Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Delirium - For Community Patients

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Patient Information

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What is delirium?

Delirium is a worsening or change in a person's mental state that happens suddenly, over one to two days. The person may become confused, or be more confused than usual. Or they may become sleepy and drowsy. Delirium can be distressing to the person and those around them, especially when they don't know what's causing these changes.

Delirium may be the first sign that someone is becoming unwell.

What are the symptoms of delirium?

A person with delirium may:

- be easily distracted
- be less aware of where they are or what time it is (disorientation)
- suddenly not be able to do something as well as normal (for example, walking or eating)
- be unable to speak clearly or follow a conversation
- have sudden swings in mood
- have hallucinations – seeing or hearing things, often frightening, that aren't really there
- have delusions or become paranoid – strongly believing things that are not true, for example that others are trying to physically harm them or have poisoned their food or drinks.

Symptoms of delirium often fluctuate (come and go) over the course of the day.

Identification

Delirium is a clinical diagnosis based on a detailed history, examination, and relevant investigations

Types of delirium

Delirium can be divided into three types based on the other symptoms that someone has. These three types are hyperactive, hypoactive and mixed delirium. Among older people, including those with dementia, hypoactive and mixed delirium are more common.

A person with hyperactive delirium may:

- seem restless
- be agitated (for example, with more walking about or pacing)
- resist personal care or respond aggressively to it
- seem unusually vigilant.

Someone with hyperactive delirium can easily get very distressed due to not understanding where they are, or losing track of time. They may have delusions or hallucinations that carers are trying to harm them.

A person with hypoactive delirium may be:

- withdrawn, feeling lethargic and tired
- drowsy
- unusually sleepy
- unable to stay focused when they’re awake.

It can be easy not to notice that someone has hypoactive delirium, because they may be very quiet. The person may stop eating as much or become less mobile than usual. They may spend more time in bed.

A person with mixed delirium:

A person with mixed delirium has symptoms of hyperactive delirium at times and symptoms of hypoactive delirium at other times. They will switch between these symptoms over the day or from one day to the next. For example, they could be very agitated at one time and then later become very drowsy.

Potential causes of delirium :

- New Illness or infection like constipation or urine infection
- Recent hospital discharge
- Falls
- Pain

- Poor appetite or fluid intake
- A change in environment or change in circumstances, such as a bereavement or moving home
- Chronic illness such as depression, dementia, or terminal illness
- Medications including herbal remedies, taking too many or not enough, or causing sedation or confusion
- Alcohol use
- Sensory impairment, such as visual or hearing, and ensuring glasses and hearing aids are used if appropriate.



How can relatives / carers help?

- Provide simple explanations for all activities in a calm manner
- Try reorientation such as: regular three times a day cues explaining to the person who and

where they are

- Easily visible and accurate clocks and calendars.
- Continuity of care from carers and nursing staff
- Encouraging visits from family or friends and exposure to familiar objects and pictures
- Avoid physical restraints such as cot sides
- Encourage walking at least three times a day (remember aids) or try active range of motion exercises
- Normalize the sleep-wake cycle by discouraging napping and encouraging bright light exposure in the daytime
- Encouraging uninterrupted sleep at night with a quiet room and low-level lighting

Challenging behaviours

If a person is aggressive or agitated or shouting:

See if there is a cause, pain, thirsty, needs the toilet. Move to a safe, low stimulation area like a quiet room. If measures fail, seek advice from an expert elderly care psychiatrist or Later Life Adult Mental Health service

Aftercare in delerium

Delirium can be distressing but can improve with management of the cause. Some patients may go back to normal with a complete recovery other patients may need significant help. Delirium may continue to persist in some cases'. If you remain concerned, contact the GP or

NHS 111.



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