Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Delirium-Understanding Delirium for Patients, Relatives & Carers

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Understanding Delirium

Information for Patients, Relatives & Carers

Admiral Nurse Service

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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 common condition that usually affects people's brains for a short period of time. It can cause several problems. Confusion is common, and people who are delirious often find it difficult to concentrate. They may be particularly drowsy, or alert or 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 hallucinate (seeing or hearing things that are not there).

Up to one in three people admitted to hospital become delirious at some time during their stay. Usually, it gets better. In around half of people, the symptoms disappear within six days. Others may continue to experience some symptoms after leaving hospital. A small number will suffer from delirium more than a month after they first experienced the symptoms. It is always a serious condition and while many people make a complete recovery, some unfortunately do not completely return to how they were previously

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

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 occur in younger patients as well, especially with a major illness or after surgery (especially hip or heart surgery).

Delirium is a condition that can be frightening for those suffering from it, their carers and relatives. Not everyone remembers 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 occurs.

Who is at risk of developing delirium?

You are at risk of delirium if you are 65 or older, already have difficulties with memory or understanding (known as cognitive impairment) or have dementia, have a broken hip, or are seriously ill.

If you are admitted to hospital, you should be assessed to see if you are at risk of developing delirium. This could help your care team in preventing delirium developing.

Finding out if you have delirium

Whilst in hospital you should be assessed daily to see if your behaviour has changed in a way that suggests you might have delirium. You and your family or carers should be asked about these changes, which might be:

- in the way you understand things or make decisions (for example, reduced concentration, slower responses, increased confusion)
- in what you think you hear or see (for example, hallucinations)
- how you behave physically (for example, if you are moving around less, if you are restless or agitated, if your appetite changes, or if your sleep is disturbed)

- in the way you behave socially (for example, changes in what you say to people and how you say it, if you are unusually quiet and withdrawn, or changes in your mood or attitude)

If changes in your behaviour are noted, you should have a formal assessment to confirm whether or not you have delirium. This involves asking you specific questions to test your responses. If delirium is diagnosed, this should be recorded in both your hospital records and your GP's notes.

In hospital we will complete a https://www.the4at.com/ to identify if Delirium is present and this will be reassessed every 48hrs until delirium has resolved. If delirium is identified, we follow the Delirium Pathway to treat the underlying causes.

Preventing 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 during an admission to hospital. Although delirium cannot be prevented in everyone, there are things that can be done to help reduce the risk.

If you smoke, talk to a doctor or nurse about nicotine patches while you are in hospital, as nicotine withdrawal can contribute to delirium.

If you drink several alcoholic drinks most days, discuss it with a doctor or nurse as alcohol withdrawal can cause delirium.

If you need glasses or hearing aids, please ensure you have them with you. People with hearing and vision problems are more at risk of delirium.

Good sleep helps protect you from delirium. Sleep can be difficult in hospital, but an eye-mask or ear plugs may help. If you don’t have any, ask a nurse. Try to avoid caffeinated drinks in the evening.

Try to stay mobile – this is especially important after surgery. You may be able to walk about or do mobility exercises in a bed or chair. Discuss your mobility with your nurse or a physiotherapist.

Drinking and eating enough is important to prevent delirium. If you need dentures, please ensure you have them.

Discuss your fluid intake with a doctor or nurse if you have heart or kidney failure.

Try to avoid constipation by eating plenty of fruit and vegetables and staying as mobile as you can. You can ask for laxatives.

Discuss your medication regime with your doctor – many drugs 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 may enjoy, such as reading or puzzles. Visits from family and friends may also help.

Treating delirium

If you are diagnosed with delirium, your care team should find out what could be causing the delirium and treat it (for example with antibiotics for a urine infection).

Your care team should explain what is happening and what treatment you are having. Your family, friends or carers may be able to help with this. It is also important that while you are being treated for delirium, you are not moved to a different room, ward, or bed unless necessary, because you could become confused about where you are. Where possible you should be looked after by a team of professionals you are familiar with.

Occasionally people with delirium can become distressed and can behave in a way that is thought to be a risk to themselves or others. In this case the care team should first try to calm them down without using medication. If this doesn't work or if it isn't appropriate, treatment with medication may be used but this should usually be for 1 week or less. These medications can reduce the severity of delirium in some people. They should be used with caution in people who have particular illnesses, such as Parkinson's disease or a type of dementia called Dementia with Lewy Bodies.

If a person's delirium does not get better, despite treatment, they should be assessed again to see if any underlying problems were missed the first time. They should also be assessed for dementia. It is important to understand it can take up to 12 weeks for a delirium to fully resolve.

Leaving hospital after delirium

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

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 after they leave hospital. 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 ensure 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 speak to staff at your outpatient appointment, or your GP.

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.

More information

The organisations below can provide more information and support for people with delirium or at risk of delirium. WWL is not responsible for the quality or accuracy of any information or advice provided by these organisations.

Dementia UK Dementia UK Helpline 0800 888 6678 (Mon-Fri 9am to 9pm, Sat- Sun 9am to 5pm)

Alzheimer's Society Wigan Dementia Advisor Service 01942 247 837 (Mon to Fri 9am to 5pm, Sat - Sun 10am to 4pm)

Customer Care Line 0330 333 0804

www.alzheimers.org.uk

The Intensive Care Society (ICS) telephone: 020 7280 4350

www.ics.ac.uk

ICU steps www.icusteps.com

Age UK telephone 0800 055 6112 (8am to 7pm every day)

www.ageuk.org.uk

You can also go to **NHS Choices** (www.nhs.uk) for more information.

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 or their GP.

You can also contact the Dementia Clinical Nurse Specialist Nurse from Monday to Friday, 8am till 4pm.

Call the hospital switchboard on 01942 244000 and ask for bleep 2507

or dial direct telephone 0300 7078612



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