

- Avoid long tiring visits, loud chatter and laughter, and multiple visitors at any one time.
- If they have hallucinations, explain that their hallucinations are not real and be reassuring. If they insist that the hallucinations are real do not argue this may make matters worse.

It can be very distressing to have a relative or friend who is delirious as they may fail to recognise you or behave out of character. Despite this, it is important to keep visiting if you can as the patient may respond and this will help with their recovery.

As the patient recovers from an episode of delirium, they may recall that they have been confused or behaved oddly. Please talk to the healthcare team about this so we can offer reassurance and explain what has happened.

Discussing any difficulties or concerns and working with the healthcare team will help towards recovery.

Useful websites for further information

www.nice.org.uk - relevant patient information leaflet on delirium (CG103)

www.patient.co.uk - has further information on delirium.

This leaflet is heavily based upon the 'Information for carers about delirium' leaflet developed by Cambridge University Hospitals NHS Foundation Trust.

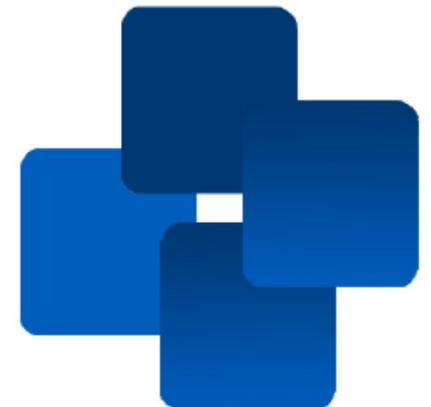
www.enherts-tr.nhs.uk

You can request this information in a different format or another language.

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Patient Information

Delirium



What is delirium?

Delirium is an acute state of confusion which may occur as a complication of a medical illness or after undergoing surgery. It is usually a temporary condition which should improve once the cause or causes are identified and treated. Delirium is not the same as dementia although patients who have dementia are more likely to develop delirium if they become unwell. Delirium is not a mental illness, although the symptoms can be similar.

When patients have delirium they become confused, have difficulty concentrating and can have hallucinations. They may become hyperactive and agitated, or withdrawn and apathetic or they can vary between the two. When patients are hyperactive or agitated it can be very frightening for people around them, particularly their family and friends.

Unfortunately, sometimes because most patients who develop delirium are frail to begin with and then have become unwell, they may not return to their previous level of function once the cause or causes of the delirium have been treated.

Let the staff know if the patient has had an episode of delirium before, or usually has memory problems. Both of these make it more likely that someone will develop delirium and so the staff can try to reduce the chance of this happening.

Who is at risk of developing delirium?

Delirium is more likely to occur in:

- Older people. The risk increases with increasing age over 65 years old.
- People who have dementia or who have had an episode of delirium before.
- People who have any illness, but it is more likely to happen the more severe the illness is.
- People who have broken their hip.

What causes delirium?

Often delirium has more than one cause and it can be made worse by impaired eyesight or hearing, pain, constipation, being in an unfamiliar environment or poor nutrition. Other important causes are:

- Infection
- Side effects of some medications
- Dehydration
- An imbalance of natural chemicals in the body (salt and calcium)
- Suddenly stopping/withdrawing some drugs or alcohol
- Uncontrolled pain
- Heart disease (for example heart attack, heart failure)
- Lung disease (for example pulmonary embolism, low oxygen levels in blood)
- Stroke
- Epileptic seizures

How is delirium managed?

The health care team will look for the underlying causes of delirium and start any appropriate treatment, for example, starting antibiotics for an infection. It is important to maintain adequate food and fluid intake and to optimise comfort and minimise disorientation and agitation.

Occasionally (for example, if the patient is a danger to themselves or to others) sedation may be necessary on a short term basis whilst the cause of the delirium is being treated. Once the underlying causes of delirium are treated it often takes some further time for the symptoms to resolve, a bit like getting over jet lag.

What can you do to help?

Regular contact with familiar people and objects from outside the hospital is very important to people with delirium. Some things that can be done to help are:

- Talking slowly and clearly about familiar, non-threatening topics and using a calm reassuring tone of voice.
- Reminding them often where they are and what the time and date is.