

Care of the Elderly

Delirium

Information for relatives, carers and patients



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Introduction

This leaflet explains more about delirium, its symptoms, what can be done to help avoid it and how to manage it when it happens.

It aims to help relatives or carers of people who have suffered from delirium understand the condition better and to provide a guide as to the important role they can play.

It may also be useful to some people who have suffered from delirium.

If you have any further questions please speak to a doctor or a nurse.

What is delirium?

Delirium is a sudden change in a person's mental state or consciousness.



It can cause a number of problems. Confusion is common, and people who have delirium often find it difficult to concentrate. They may be particularly sleepy, or alert and agitated. There may be a complete change in personality, or unusual behaviour. Sometimes people may not recognise even their closest family. They may become paranoid, developing an extreme fear or distrust of others, and they may have hallucinations (seeing or hearing things that are not there).

Up to one in three people admitted to hospital can be admitted with or develop delirium at some time during their stay.

Delirium usually gets better once the underlying cause is treated. In around half of people the symptoms disappear within days but others may still continue to experience some symptoms when leaving hospital. A small number will suffer from symptoms of delirium for more than a month and in

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some instances up to six-months after they first experienced the symptoms. It is always a serious condition and while many people make a complete recovery, some people unfortunately do not get completely back to how they were.

The chances of suffering from delirium increase with age. People who are over 80 years old, and have already been diagnosed as having some form of dementia, are particularly at risk. However, delirium can happen in younger patients as well, especially in a major illness or after surgery.

Delirium often has multiple causes, which can make it difficult to recognise and treat.

Causes of delirium

The most common causes of delirium are:

- an infection
- a stroke or TIA ("mini-stroke")
- post anaesthetic/post-surgery
- poorly regulated blood sugar levels in diabetes
- underactive thyroid
- dehydration
- poor kidney function
- a head injury
- some types of prescription medicine
- alcohol poisoning or alcohol withdrawal
- taking illegal drugs
- problems with the lungs or heart
- constipation
- poor nutritional intake
- urinary retention (inability to pass urine)
- frailty / severe illness

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Delirium can be frightening for those suffering from it, their carers and relatives. Not everyone remembers their delirium, but those that do may find the memories distressing.

Relatives and carers have an important role to play, not only in helping prevent delirium when people are admitted to hospital, but also in helping to manage it, if it happens.



Quotes from relatives or carers:

The following quotes offer examples of what might happen if someone is suffering from delirium:

"After her hip operation, my wife became very confused and she was lashing out at the staff. It was a shock and it scared me, I've never seen her like it before."

"We can often tell that my father is getting a urine infection because he slows up, becomes quiet and withdrawn and he sleeps a lot. We were told these changes are actually delirium symptoms that have happened as a result of the infection".

"My wife has mild dementia, but we usually manage fine at home. She still recognises most of our neighbours and friends. When she was in hospital though, she didn't even recognise me and she was much more confused and disorientated."

"The nurses told me that my grandmother had been up all night, wandering around the ward and trying to leave. However, when I visit her on the ward in the daytime, she is quiet and seems okay."

"My father became very confused. He was sleepy at times, and agitated and restless at other times. The nurses gave him medication to help control his symptoms."

How do I know if someone is suffering from delirium?

There are a number of symptoms that can help a relative or carer recognise delirium. These include:

- A sudden change or worsening of mental state and behaviour over a short period Disorientation. People will sometimes not know where they are, or the time of day.
- Unusual thoughts. People may become paranoid and distrustful of the people around them. These thoughts can sometimes become quite hurtful and distressing.
- Poor concentration. People may find it difficult to follow what is being said to them.
- Memory loss. Short term memory in particular. People with delirium may not remember what has happened or where they are.
- Sleepiness, which can be excessive.
- Agitation or restlessness – people may shout or become aggressive. They may get out of bed unexpectedly, increasing the risk of falling.
- Hallucinations – for example seeing and hearing things that are not there.

Changeability

Delirium can change within the space of a day. People may be delirious, then appear normal, then be delirious again. Often symptoms are worse at night. There may also be physical changes such as reduced appetite, mobility or swallowing.

If you see any of these symptoms, please alert a doctor or nurse. Relatives and carers are often the first to notice subtle changes.

How can I prevent delirium?

Certain people are more at risk from delirium than others. You may have been given this leaflet because there is a risk you or your relative will become delirious as part of an admission to hospital.

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Although delirium cannot be prevented in everyone, there are things that can be done to help reduce the risk including: -

- If you/your relative smoke, talk to a doctor or nurse about nicotine patches whilst in hospital as nicotine withdrawal can contribute to delirium.
- If you/they drink several alcoholic drinks most days, discuss it with a Doctor or Nurse as alcohol withdrawal can cause delirium.
- If you/they need glasses or hearing aids, please make sure they are available and used. People with hearing and vision problems are more at risk of delirium.
- Good sleep helps protect us from delirium. Sleep can be difficult in hospital, but an eye-mask or ear plugs may help. Try to avoid caffeinated drinks in the evening.
- Try to stay mobile, if safe to do so – this is especially important after surgery. You/they may be able to walk about or do mobility exercises in a bed or chair. Discuss mobility with a nurse or a physiotherapist in order to maintain safety and reduce risk of falls
- Drinking and eating enough is important to prevent delirium. If you/they need dentures, please make sure you/they have them. Discuss fluid intake with a doctor or nurse if there is a history of heart or kidney failure.
- Try to avoid constipation by eating plenty of fruit and vegetables and staying as mobile as possible. Laxatives can be prescribed if necessary.
- Discuss your/their medication regime with a doctor – many medicines such as strong painkillers, sedatives and bladder medications can contribute to delirium as a side effect, and adjustments may be necessary.
- Anything interesting or enjoyable stimulates the brain and can help prevent delirium – consider what you/they may enjoy, such as reading or puzzles. Visits from family and friends may also help.

What can I do when someone has delirium?

Identifying Delirium

It can be very distressing to see someone you know with delirium. However, there are a number of measures that can be taken by the doctors and nurses, as well as friends and family that can help people when they are delirious.

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The first thing to do is to inform the nurse or a doctor looking after the person. They may not have been aware that anything was wrong, and friends and family may be the first to notice subtle changes.



Treating the cause

The doctors and nurses will test for and manage any causes of delirium that can be treated, such as infections, abnormal blood results, constipation, inability to pass urine, dehydration or the side effects caused by different medications.

In some cases it might be necessary to give calming or sedating drugs, especially if the person remains extremely distressed or unsafe because of their delirium after everything else has been tried. If you can, visit often. Talk to the nurses about coming outside of visiting hours. Just being with them is likely to be very reassuring and help in the treatment of the delirium.

Things you can do

If the person needs their glasses, hearing aids or dentures, please make sure they have them. In addition, please consider bringing in any familiar items such as photos of loved ones or other comforting objects.

Stimulating activities can help delirium. Reminiscing about the past can be beneficial, as can radio or television. If they are well enough, a short supervised trip out of the ward might help – discuss this with the nurses.

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Eating and drinking well is important in delirium recovery. We will try to make sure mealtimes are supervised if necessary but if there are any favourite or comforting foods, please bring them in.

If the person is a heavy smoker, drinker or regularly uses sleeping pills or sedatives, please let staff know. Sometimes withdrawal from these drugs can worsen delirium and specific treatments may be needed.

We want you to feel part of the team. Your contribution to delirium care is very important and, as you know the person best, your insights into who they are and what might work may be very helpful to all the staff.

We would be grateful if you could fill in a Getting to know you form (ask a member of staff on the ward for one) and give it to the staff to allow us to deliver care that is as personalised as possible.



Leaving hospital after delirium

Delirium is distressing for everyone, but usually once the underlying causes have been treated and managed, with time, the distressing symptoms are expected to improve.



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However, it is important to recognise that in some cases symptoms can continue for up to six-month post onset of delirium.

While some people get completely back to normal, others may still be a little more confused and less able than usual to carry out their daily tasks when they leave hospital. Some will have unpleasant memories of their experiences. Some will slowly get better with time and in fact just being at home can allow a quicker recovery. However, some of these problems never completely go away.

We will try to make sure that people get the right level of support when they leave hospital, including rehabilitation to improve, restore and maintain their everyday skills and mobility.

If you remain concerned after going home please contact your GP for further support or exploration of further support services available to you.

We encourage people who have suffered from delirium and their relatives to talk openly about their experiences as this may help speed up their recovery.

Useful sources of information

- National Institute for Health and Care Excellence (NICE) information for people with delirium, carers and those at risk of delirium.
<http://www.nice.org.uk/guidance/CG103/InformationForPublic>
- Alzheimer's Society provides advice and support on all forms of dementia.
Tel: 0330 333 0804 www.alzheimers.org.uk
- Dementia Connect Support Line: 0333 150 3456
- Carers UK provides information and support for carers.
Tel: 0808 808 7777 (Mon-Fri 0900–1800) Email: advice@carersuk.org
www.carersuk.org

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- Age UK provides confidential advice, information and support for older people. Tel: 0800 678 1602 (0800–1900) 365 days per year
www.ageuk.org.uk

Contact us

If you have any questions or concerns about delirium, please speak to a nurse or doctor. If the patient is not in hospital, you should speak to community nurses, their GP or the NHS out of hours service on 111.

You can also contact the Dementia Team from Monday to Friday, 9am to 5pm. on 024 7696 4998.

If you have any questions or concerns about your medicines, please speak to the staff caring for you.

The Trust has access to interpreting and translation services. If you need this information in other language or format, please contact us on 024 7696 5125 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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