Common Questions about delirium, what the causes of it are and how we can treat the problem

Please do not hesitate to consult your health care professional if you have any questions or concerns

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Delirium

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What is delirium?

Delirium can present as acute confusion, restlessness, agitation and sometimes delusions. People can be extremely sleepy, difficult to rouse, slow in answering questions or a mixture of both fluctuating throughout the day.
Often there is more than one cause of delirium, and sometimes the cause can not be found. Listed below are some common causes of delirium:

- Medication
- Poisons or drugs of abuse
- Drug or alcohol withdrawal
- Medical illnesses
- Surgical procedures
- Severe pain
- Prolonged lack of sleep
- Infection e.g. urine or chest infections

Is Delirium the same as Dementia?

Unlike delirium, dementia comes on gradually. Dementia is a permanent condition, while delirium usually clears up after a short period. However, people with dementia often develop delirium if they become medically unwell.

Who develops Delirium and how long does it last?

Older people and those with a terminal illness are prone to delirium. Higher figures are associated with frail patients, those who have had falls, infections, are on multiple medications and have had complex procedures such as surgery. The duration of delirium can vary from days to months. If your family member/friend has had delirium in the past they are at higher risk of it happening again. It is important to let staff know this information.

Delirium can be distressing for others and some suggestion on how you may help are offered

Limit visitors to those the patient knows well. Inform visitors of what to expect.

Speak slowly and clearly. Don't say too much or bring up complicated issues, as the person will find it difficult to concentrate for very long, if at all, on what is being said. Avoid sudden movements that may frighten the patient.

The person may not recognise you. If this is the case, do not take it personally, this is a common occurrence and an accepted part of the condition. Introduce yourself each time if necessary.

The person may become disinhibited. They may say and do things that are an exaggeration of their normal personality style or behave in ways that are completely out of character. This should recover when the delirium settles. Try not to over stimulate by too much activity and don't encourage this behaviour.

Inform staff if you notice any abrupt changes in behaviour that concern you. The staff will also be interested if you think there has been a noticeable improvement.

Having visitors is pleasant but very tiring. Your physical presence is likely to be reassuring: just being there is often the best thing. A gentle massage of arm or forehead may be helpful. Sometimes someone close staying quietly in the evening may help the patient to go to sleep. Please discuss with the staff.

Bring in some familiar objects: loved photos, a favourite perfume, a favourite food (if the person is able to eat), or some familiar music played softly may be helpful. Please discuss the appropriateness of this with staff.

Encourage and assist with meals and fluids. If the patient wears glasses or hearing aids ensure they are wearing them to help with orientation.

Use nicknames or other familiar phrases that are likely to be reassuring. Let staff know if there is anything they could say or do that will make the patient feel more at ease or reassured.
The staff may ask about the person's lifestyle and past medical history to see if anything has been overlooked. Issues such as past illnesses and injuries (especially head injuries), previous drug sensitivities or reactions, any history of dependence on drugs (legal or illicit), nicotine or alcohol may be relevant.

Being in a delirious state can lead to a reawakening of other previous distressing or frightening experiences from the past. These may be experienced as reality or as part of a dreamlike state. It is useful to tell staff if the person has had any previous traumatic experiences that you consider may be reawakened or recalled.

You may like to keep a diary of what has happened so that you can inform the person on recovery about things that they may like to know such as visitors, flowers, messages etc... as it is likely they will not remember any or much of the experience.