

Patient Information - What is Delirium?

What is Delirium?

Patient information leaflet

Department of Ageing and Health

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What is Delirium?

Delirium is a common syndrome, particularly in older people in hospital where it can affect up to one half of inpatients.

Delirium is usually temporary and can be associated with a wide variety of symptoms such as:

- Sudden change in mental state
- Confusion
- Restlessness, agitation or sleepiness
- A change in personality

- Difficulty walking, swallowing, speaking
- Hallucinations, paranoia
- An inability to recognise family

Importantly it is different from dementia, although the symptoms can often be similar (see also our What is Dementia leaflet)

We encourage families and carers to tell the healthcare team if they notice any sudden changes or fluctuations in behaviour as this might represent the development of delirium.

Who gets delirium?

Whilst anybody who is unwell can become delirious, some groups of people are more at risk than others. These include:

- Patients with dementia or other memory problems
- Frail older patients
- Those with problems affecting sight and hearing
- Any recent surgery
- Those going through a terminal illness

Why does it happen?

There are a large number of possible causes. When a patient is diagnosed with delirium, medical staff will consider:

- Infection e.g. chest, skin, urine
- Stroke or head injury
- Dehydration
- Medication: especially sleeping tablets and some painkillers
- Constipation
- Being in an unfamiliar environment

Often there is more than one cause. Occasionally a cause for delirium is not found, despite appropriate examinations and tests.

Why is delirium important?

Delirium can be a sign that someone is unwell or becoming unwell. It can provide an early warning to staff that further examination is needed.

Knowledge about delirium can help the patient, their relatives and staff understand why someone is behaving the way they are. A change in behaviour can be surprising and upsetting, and delirium can be a traumatic experience both for the person affected and family members.

In addition, some measures have been shown to prevent delirium and help to shorten its duration once present.

What can family and friends do?

- Stay calm, reassure and use short simple sentences when speaking
- Remind the person of what is happening to them: where they are and why
- Remind them of the time and date: can use a clock or calendar
- Bring familiar objects from home if possible for example: family photographs

- Use glasses and hearing aids if needed
- Ask to fill in a “This is Me” document

Medication

Rarely medication is used to help manage patients with delirium and its use is at the lowest possible dose for the shortest possible time. Medication is used with care as there is potential to make the delirium worse.

Medication might be considered:

- o In order to enable essential investigations or treatment to be carried out.
- o In situations where the patient may potentially come to physical harm. o For treating symptoms which are greatly distressing to the patient, for example hallucinations.

In all cases medical staff will weigh the risks of using medication against the benefits in order to decide whether this is the least restrictive and best course of action for the individual.

However in most cases the simple measures outlined above are beneficial and medication is not required.

Towards discharge

Whilst most episodes of delirium are temporary it can persist despite adequate treatment of the cause. In some cases delirium can take days or weeks to resolve particularly if there is an underlying memory problem or dementia.

Unfortunately a few patients never recover their previous level of thinking.

It is often not necessary to wait for delirium to resolve before a patient leaves hospital and in fact returning to a familiar environment can help recovery.

This leaflet has been developed in partnership with the Patient Information Group and our DGT Patient Partners

Patient Information

Further patient leaflets are available from the Dartford and Gravesham NHS Trust website: <https://www.dgt.nhs.uk/patients-and-visitors/patient-information-leaflets> Please ask a member of staff if you require information in another language or format.

Complaints, Comments, Concerns and Compliments

Please speak to the staff in the ward or department caring for you if you have any concerns or questions relating to your care or that of a loved one.

Compliments can be shared by visiting: <https://www.dgt.nhs.uk/contact-us/compliments>

Alternatively, please contact the Patient Advice and Liaison Service (PALS) on 01322 428382 Email: dgn-tr.PALS@nhs.net

Patient Property

Please do not bring large sums of money or valuable items into the hospital. Dartford and Gravesham NHS Trust accepts no responsibility for the loss or damage to personal property unless it is handed into Trust staff for safe-keeping.

Dartford and Gravesham NHS Trust operate smoke-free hospitals. This means that smoking is not permitted anywhere on hospital grounds. For help to quit smoking please visit www.kentcht.nhs.uk/service/one-you-smokefree/

Use of alcohol or illicit drugs is not permitted anywhere on the hospital site. For drug and alcohol support please speak to your nurse or doctor or

Visit: www.changegrowlive.org/westkent/help

Call: 0330 128 1113

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