

What are the symptoms?

Symptoms for delirium occur suddenly, and involve changes to a person's physical and mental state. Someone with delirium may:

- > appear confused and forgetful
- > be unable to pay attention
- > act different from their usual self
- > have changes in their function i.e. mobility, ability to self-care
- > be very agitated, quiet and withdrawn, sleepy or a combination of these
- > be unsure of the time of day or location
- > have changes to sleeping habits, such as staying awake at night and being drowsy during the daytime
- > feel fearful, upset, irritable, angry or sad
- > see things that are not there, but that seem very real to them
- > lose control of their bladder or bowels (incontinence).

How does delirium start?

The symptoms of delirium happen very quickly, usually over hours or days. A person's behaviour can also fluctuate during the course of a single day.

Delirium is sometimes mistaken for dementia or depression, so it is important for family and friends to notify medical staff of any sudden change in a person's mental state.



The Cognitive Impairment Identifier (CII) symbol is used to tell staff that the patient has memory and thinking difficulties, and needs special care.

Use of the CII is limited to those organisations who have entered into a formal agreement with Ballarat Health Services.

If you have any concerns or questions about delirium, talk to your local doctor or ask your hospital staff.

CONTACTS

Carers SA
1800 242 636
carers-sa.asn.au

My aged care information line
1800 500 853
myagedcare.gov.au

National Dementia Helpline
1800 100 500

Carers Australia
carersaustralia.com.au

Dementia Australia
dementia.org.au

NSW Agency for Clinical Innovation Care of Confused Hospitalised Older Persons Program
aci.health.nsw.gov.au/chops

Ballarat Health Services – Dementia Care in Hospitals Program (CII)
bhs.org.au/dchp

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For more information

sahealth.sa.gov.au

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DELIRIUM



This brochure provides information for people who are at risk of, or have experienced delirium, and for their families and carers.



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Delirium is a common medical problem that is characterised by changes in mental function.

The onset of delirium and its symptoms is always sudden. It usually only lasts for a few days but may persist for longer periods.

Delirium occurs more often among older people, but it can occur at any age. It can be a serious condition.

How common is delirium?

About one in five older people admitted to hospital, and about half of the residents in aged care facilities, experience delirium at some stage of their care. Delirium may occur at any age.

Who is at risk?

People who:

- > are very sick
- > have cognitive impairment (past or present), including dementia, intellectual disability or brain injury
- > have had delirium before
- > are aged 70 years or older
- > experience depression
- > have poor eyesight and/or hearing impairment
- > are taking multiple medications or have had recent changes to medications
- > are having a surgical procedure, e.g. heart or hip surgery
- > are in hospital.

How long does delirium last?

Delirium usually only lasts for a few days, but sometimes it will continue for weeks or even months.

If delirium is not resolved quickly, it can lengthen the person's time in hospital and lead to serious complications, such as falls, pressure ulcers, and even death.

Will it happen again?

People who have experienced delirium have a higher risk of experiencing delirium again.

What causes delirium?

Delirium is often associated with an underlying physical illness or infection. Other common causes of delirium in older people include:

- > difficulty going to the toilet (constipation or not being able to empty bladder)
- > dehydration or malnutrition
- > severe pain
- > medications, including 'over-the-counter' medicines
- > heavy alcohol consumption
- > withdrawal from alcohol, cigarettes or medication, particularly sleeping pills
- > changes in a person's environment, such as being hospitalised.

It is not always possible to identify the cause.

How is delirium treated?

Staff will do a thorough medical assessment to look for and treat the underlying cause of the delirium. If a physical problem is identified, appropriate treatment will be given (for instance, antibiotics to treat a urinary tract infection).

Treatment is sometimes aimed at lessening symptoms and reducing the risk of complications.

Role of family and carers

It is reassuring for someone with delirium to see familiar people. Family and carers are encouraged to visit regularly.

Family members and carers can also provide valuable information to the staff caring for the person with delirium. It is important to notify staff of any sudden change in a person's mental or physical condition. Carer support is available.

How to help and care

- > Speak slowly in a clear voice. Identify both yourself and the person by name.
- > Avoid getting into an argument.
- > Encourage and assist the person to have adequate food and fluids.
- > Remind the person of the location, date and time. Open the curtains in their room during the day. Knowing the time of day can reduce confusion.
- > If the person usually wears glasses or hearing aids, help to put them on and ensure they are working. Visual or hearing impairment can make confusion worse.
- > If the person is agitated or aggressive, do not try to restrain them. If they want to walk around, let them, but try to make sure that they are safe from falling and that the area is free from hazards.
- > Bring items that help remind the person of home, such as photos, a dressing gown, a radio or player with favourite music.
- > Let staff know of any personal information that may help calm and orient the person, such as the names of family and friends, hobbies, significant events, etc.