

Delirium

This fact sheet provides information for people at risk of, or recovering from, delirium – as well as their families and carers.

What is delirium?

Delirium is a common medical problem that is characterised by changes in mental function.

Delirium and its symptoms develop over a short period of time, within hours or days. It usually lasts for a few days but may persist for longer periods.

Delirium occurs more often among older people, but it can occur at any age. It can be a serious condition.

In many cases delirium can be prevented. Treatment of delirium relies on finding and treating the underlying causes.

Who is at risk?

People who:

- have cognitive impairment (past or present), including dementia, intellectual disability or brain injury
- have had delirium before
- are aged 65 years or older, or 45 years or older for Aboriginal and Torres Strait Islander people
- have a severe medical illness or a current hip fracture

How common is delirium?

About one in five older people admitted to hospital, and about half of the residents in residential aged care homes, experience delirium at some stage of their care. Delirium can occur at home too.

What are the symptoms?

Symptoms involve changes to a person's physical and mental state. Someone with delirium may:

- appear confused and forgetful
- be unsure of the time of day or location
- be unable to pay attention
- act differently from their usual self
- have changes in their function i.e. mobility, self-care
- be very agitated, sleepy, quiet and/or withdrawn
- have changes to sleeping habits, such as staying awake at night and being drowsy during the daytime
- feel fearful, upset, irritable, angry or sad
- see things that are not there, but feel real
- lose control of their bladder or bowels.

What causes delirium?

Delirium is often associated with an underlying physical illness or infection. It is not always possible to identify the cause. Common causes of delirium in older people include:

- difficulty going to the toilet (constipation or not being able to empty bladder, urinary tract infection)
- dehydration or malnutrition
- severe pain
- medications, including 'over-the-counter' medicines
- heavy alcohol consumption
- withdrawal from alcohol, cigarettes or medication, particularly sleeping pills
- changes in a person's environment, such as being hospitalised.

How does delirium start?

The symptoms of delirium happen very quickly, usually over hours or days. A person's behaviour can also fluctuate during the course of a single day.

Delirium is sometimes mistaken for dementia or depression, so family and friends must notify medical staff of any sudden change in a person's mental state.

How long does delirium last?

Delirium usually lasts for a few days, but sometimes it will continue for weeks or even months.

If delirium is not resolved quickly, it can lengthen the person's time in hospital and lead to serious complications, such as falls, pressure injuries as per ACSQHC, and even death.

Will it happen again?

People who have experienced delirium have a higher risk of experiencing delirium again.

The role of family and carers

It is reassuring for someone with delirium to see familiar people. Family and carers are encouraged to stay with their loved one.

Family members and carers can also provide valuable information to the staff caring for the person with delirium. Notify staff of any sudden change in a person's mental or physical condition.

Carer support is available. Please let the nursing staff know if you or other family members need some support.

How to support your loved one

- If the person usually wears glasses or hearing aids, help to put them on and ensure they are working. Visual or hearing impairment can make confusion worse.
- Speak slowly in a clear voice. Identify both yourself and the person by name.
- Avoid getting into an argument.
- Encourage and assist the person to have adequate food and fluids.
- Remind the person of the location, date and time. Open the curtains in their room during the day. Knowing the time of day can reduce confusion.

- Bring items that help remind the person of home, such as photos, a dressing gown, a radio or player with favourite music.
- Let the healthcare team know of any personal information that may help calm and orient the person, such as the names of family and friends, hobbies, significant events, likes and dislikes and usual routines.

How is delirium treated?

A thorough medical assessment to look for and treat the underlying cause of the delirium will be done. If a physical problem is identified, appropriate treatment will be given (for instance, antibiotics to treat a urinary tract infection).

Treatment is sometimes aimed at lessening symptoms and reducing the risk of complications.

Before leaving hospital

Your healthcare team will talk with you and your family or carer about your episode of delirium and the ongoing care you will need. Your General Practitioner should also receive this information.

Contacts

Australian Government Carer Gateway

1800 422 737
carersaustralia.com.au

My Aged Care

1800 200 422
myagedcare.gov.au

National Dementia Helpline

1800 100 500

Dementia Australia

dementia.org.au

Australian Commission on Safety and Quality in Health Care

safetyandquality.gov.au/standards/clinical-care-standards/delirium-clinical-care-standard