate information from you so that they can identify and investigate any sudden changes in behaviour or memory that may indicate underlying delirium.

### What does delirium look like?

There are 2 types of delirium; 'hyperactive delirium' and 'hypoactive delirium'. A person may have either hypo or hyperactive delirium or they may have a combination of both.

#### 1. Hyperactive delirium

The person may appear more agitated or emotional. Their memory may be worse than usual and their speech may seem muddled. With this type of delirium, the person can often seem frightened or angry and may experience hallucinations or hold paranoid or persecutory beliefs (for example that they are in prison or that somebody is poisoning their food). In hyperactive delirium, a person may appear to have endless amounts of energy and may need very little or no sleep.

#### 2. Hypoactive delirium

The person may appear more lethargic or withdrawn than usual. They may find it difficult to concentrate or focus on the thread of conversation when they are talking or when you are talking to them. With this type of delirium, a person can often seem very withdrawn or depressed. In hypoactive delirium, a person may appear to have no energy and may spend most of the day and night sleeping. Although this type of delirium is much more common, it is also harder to spot.

### Common causes include:

- an acute infection (commonly urine or chest infection)
- constipation
- pain
- post-surgery
- medication

- dehydration
- change in environment.

### What can you do to help?

It's really important to identify what has caused the delirium so that the underlying cause can then be treated. For example, a person may have a urine infection that has caused a delirium. The delirium will not improve until the infection has been treated with antibiotics.

Provided that the underlying cause is addressed and resolved, delirium can improve in days or weeks. For a person with dementia, it can take longer for the delirium to resolve. People who have recovered from delirium can often experience frightening or upsetting memories of how it felt to be delirious.

#### 1. Communicate

If your loved one suddenly seems more confused, paranoid or lethargic while in hospital, ensure that the doctors and nurses are aware of this. This should prompt them to "Think Delirium" and investigate whether there is an underlying cause. The quicker they have this information, the quicker the delirium can be addressed.

#### 2. Understand

It can be scary and upsetting to see a dramatic change in how a person thinks or behaves. Delirium can cause a person to behave in a very challenging way that is out of character for them. Keep in mind that they are acutely unwell and that given the right treatment this should significantly improve.

#### 3. Visit

It is tempting to tell family or friends not to visit when a person is delirious. You may feel as though you make things worse when you're there or it may feel uncomfortable and distressing to see somebody experience delirium. Only you know what is right for you, but generally speaking, having familiar people visit and spend time with the person helps them to feel safe and less anxious in an unfamiliar environment like a hospital.

#### 4. Reassure

People with delirium often fluctuate between moments of lucidity (clarity) and confusion. Vivid dreams and strange ideas can sometimes make a person feel that they are going mad. Reassure the person that they are safe. Remind them of where they are, why they are there and that they are a bit mixed up at the moment. Try not to argue or contradict any mistaken beliefs a person may have; if necessary change the subject and stick to comforting, familiar topics.

**This leaflet is also available in large print. If you need this leaflet in another format – for example Braille, a language other than English or audio – please ask a member of staff.**