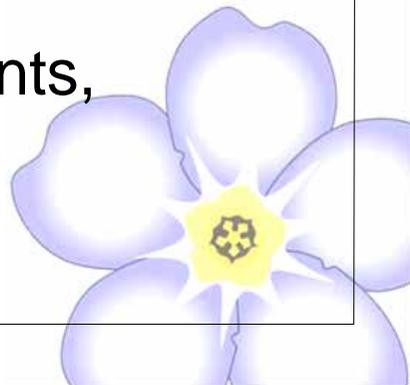# Delirium (acute confusion)

Information for patients, relatives and carers

This leaflet explains why some patients may experience acute confusion while they are in hospital, what the symptoms are and how it may be treated. Your doctor will be able to explain more clearly regarding individual cases.

What is delirium?
Delirium is the medical term for a sudden change in an unwell person's mental state. It is a common, serious but often treatable condition.

Who is at risk?
Delirium has many causes and we might not always be able to find a cause. Some factors include:
- Older people, especially those with memory problems or dementia.
- People with sight or hearing problems.
- People on lots of medications for multiple conditions.
- People who have recently had surgery – delirium is especially common after surgery.
- People with terminal/serious illness or injury to the brain.
- People in pain.
- People who are constipated.
- People who are dehydrated.

What are the symptoms?
We monitor our patients regularly for symptoms of delirium and any changes in their existing symptoms.
There are two types of delirium. People can switch between the two.
- Hyperactive (overactive) delirium: Where the person has confusion which changes throughout the day and they often feel agitated or restless.

- Hypoactive (underactive) delirium, where the person becomes sleepier and less responsive.

These can be combined with other symptoms including:
- Hallucinations – hearing and seeing things that aren't there.
- Difficulty communicating.
- Moods that change quickly.
- Unsure of their location and why they are there.
- Delusions – believing things that aren't true.

How is delirium diagnosed?

To diagnose delirium we look at the person's clinical history – what happened and when changes occurred and their overall health and social background.

It is very useful to have a close friend or family member available to talk to the medical team as they will be able to describe how the person has changed since the onset of delirium.

How is delirium treated?

Many people will make a full recovery from delirium, but some people will not get fully back to how they were before and some elements of confusion may remain, especially in those who already have dementia.

Delirium usually improves once the cause is treated. It can last for days to weeks and sometimes only gets better after the person goes home. Having a familiar environment and getting back to one's own routine can often help resolve delirium symptoms.

The first step in treating delirium is to treat the underlying cause, such as giving antibiotics for infection. Medication will be reviewed and some drugs may be stopped or changed. Pain will be controlled. Drugs are rarely required in delirium, for example the person may require sedation but only if they are a danger to themselves or others.

What you can do to help someone with delirium:

- Speak in short simple sentences.
- Be calm and reassuring.
- Remind the person where they are and why they are there.
- Remind the person of the time and date – a clock and calendar could be brought in.
- Bringing in their own clothes during the hospital stay.
- Ensure the person has their hearing aids or glasses (if worn).
- Familiar photographs and items from home may help.

If a person has underlying memory issues, we may ask their GP to investigate once they are discharged from the hospital and the delirium has settled.

Further information

If you have any questions you are encouraged to ask the nursing and medical staff providing care.

For more information about delirium visit:

www.nice.org.uk/guidance/cg103/ifp/chapter/About-this-information
www.rcpsych.ac.uk/mental-health/problems-disorders/delirium
www.alzheimers.org.uk/get-support/daily-living/delirium
www.dementiauk.org/delirium/

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