Dementia and Delirium
A guide for patients, their relatives and carers
Hearing about your experience of our services is very important as it means we can pass compliments on to our staff and make improvements where necessary. Tell us what you think by emailing us at: yourexperience@rothgen.nhs.uk

Slovak
Ak vy alebo niekoľko poznámé potrebujete pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Kurdish Sorani
بەگەشتن یۆبەدایە کە تۆ دەوەیەکە بەسەرییەکە بەسەرییەکە. سەڵامەیەکە بە بەکەیەکە بەسەرییەکە بە سەڵامەیەکە. سەڵامەیەکە بە بەکەیەکە.

Arabic
إذا كنت أوتأي شخص تعرفه بحاجة إلى مساعدة لفهم أوقراء هذه الوثيقة، الرجاء الاتصال على الرقم إعلاه أو مراسلتنا عبر البريد الإلكتروني.

Urdu
اگر اپنا ایک کس جانتی ہے یا کسی شخص کو اس دستاویز کو سمجھنے پر امکان پسند ہے، یہ کسی بھی رقم سے رابطہ کریں۔

Farsi
اگر چهار اولی یا شخص دیگری که شما اورا میشنسید بردی خواننی با فهمیدن این مدارک نیاز پی کمک دارد، نظراً ما بوسیله شمارہ بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille, audio or easyread format, please ask our healthcare providers*

*Note to healthcare providers:
Translated / easyread healthcare information can be sourced via the Easyread websites listed at the back of this leaflet or via contacting our translation service which can be accessed through InSite.
This leaflet may be helpful for those who are living with dementia and have experienced delirium or if you know someone, or are looking after someone living with dementia and delirium.

What is delirium?
Delirium is a state of mental confusion which can come on suddenly or over a couple of days. It is referred to as an ‘acute confusional state’. It often results in the person acting strangely affecting their ability to think clearly and pay attention.

Sometimes hallucinations may be experienced, which means the person sees or hears things that are not there. A sense of irrational distrust of others or paranoia may also develop. Some people with delirium may not recognise even their closest family members.

Typical Delirium may fluctuate causing the person to be very confused one moment, yet able to hold a rational conversation in the next. Delirium is very common affecting 1 in 8 hospital admissions.

How is delirium different from dementia?
Dementia is a degenerative condition which declines over time. Symptoms of delirium are similar to those of dementia, making memory and thinking problems worse.

Delirium usually has a treatable cause and usually resolves over time with the appropriate treatment. People with dementia are however at greater risk of developing delirium.
What can cause delirium?
The most common causes of delirium are:

- A urine or chest infection
- High body temperature
- Dehydration
- Uncontrolled pain
- Inability to pass urine
- Constipation
- Side effects of medications
- Excessive alcohol consumption or illegal drugs or sudden withdrawal of these
- Post general anaesthetic
- Epilepsy
- Brain injury
- Being in an unfamiliar place

It is important to remember there may be more than one cause and that delirium can take both a hyper or hypo, for example some people may become more agitated and restless or have delusions and hallucinations, others may become unusually sleepy and withdrawn.
What are the common symptoms of delirium?
- Confusion (be more confused at some times rather than others, often in the evening)
- Disorientation
- Seeing or hearing things that are not there
- Difficulty understanding or concentrating
- Aggression and Agitation
- Rambling
- Change in personality
- Restlessness
- Unusually sleepy
- Withdrawn

Who is at risk of delirium?
Delirium is more common in those people who:
- Are older (the risk increases with age)
- Have dementia
- Have memory problems, poor eyesight or hearing difficulties
- Have just had surgery
- Have an infection
How is it treated?
If someone becomes suddenly confused they need medical help urgently. They may be too confused to describe what has happened to them so the doctor will want to speak to someone who knows them well.

Delirium is treated by finding the cause and then treating that cause, for example having an infection is treated with antibiotics.

How can I help someone with delirium?
Delirium is a frightening experience for the person as well as those around them. Delirium commonly affects recent memory rather than long term memory and they may not realise they are in hospital.

- Stay calm
- Orientate them to time and place this can help with recovery
- Breaking down activities into manageable steps can reduce frustration
- If the person is in hospital, bring in some familiar items from home
- Speak in short sentences to ensure clear communication
- Reassure them, remind them what is happening
- Make sure the patient has easy access to their glasses and hearing aid if needed
Delirium

- Help them eat and drink to help reduce dehydration and constipation
- Do not correct or argue as this will not reduce confusion and may cause further upset
- Inform the medical team if you suspect any signs of delirium or notice anything out of character
- If the person has a known diagnosis of dementia ask about the ‘This is Me’ document if they have not already got one. This will provide person centred information about them such as their likes and dislikes.

How long does it take to get better?
Although delirium is temporary, it can take days sometimes to weeks to recover from, but delirium does usually get better when the cause is treated. However, people with dementia can take much longer to recover.

It can be helpful to sit down afterwards and talk about what happened with a family member or a doctor. Having an understanding of what happened and why can often provide feelings of relief.
Delirium

Notes

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How to contact us
Dementia Care Lead Nurse
Email Beth.Goss-Hill@rothgen.nhs.uk

Rotherham Hospital Switchboard
Telephone 01709 820000

Useful contact numbers
National Dementia Helpline
Telephone 0300 222 1122

Alzheimer’s Society Rotherham and Doncaster Branch
(advice, support, dementia café and befriending services)
Telephone 01709 580543

Crossroads Care
(advice and support for carers, reablement service for people with confusion and dementia)
Telephone 01709 360272

Age UK
(advice and support and hospital after care service)
Telephone 01709 786958

If it’s not an emergency, please consider using a Pharmacy or call NHS 111 before going to A&E.

For GP out of hours, contact your surgery

NHS 111 Service
Telephone 111

Health Info
Telephone 01709 427190

Stop Smoking Service
Telephone 01709 422444

A&E
Telephone 01709 424455

Useful websites
www.dementiaaction.org.uk
www.alzheimers.org.uk
www.therotherhamft.nhs.uk
www.nhs.uk
www.gov.uk
www.patient.co.uk

Easyread websites
www.easyhealth.org.uk
www.friendlyresources.org.uk
www.easy-read-online.co.uk

We value your comments
If you have any comments or concerns about the services we have provided please let us know, or alternatively you can contact the Patient Experience Team.

Patient Experience Team
The Oldfield Centre
The Rotherham NHS Foundation Trust
Rotherham Hospital
Moorgate Road
Rotherham
S60 2UD

Telephone: 01709 424461
Monday to Friday
9.00am until 4.00pm
Email: yourexperience@rothgen.nhs.uk
PINCH ME!

Remember the six common causes of Delirium

Pain
Infection
Constipation
Hydration
Medication
Environment

Your health, your life, your choice, our passion.