

Understanding delirium

Enhanced Patient Observation Service

Last reviewed: July 2024

Information for Patients

Next review: July 2027

Leaflet number: 221 Version: 6

Introduction

This booklet is for people who have delirium, their relatives and friends who care for them. Its aim is to give a better understanding of

- what delirium is
- how it can be recognised, diagnosed and treated
- where to get more information and advice

You may find this booklet useful if:

- You have had delirium
- You know someone with delirium
- You are looking after someone with delirium

What is delirium?

Delirium is a state of mental confusion that can happen if you become unwell. It is also known as an 'acute confusional state'.

Medical problems, surgery and medication can also cause delirium. It often starts suddenly and usually lifts when the condition causing it gets better.

It can be frightening – not only for the person who is unwell, but also for those around them.

If your relative becomes more confused or more withdrawn than usual, please tell a doctor or member of nursing staff on the ward as they may have a delirium.

The quicker an episode of delirium is identified, the quicker it can be resolved.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

How common is delirium?

Delirium can affect anyone. About 2 in 10 hospital patients have an episode of delirium.

Delirium is more common in people who:

- are older (aged over 65)
- have memory problems or a diagnosis of dementia
- have poor hearing or eyesight
- have recently had surgery
- have had a fracture of their hip
- have a serious illness
- have an illness of the brain, such as an infection, a stroke or a head injury.
- have been cared for in Intensive Care Units

Delirium can also happen outside of the hospital. It is more common in those people who live in residential and nursing homes. It is estimated that 1 in 4 care home residents may experience delirium. No one knows why some people get delirium when others with the same illness do not. There are many causes of delirium which can make it difficult to diagnose.

Recognising and treating the cause of the delirium quickly can help to stop other problems.

What causes delirium?

The most common causes are:

- An infection - mainly urinary or chest.
- Side-effects of medication such as pain killers or steroids
- Dehydration or changes to blood salt levels
- Liver or kidney problems
- Low or high blood sugar levels
- Suddenly stopping drugs or alcohol
- Major surgery
- Epilepsy - mainly after a seizure
- Brain injuries or infections
- Constipation or difficulty passing pee (urine)
- Being in an unfamiliar place
- COVID-19 has been a common cause of delirium in older adults during the pandemic. Delirium is an early warning sign, even without other symptoms such as a cough or fever. The ways we try to manage delirium are often less effective in those with COVID-19 and this is made worse by difficulties due to their infection. A delirium linked with COVID-19 may mean that a person is much more unwell and sadly at risk of a poorer outcome.

What are the signs and symptoms of delirium?

- Sudden feeling of confusion over hours or days
- Worsening of existing confusion
- Confusion which changes throughout the day (fluctuates)
- An altered level of consciousness, that is becoming more agitated or more sleepy / withdrawn
- Abnormal thinking or seeing or hearing things that are not there (hallucinations)

What is it like to have delirium?

A person with delirium may:

- 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 after they wake up
- Hear noises or voices when there is nothing or no one to cause them
- See people or things that are not there
- Worry that other people are trying to harm them
- Be very restless, unable to sit still or wandering about
- Be very slow or sleepy
- Sleep during the day, but wake up at night
- Have moods that change quickly
- Be frightened, anxious, depressed or irritable
- Be more confused – often in the evening or at night

How is delirium treated?

Treatment involves finding the problem that is causing the delirium and treating that. For example, an infection may be treated with antibiotics. By treating the cause, the delirium should improve.

Delirium after surgery

Around 50% of patients who have surgery can start to get delirium.

It is one of the most common complications after surgery in older adults.

Delirium after surgery can have many causes for example, drugs, infection, and not being able to move around (immobilisation). Just having surgery can cause delirium in some older adults.

Delirium can be very frightening to the person and their family and friends. If the person is more confused or withdrawn than usual please let the doctors or nurses know.

Treating the cause of the delirium will usually resolve it.

Delirium in intensive care settings

People in intensive care have a high risk of developing delirium. A person in intensive care is very unwell, this may be because of an accident, an illness, or treatment after having a major operation.

Sometimes the person may behave out of character. This may be because of their illness or medication. If the person has been given sedatives, the sedatives will be slowly reduced as the patient gets better.

If you need more information please speak to a member of staff.

How long does delirium last?

Delirium should start to get better when the cause is treated. It is difficult to predict how long the delirium will last but it can be a few days, or up to a few months. In severe cases, some people, mainly those with memory problems, may not return to their how they were before they had delirium.

Those with dementia may take longer to recover from an episode of delirium.

After an episode of delirium, a person may not remember what has happened, mainly if they had memory problems beforehand. However, they may be left with unpleasant thoughts or frightening memories - and even worry that they are 'going mad'.

It can be helpful to sit down with someone who can explain what happened. This might be a carer or your doctor. They can go through a diary of what happened each day.

Will it happen again?

Once someone has had an episode of delirium they are more likely to have another episode should they become unwell in the future.

It is important that those that care for someone who has had an episode of delirium before, watch out for the warning signs that they are getting unwell again. If you have any concerns that delirium may be developing, tell the doctor as soon as possible. If medical problems are treated early, this can prevent delirium from happening again.

Discharge from hospital

Delirium is distressing for everyone but once the underlying cause has been treated the delirium usually improves. Some people who are recovering from delirium may still be a little more confused than they usually are when they are discharged home. Delirium can take time to resolve.

Being cared for in a familiar home environment can help people with delirium to improve further. In a small number of people their delirium may not improve. We may need to carry out other tests to investigate this. If you are at all concerned after your loved one has been discharged from hospital please contact your GP.

Information for families, carers and friends

Ways you can help:

- Visit regularly if you can. **Stay calm** and try to reassure them
- Keep visitors to 1 or 2 people at a time so not to overwhelm them
- Please bring in dentures, glasses and hearing aids
- Fill out a 'Know Me Better Patient Summary' so staff can get to know your relative or friend better
- Remind them of where they are and what is happening
- Bring in non-valuable familiar things from home such as favourite pictures or books. Please leave objects that are easily broken or that are irreplaceable at home
- Encourage them to eat and drink. Please let nursing staff know of any food they like and if you would like to visit at mealtimes. A '7-day meal planner' is available to make sure food they like is ordered if family are not around.
- Bring in a book for family and friends to sign whenever they visit, along with the date and time of their visit. This may help your relative remember their visitors
- Say 'hello' and introduce yourself each time you visit. If you leave the room for even a short time, say your name again when you come back. Tell the person where they are and what date and time it is
- Speak slowly and softly. Use a warm and reassuring tone of voice. Be prepared to repeat phrases a few times
- Reassure the person that you know they are having a confusing and frightening experience, but that they should soon get better
- Keep sentences very short and use simple words. Give the person enough time to take in the information and to respond
- Listen carefully. Even if the content of the confused person's conversation makes no sense to you, you may still understand the emotion being expressed. Respond to that emotion
- Do not correct, or argue. This will not reduce confusion and may upset everyone concerned
- Try to include the person in all conversations where possible. If you need to talk to staff in private try to do so away from the person
- Sometimes a person who is confused may say very hurtful things. Although it is hard, try not to take these comments personally. Remember it is the confusion speaking, not the person.

Delirium can be very distressing for a person. Often their view of the world around them can be altered. Many people have strange beliefs or hallucinations. Some may have very vivid dreams. These experiences can feel very real for a person and these altered memories may last for some time after their illness.

Some patients may need more support to help them through the worst of their delirium symptoms whilst waiting for their treatment to take effect. This support may be given by the ward team, or a specialist team who are trained to deal with these episodes.

It can be very distressing to hear about these experiences. Whilst some may be due to delirium it is important not to dismiss them as this if they are worrying to you.

If you have any concerns, whether or not you or your loved one was diagnosed with delirium during their stay, then please speak to the team in charge of their care. If you wish to discuss this further then you should contact the Patient Advice and Liaison Service (PALS) team. They can discuss these with you and investigate if needed.

Sources of information and support

Royal College of Psychiatrists

[Delirium | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk)

Age UK

This service Offers a wide range of services and information about living with dementia across Leicester and Leicestershire this service offers additional support to families and informal carers. Age UK are working in partnership with UHL to provide more support for people living with dementia and their carers.

For more information call the team on 0116 223 7363 This service is available weekdays, 8.30am to 5.30pm

Carer's Support

For further details on Carer's support and how to access a Carer's Assessment, please contact your local Social Services and ask for 'Single Point of Contact' duty desk. They will help guide you on how to get and complete this.

Leicester City Council: 0116 454 1004

Leicestershire County Council: 0116 305 0004

Rutland County Council: 01572 722 577

CLASP

The Carers Centre provides support for carers in Leicestershire and Rutland

Call: 0116 251 0999 or visit: www.claspthecarerscentre.org.uk



Contact details:

Free phone line: 08081 788 337
Email: pals@uhl-tr.nhs.uk
Visit or write to: Patient Advice and Liaison Service
Level 1 Balmoral Building
Leicester Royal Infirmary
Infirmary Square
Leicester
LE1 5WW

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અસ્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference: NUR014-0318 / NUR014-0316

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk