Delirium in Primary Care
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 is acute brain failure
- Causes impairments in attention and sudden changes in cognition
- More common in frail elderly and those with dementia
- Normally resolves quickly but can persist for weeks
- Two forms
  1. The hyperactive form is more recognisable, with agitation, hallucinations & aggression frequently observed.
  2. Hypoactive delirium (characterised by drowsiness, lethargy & social withdrawal) tends to be missed but is associated with poorer outcomes
How may it present?

• Cognitive function: for example, worsened concentration*, slow responses*, confusion.
• Perception: for example, visual or auditory hallucinations.
• Physical function: for example, reduced mobility*, reduced movement*, restlessness, agitation, changes in appetite*, sleep disturbance.
• Social behaviour: for example, lack of cooperation with reasonable requests, withdrawal*, or alterations in communication, mood and/or attitude.
• Be particularly vigilant for behaviour indicating hypoactive delirium*(marked*)
How to test for it?

• **Single Question in Delirium (SQiD)**

• For Relatives and Carers

• 'Do you think [name of patient] has been more confused lately?'
What can be causing or aggravating it?

• Infection
• Medication
• Drugs and Alcohol
• Constipation/Pain
• Changes in Environment
• Dehydration/AKI
• Nutrition
• Think about PMHx/recent illness/recent admissions
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
• 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.
What can I do for my delirious patient?

• Look and treat the causes
• Address modifiable risks factors - vision/hearing
• Reassure and reorient the person
• Explain to the family or carer about delirium
• Consider admission if you are unsure of the cause or very unwell.
After the event.

• Dementia is a common accompaniment to delirium. People with dementia are 30 times more likely to become delirious than those without dementia.

• Successive episodes of delirium characteristically lead to deterioration in cognition. Family members often say that people recover but never quite back to how they were before.

• So

• THINK prevention and CONSIDER assessing for dementia in 3-6 months time