

## How to contact us:

### What to expect

Many people make a full recovery. However the timeframe for recovery can vary. Some people may recover within a week, but for some people, delirium can persist beyond 1 month. A small number of people can have permanent memory problems afterwards. If someone has had a delirium previously they may be at a greater risk of developing a further episode of delirium.

There are many more issues that can cause an episode of acute confusion, so be aware of any changes to your social or medical circumstances. If a person experiences a sudden onset of acute confusion, consult their GP.



### Community Mental Health Team for Older People Tel: (028) 9504 0346

operates from Monday to Friday  
9am to 5pm

We also offer an extended telephone advice and support service for people living with DEMENTIA and their carers operating:  
Monday to Friday until 8pm  
Saturday to Sunday 10am to 2pm

If you need to speak to someone outside these hours please contact:  
Regional Emergency Social Work Service  
(028) 9504 9999

[www.belfasttrust.hscni.net/services/CommunityMentalHealthTeams](http://www.belfasttrust.hscni.net/services/CommunityMentalHealthTeams)

 Belfast Health and Social Care Trust

Delirium



## Delirium what is it?

Some older people when they become unwell can become muddled and disorientated; this is called **Acute Confusion** also known as **Delirium**.

This information sheet is to help you be aware of this condition should it happen and what you can do to prevent it.

Delirium is common, with approximately 20% of hospitalised adults developing delirium. Rates are higher in older patients, with some studies suggesting that up to 40% of older people may be affected whilst in hospital.

## Symptoms you might see

- **Sudden** onset of confusion, or increased level of confusion, not being able to think clearly
- **Sudden** onset of behaviour different to normal – you may become agitated or distressed
- Marked **disorientation**, such as not knowing where you are, difficulty understanding what is happening around you.
- **Hallucinations**, may see or hear things that are not actually there
- **Strange ideas** and/or **paranoia**
- You may appear **less alert** and may seem **drowsy/sleepy**
- It is usual that a person's behaviour and symptoms can vary, and are often more apparent at night.

## How we diagnose delirium

As well as medical investigations, we also often require information from family/ friends/ carers about the person's memory and any previous episodes of confusion.

## Who is at risk?

People who

- Have dementia
- Are of advanced age, older than 65 years
- Have had recent major surgery, strokes, heart attacks
- Are on a lot of medication
- Have an infection, chest/ urine
- Have poor health at baseline
- Have visual or hearing impairment
- Have an ongoing psychiatric illness
- Have mobility problems
- Have a chronic illness (e.g. kidney failure, diabetes)

## How family/friends can help

- Visit regularly
- Please notify staff/health professional if you are aware of any behavioural change in your friend/relative
- Ensure the person has their glasses/ hearing aid.
- Remain calm and provide reassurance
- Encourage the person to eat and drink (if possible)

## To prevent delirium

- Try to ensure the person has adequate nutrition/hydration/sleep
- Minimise activity and movements
- Encourage mobility

## If delirium occurs try to;

- Have it identified early
- Provide a calm environment
- Orientate the person, communicate and reassure them
- Ensure the infection is identified and treated
- Have medication reviewed
- Promote the person's comfort and ensure pain is treated
- Encourage nutrition/ hydration
- Seek advice from the person's GP

If the person is admitted to hospital in addition to the above try to ensure

- all catheters/IV lines (if not necessary) are removed
- Minimise ward moves