Delirium – Primary care factsheet

Why do GPs need to know about delirium?
- Delirium is common both in hospital and the community
- 10% of nursing home residents will have a delirium
- Delirium is preventable and treatable
- Delirium accelerates cognitive decline and progression of dementia
- Delirium is highly distressing and frightening to patients and carers

What is delirium?
Delirium represents acute brain failure. It is characterised by impairments in attention and sudden changes in cognition. Anyone can become delirious given a sufficiently severe medical insult. Frail older people and people with existing dementia are more vulnerable and therefore require a less severe medical cause to become delirious. In this group multiple causes for delirium are the norm. Absence or treatment of an infection does not rule out delirium. Delirium normally resolves quickly but in some cases can persist for weeks. Different delirium subtypes exist. The hyperactive form is more recognisable, with agitation, hallucinations and aggression frequently observed. Hypoactive delirium (characterised by drowsiness, lethargy and social withdrawal) tends to be missed but is associated with poorer outcomes. Patients may also display a mixed subtype.

How likely am I to encounter delirium?
Traditionally delirium is thought of as a hospital syndrome. It is the most common hospital complication and 1 in 5 inpatients will experience a delirium. However it is now clear that delirium is highly prevalent in the community. Rates of delirium in nursing homes have been reported at just over 10%. Patients may also be discharged from hospital with resolving delirium, which can take days to weeks to fully resolve. With the introduction of the NICE Quality Standards hospitals must now communicate hospital diagnosis of delirium to GPs.

What can I do for my delirious patient?
1. Look for and treat the causes – Pain, Infection, Nutrition, Constipation, dehydration, Medications, changes to familiar Environment (PINCH ME)
2. Address modifiable risk factors e.g. visual or hearing impairment
3. Reassure and reorient the person, speaking slowly in short sentences
4. Explain to the family or carer about delirium. Be aware they may have little prior knowledge of delirium
5. Assess whether a patient needs admission to hospital

How can delirium be prevented?
Delirium can be prevented in 30% cases. At risk patients should be easily identifiable (older age, existing cognitive impairment, recent discharge from hospital, previous delirium). Prevention strategies aim to identify and minimise risk factors. Tailored interventions to help prevent delirium should be implemented in high risk patients that might include the following preventative measures: good pain management, avoid and treat constipation, adequate hydration, carefully stop unnecessary deliriogenic medications (e.g. tricyclics, opioids, antihistamines, benzodiazepines, corticosteroids), maintain good nutritional status and mobilise patients.

Other sources of information
Nice Guideline 103 and Quality Standard 63
European Delirium Association  http://www.europeandeliriumassociation.com