#### **Contact us**

Main Hospital switchboard: 01934 636363

# PALS

To make a comment, raise a concern or make a complaint, please contact the Trust's Patient Advice and Liaison Service (PALS).

Email: wnt-tr.pals@nhs.net

#### Other formats and languages

If you need this information in other formats (such as large print, audio, Braille) or in another language, please call PALS.



# **About Delirium**

6

Lead: Consultant Psychiatrist Hospital Liaison Team

# Information for Patients and Carers

Review due Dec 2020

- -

### About this leaflet

You may find this leaflet helpful if:

- you have experienced delirium
- you know someone with delirium
- you are looking after someone with delirium.

# What is delirium?

Delirium is a state of mental confusion that can happen if you become medically unwell. It is also known as an 'acute confusional state'.

To diagnose we now use the SQID – Single Question to Identify Delirium - this is 'has there been a sudden change in behaviour or confusion?' If the answer is yes, then this is highly likely to be a delirium

Medical problems, surgery and medications can all cause delirium. It often starts suddenly and usually lifts when the condition causing it gets better. It can be frightening – not only for the person who is unwell, but also for those around him or her.

# How common is it?

About 2 in 10 hospital patients have a period of delirium. Delirium is more common in people who:

- are older
- have memory problems
- have poor hearing or eyesight
- have recently had surgery or an anaesthetic.

# Will it happen again?

You are more likely to have delirium again if you become medically unwell.

Someone needs to keep an eye out for the warning signs that you are getting unwell again – whatever the original cause was.

If they are worried, they should get a doctor as soon as possible. If medical problems are treated early, this can prevent delirium from happening again.

# **Further information**

#### **European Delirium Association**

www.europeandeliriumassociation.com

An organisation for health professionals and scientists involved with delirium. The website also has links to other websites that have information on delirium for health professionals, patients and carers.

#### **Royal College of Psychiatrists**

https://www.rcpsych.ac.uk/mental-health/problemsdisorders/delirium

#### **Alzheimer's Society**

People with dementia are much more likely to get delirium – Alzheimer's UK have helpful resources and support on the topic

https://www.alzheimers.org.uk/

#### How long does it take to get better?

Delirium gets better when the cause is treated.

You can recover very quickly, but it can take several days or weeks (even after the initial cause has cleared up).

People with dementia can take a particularly long time to get over delirium.

### How do you feel afterwards?

You may not remember what has happened, particularly if you had memory problems beforehand. However, you may be left with unpleasant and frightening memories – and even worry that you are going mad.

It can help to sit down with someone who can explain what happened. This might be a family member, a carer or your doctor. They can go through a diary of what happened each day.

Most people feel relieved when they understand what happened and why.



# Why does it happen?

The most common causes of delirium are:

- a urine or chest infection
- having a high temperature
- side-effects of medicine like pain killers and steroids
- dehydration, low salt levels, low haemoglobin (anaemia)
- liver or kidney problems
- suddenly stopping drugs or alcohol
- major surgery
- epilepsy
- brain injury (stroke) or infection
- terminal illness
- constipation
- being in an unfamiliar place.

There is often more than one cause – and sometimes the cause is not found.

#### How is delirium treated?

If someone suddenly becomes confused, they need to see a doctor urgently.

The person with delirium may be too confused to describe what has happened to them, so it's important that the doctor can talk to someone who knows the patient well to find out how they were/functioned before the confusion began.

To treat delirium, you need to treat the cause. For example, an infection may be treated with antibiotics.

# Can sedative medication (tranquillisers) help?

Sedatives can make delirium worse, so should only be used in a few situations:

- 1. When someone who drinks a lot of alcohol stops suddenly, they will need a regular dose of a sedative medication (benzodiazepines) that is reduced over several days. This will stop withdrawal symptoms, but should be done under close medical supervision.
- 2. To calm someone enough to have investigations or treatment.
- 3. To stop someone endangering themselves or other people.
- 4. When someone is very agitated or anxious.
- 5. When someone is seeing or hearing things that are not there.

Low doses of antipsychotic medication should be given to help with frightening hallucinations or beliefs that people are trying to harm you.

Any sedative medication should be given in the lowest possible dose for the shortest time possible.

#### How can I help someone with delirium?

You can help someone with delirium feel calmer and more in control if you:

- Stay calm.
- Talk to them in short, simple sentences. Check that they have understood you. Repeat things if necessary.
- Remind them of what is happening and how they are doing.
- Remind them of the time and date. Make sure they can see a clock or a calendar.
- Listen to them and reassure them.
- Make sure they have their glasses and hearing aid.
- Help them to eat and drink.
- Try to make sure that someone they know well is with them. This is often most important during the evening, when confusion often gets worse.
- If they are in hospital, bring in some familiar objects from home.
- Have a light on at night so that they can see where they are if they wake up.