Delirium

Information for relatives, carers and patients

This leaflet gives information about what delirium is, how you can help prevent it, and what to do if someone is delirious. If you have any further questions, please speak to a doctor or nurse caring for you, or your relative.

What is delirium?

Delirium is a common condition that usually affects people’s brains for a short period of time. People can develop delirium at home or in hospital. Up to a third of people admitted to hospital become delirious at some time during their stay.

Delirium can cause a number of problems. Confusion is common, and people who are delirious often find it difficult to concentrate. They may be particularly drowsy, or alert and agitated. There may be a complete change in personality, or unusual behaviour. Sometimes people may not even recognise their closest family. They may become paranoid, developing a fear or distrust of others, and they may have hallucinations (seeing or hearing things that are not there). Depending on how bad the delirium is, a person may need to go into hospital for treatment and management. For others, delirium can be treated at home.

Usually, delirium gets better. In 6 out of 10 (60%) people, the symptoms disappear within six days. Others may continue to experience some symptoms for longer. About 1 in 20 (5%) people may still suffer from delirium more than a month after they first had symptoms. It is always a serious condition, and while many people make a complete recovery, some people never get completely back to how they were. This may be the case if you have dementia, have had delirium before, or if you live in a care home (as it is likely that you have pre-existing physical health problems).

Delirium can have different causes, which means medical tests may be needed to help decide what treatment may be needed. As you get older, you are more likely to suffer from delirium. People who are over 80 years old, and have been diagnosed as having some form of dementia, are particularly at risk. However, delirium can occur in younger patients as well, especially in critical illness or after surgery.

Delirium is a condition that can be frightening for those suffering from it, their carers and family. Not everyone remembers delirium, but those that do may find the memories distressing.

Relatives and carers have an important role to play. They can help prevent delirium when people are admitted to hospital, and also help to manage it if it occurs.
How do I know if someone is delirious?

There are a number of symptoms that can help a relative or carer recognise delirium. These include:

- **A sudden change.** Some people may have a sudden change or worsening of mental state and behaviour over a short period.
- **Disorientation.** Some people will sometimes not know where they are, or what time of day it is.
- **Unusual thoughts.** Some people may become paranoid and distrustful of the people around them. These thoughts can sometimes become quite distressing.
- **Poor concentration.** Some people may find it difficult to follow what is being said to them.
- **Memory loss.** Memory loss, particularly short-term memory. People with delirium may not remember what has happened or where they are.
- **Sleepiness.** Some people will become very drowsy or sleepy.
- **Agitation or restlessness.** Some people may shout or become aggressive. They may get out of bed unexpectedly, increasing the risk of falling.
- **Hallucinations.** Some people may experience seeing and hearing things that are not there.
- **Changeability.** Delirium can change within the space of a day. People may be delirious, then appear normal, then be delirious again. Often symptoms are worse at night.
- **Physical changes.** This may be changes in appetite, mobility or swallowing.
- **Falls.** People may become more unsteady and be more likely to fall.

If you see any of these symptoms, please tell a doctor or a nurse. Often relatives and carers are the first to notice smaller changes.
How can I prevent delirium?

Some people are more at risk from delirium than others. You may have been given this leaflet because there is a risk that you or your relative will become delirious at home, or during a hospital admission. Although delirium cannot always be prevented, there are things that can be done to help reduce the risk.

If you smoke, talk to a doctor or nurse about nicotine patches while you’re in hospital as nicotine withdrawal can contribute to delirium.

If you drink several alcoholic drinks most days, discuss this with a doctor or nurse as alcohol withdrawal can cause delirium.

If you need glasses or hearing aids please make sure you have them with you. People with hearing and vision problems are more at risk of delirium.

Good sleep helps to protect against delirium. Sleep can be difficult in hospital, but an eye-mask or ear plugs might help. If you don’t have any, ask a nurse. Try to avoid caffeinated drinks in the evening.

Try to stay mobile. This is especially important after surgery. You may be able to walk about or do mobility exercises in a bed or chair. Discuss your mobility with your nurse or a physiotherapist.

Drinking and eating enough is important to prevent delirium. If you need dentures, please make sure you have them. Discuss your fluid intake with a doctor or nurse if you have heart or kidney failure.

Try to avoid constipation by eating plenty of fruit and vegetables and staying as mobile as you can. You can ask for laxatives.

Discuss your medication regime with your doctor. Lots of drugs such as strong painkillers, sedatives and bladder medications, can contribute to delirium as a side effect, so changes may be necessary.

Anything interesting or enjoyable stimulates the brain and can help prevent delirium. Consider what you may enjoy, such as reading or puzzles. Visits from family and friends may also help.
What can I do when someone is delirious?

It can be very distressing to see someone you know with delirium. There are things that can be done by the doctors and nurses, as well as friends and family, that can help people when they are delirious.

The first thing to do is to tell the nurse or a doctor looking after the person. This would be the GP if you are at home. They may not know that anything is wrong, and friends and family may be the first to notice smaller changes. The doctors and nurses will test for and manage any causes of delirium that can be treated, such as infections, abnormal blood results, constipation or the inability to pass urine, dehydration or the side effects caused by different medications.

Sometimes it might be necessary to give calming or sedating drugs. These are used if the person remains very distressed or unsafe after other techniques to help calm them have been tried.

If your loved one is in hospital or a care home, visiting often (if you can), can be helpful. Talk to the nurses about coming outside of visiting hours. Seeing a familiar person can be very reassuring and help in the treatment of the delirium.

If the person needs their glasses, hearing aids or dentures please make sure they have them. Also, consider bringing in any familiar items such as photos of loved ones or other comforting objects.

Stimulating activities can help fight delirium. Reminiscing about the past can be beneficial, as can radio or television. If they are well enough, a short, supervised trip out of the ward might help. Discuss this with the nurses.

Eating and drinking well is important in delirium recovery. We will try to make sure mealtimes are supervised if necessary, but if there are any favourite or comforting foods, please bring them in.

If the person is a heavy smoker or drinker, or regularly uses sleeping pills or sedatives, please let staff know. Sometimes withdrawal from these drugs can worsen delirium and specific treatments may be needed.

Please feel part of the team. Your contribution to the delirium care is very important. As you know the person best, your insights into who they are and what might work might be very helpful to all the staff.

Be aware that someone with delirium is at risk of falling. Try to make sure that hazards are removed, that they have a clear pathway to the bathroom, glasses are nearby, and usual walking aids (sticks, Zimmer frames, trolleys) are within reach.

We would be grateful if you could fill in the “Getting to know you” section (Part E) and give it to a member of staff to allow us to deliver care that is as personalised as possible.
Leaving hospital after delirium

Some people with delirium can be treated at home. Others with delirium may need to come into hospital either to manage the delirium, or the underlying cause for delirium. They may also be in hospital for another reason and develop delirium during their stay.

Delirium is distressing for everyone but usually, once the underlying causes have been managed, and with time, the distressing symptoms improve. As delirium improves, you may see confusion that appears to come and go. This is normal while delirium is resolving. Some people get completely back to normal, but others continue to live with some confusion and are less able than usual to carry out their daily tasks.

Some people will have unpleasant memories of their experiences. These will usually get better with time, and being at home might help to make the recovery quicker. In some people, these distressing memories never completely go away.

When a person is discharged from hospital after experiencing delirium, they may need more support than they normally do. They may be at higher risk of falls, and may need some changes in the home to make sure that their environment is safe. There are many ways the hospital can support patients going home from hospital after experiencing delirium. If you think extra support may be needed, speak to the doctors and nurses on the ward before you, or your loved one, go home.

We will try to make sure that people get the right level of support when they leave hospital including rehabilitation to improve, restore and maintain their everyday skills and mobility. If you are concerned after going home, please speak to staff at your outpatient appointment or discuss this with your GP.

Useful sources of information

Alzheimer's Society provides advice and support on all forms of dementia.

\textbf{t:} 0300 222 1122  \hspace{1em} \textbf{w:} www.alzheimers.org.uk

Carers UK provides information and support for carers.

\textbf{t:} 020 7378 4999  \hspace{1em} \textbf{w:} www.carersuk.org

Age UK provides advice, information and support for older people.

\textbf{t:} 0800 6781602  \hspace{1em} \textbf{w:} www.ageuk.org.uk

Contact us

If you have any questions or concerns about delirium, please speak to a nurse or doctor. If the patient is not in hospital, you should speak to their GP or community nurses.

You can also contact the delirium and dementia team from Monday to Friday, 9am-5pm. Call the hospital switchboard, \textbf{t:} 020 7188 7188, extension 53293.

Out of hours, please call \textbf{t:} 020 7188 7188 and ask for the site nurse practitioner on duty.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit, \textbf{w:} www.guysandstthomas.nhs.uk/leaflets
Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.
t: 020 7188 8748, Monday to Friday, 9am-5pm

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.
t: 020 7188 8801 (PALS)  e: pals@gstt.nhs.uk
t: 020 7188 3514 (complaints)  e: complaints2@gstt.nhs.uk

Language and accessible support services
If you need an interpreter or information about your care in a different language or format, please get in touch.
t: 020 7188 8815  e: languagesupport@gstt.nhs.uk

NHS 111
This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.
t: 111  w: www.111.nhs.uk

NHS website
This website gives information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing.
w: www.nhs.uk

Get involved and have your say: become a member of the Trust
Members of Guy’s and St Thomas’ NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, please get in touch.
t: 0800 731 0319  e: members@gstt.nhs.uk  w: www.guysandstthomas.nhs.uk/membership

Was this leaflet useful?
We want to make sure the information you receive is helpful to you. If you have any comments about this leaflet, we would be happy to hear from you, fill in our simple online form, w: www.guysandstthomas.nhs.uk/leaflets, or e: patientinformationteam@gstt.nhs.uk
Getting to know you

This form is designed to help support people with delirium, which is a change in mental state over days or weeks.

When people have delirium, they may think or act differently from normal. This form helps us get a better picture of the person when they are their normal selves. It should be completed by the people who know the person best, ideally with their help. We will file the document in the notes and use it to help personalise our delirium care.

This form is similar to ‘This is me’ form which is used in our hospitals to help people with dementia. Although this form might be used with someone with delirium and dementia, it is also used with people who have delirium but don’t have dementia.

### Name

<table>
<thead>
<tr>
<th>My full name</th>
<th>Name I like to be called</th>
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<tbody>
<tr>
<td>Person who knows me best</td>
<td>Relationship</td>
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### Background

<table>
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<th>Where I live (area, not the address)</th>
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<td>My family and home, my job or previous jobs</td>
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<td>Hobbies and interests, what I enjoy talking about</td>
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### Routines

<table>
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<th>Routines that are important to me</th>
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<td>My sleep routines</td>
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<td>My eating and drinking likes/dislikes and needs</td>
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# Hearing, communication and vision

My hearing (including any need of aids), my vision (including any need of glasses), and how we can communicate

# My usual self

My personality

My memory

What is different at the moment (what problems might the delirium be causing)?

Things that may worry or upset me (such as being apart from loved ones, physical health problems, loud noises).

Things that might reassure me if worried or anxious (such as comforting words, familiar faces, reassuring activities).

# Other notes about me


# Person completing the form

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<th>Relationship</th>
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