

How long does delirium take to get better?

Once the cause of the delirium is found and treated, most people start to improve within a few days. For a small number of people, delirium may take weeks, or occasionally even months, to get better. People who also have dementia are more likely to take longer to get better.

Some people who have delirium might continue to have symptoms. This might be a sign of early dementia. If so, the person's GP will be asked to refer the patient to the memory clinic for a full assessment.

If a person has had one episode of delirium they are more likely to have another one in the future.

West Yorkshire and Harrogate
Health and Care Partnership



NHS
Yorkshire and the Humber
Clinical Networks

West Yorkshire and Harrogate
Health and Care Partnership



NHS
Yorkshire and the Humber
Clinical Networks

A unique health and social care partnership made up of the NHS, councils, Healthwatch, voluntary and community organisations, serving 2.6 million people.

Covering Bradford including Airedale, Wharfedale and Craven; Calderdale; Harrogate; Kirklees; Leeds and Wakefield.

✉ westyorkshire.stp@nhs.net

☎ 01924 317659

🌐 www.wyhpartnership.co.uk

🐦 @WYHpartnership

This leaflet has been produced to give you general information about delirium. If you have any other questions please do not hesitate to discuss this with a member of the healthcare team who has been caring for your friend or relative.

For more information about delirium:

National Institute for Health and Care Excellence (NICE) information for people with delirium, carers and those at risk of delirium.

www.nice.org.uk/guidance/CG103/InformationForPublic

Royal College of Psychiatrists information leaflet:

www.rcpsych.ac.uk/healthadvice/problemsdisorders/delirium.aspx

Original Authors: Dr A Clegg (Consultant Geriatrician), Dr A Illsley (Geriatric medicine registrar)

Adapted by: Yorkshire and the Humber Clinical Network Delirium Steering Group.



Prevent it, Suspect it, Stop it.

Information for patients, relatives, carers and staff

What is delirium?

Delirium is a condition where people have increased confusion, changes in thinking and a reduced attention span. Symptoms can develop quickly and often fluctuate during the day.

Delirium is also known as 'acute confusion'. It is treatable - but if it is undetected then it can be a life threatening condition.

How common is delirium?

It is quite common - it affects around 1 in 10 patients in hospital. It can affect anyone of any age. Delirium is more common for people in certain situations, for example, if they need intensive care, have a hip fracture, or have had surgery to their arteries or veins. It is also more likely to affect older people being treated for a medical condition.

Who gets delirium?

It can happen to anyone but there are some things that put a person at higher risk of it.

These include:

- Older age
- Hearing and sight loss
- A diagnosis of dementia
- Having a lot of other health problems
- Being in hospital with a broken hip or serious illness.

What are the symptoms of delirium?

People are affected in different ways but people with delirium can:

- Become restless, agitated or aggressive
- Be withdrawn, quiet or more sleepy
- Be less aware of what is going on around them or where they are
- Struggle to think clearly
- Find it hard to concentrate, for example keeping track of a conversation
- Hear or see things that aren't there
- Have vivid dreams

- Be more confused at certain times of day, especially evenings and night time
- Feel an urge to wander around
- Suddenly not be able to control their bladder or bowel movements.

If someone has dementia, the symptoms of delirium can sometimes be mistaken for the dementia getting worse, but it is important to recognise and treat delirium in its own right.

What causes delirium?

Delirium has many causes. Often more than one thing causes it to develop.

Some causes are:

- Infection (e.g. urine or chest infection)
- Dehydration or malnutrition - not eating or drinking enough
- Pain
- Medicines (e.g. codeine, morphine, diazepam)
- Constipation
- Being unable to pass urine
- Recently had surgery
- Being in an unfamiliar place
- Alcohol use or withdrawal.

How is delirium diagnosed?

We often screen patients over 65 years old for possible delirium by asking a relative or carer if the patient has become more confused more recently.

If delirium is suspected, tests will be carried out to look for possible causes. For example blood tests, urine tests, a heart tracing (ECG) and X-rays. If you notice symptoms of delirium please let a doctor or nurse know immediately. You may wish to show them this leaflet to help to explain your concerns.

Is a brain scan needed?

Brain scans don't usually help to find a cause for delirium so they are not generally needed. In some situations a brain scan may be helpful, for example, after a head injury.

How is delirium prevented and treated?

There is evidence that delirium can be prevented by targeting the potential causes. For example, avoiding unnecessary urinary catheterisation to reduce risk of infection, avoiding constipation and encouraging good food and fluid intake. Any drugs that may be contributing to delirium should be reviewed. Ward and bed moves should be avoided wherever possible

How can relatives and carers help someone with delirium?

- Keep calm and speak in short, easy to
- Understand sentences
- Remind them where they are and why they are there
- Reassure, don't argue or disagree
- Remind them of the date and time and make sure they can see a clock and calendar if possible
- Make sure they have their usual glasses and hearing aids and use them
- Encourage them to eat and drink - bring them food /drinks they like if this helps
- Ensure they have some familiar photos or objects around them
- Limit the number of visitors and reduce noise as much as possible -stimulating the person too much can make things worse.



If someone has delirium and is behaving aggressively, what will help?

We aim to treat the symptoms that cause delirium because these can contribute to aggressive behaviour. It can help if relatives and carers can come and sit with the patient to help calm them down.

You might be encouraged to do this. If the person is very aggressive and may be a risk to themselves or others then they might be prescribed some medicine for a short time to help calm them down. This type of medicine is called a sedative. This is a last resort and will only be used:

- So that essential tests can be done
- To give essential treatments
- To protect the patient or others from harm.

If this type of medicine is needed the lowest possible dose will be given for the shortest possible time.