



Delirium

Information for inpatients and their family, friends and carers

Delirium is a common medical problem that is characterised by changes in mental function. It occurs more often in older people. People with delirium are confused and may be either agitated or quiet and drowsy. Its onset occurs quickly, between hours and days. It usually lasts for a few days but can persist for longer. It can be a serious condition.

What are the symptoms of delirium?

People with delirium may:

- Appear confused, forgetful and unable to pay attention
- Be different from their normal selves
- Feel fearful, upset, irritable, angry or sad
- Misunderstand what is seen or heard
- Be suspicious of others
- Be withdrawn or sleepy
- Be physically or verbally aggressive
- Be unaware of the time of day or where they are
- Experience changes to sleeping habits—staying awake at night and being drowsy during the day
- Have hallucinations (see things that are not there but are very real to the person).

A person with delirium may or may not have all these symptoms. All these symptoms tend to come and go, or fluctuate in severity.

Who is at risk of getting delirium?

People who:

- Are sick
- Have dementia
- Are 70 years of age and older
- Are taking multiple medications
- Have depression
- Have poor eyesight
- Are having a surgical procedure.

How common is delirium?

About 20 percent of older people admitted to hospital will experience delirium at some stage of their care.

How does delirium start?

The symptoms occur quickly, usually over hours or days. A person's behaviour can also fluctuate.

Delirium is not the same as dementia. Delirium can be mistaken for dementia or depression. It is important that family/friends notify medical/nursing staff of any sudden change in a person's mental state.

Delirium is not the same as mental illness, for example schizophrenia, although the symptoms may be similar.

How long does delirium last?

Delirium usually only lasts a few days but sometimes it can continue for weeks or months.

Some people may not respond to treatment for many weeks, others do not fully return to their normal selves and may require extra help at home or perhaps relocate to residential care. You may observe ongoing problems with the person's memory and thinking. Each person is different.

Please talk with the nursing or medical staff about any concerns.

Will delirium reoccur?

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

How is delirium treated?

Delirium is generally associated with an underlying physical illness. However it is not always possible to identify the cause.

The doctor and the multidisciplinary team will try to identify what is causing the delirium or making it worse and treat it.

The treatment also includes lessening the symptoms the person is experiencing and reducing the risk of complications.

How can you help care for someone with delirium?

It is reassuring for people with delirium to see familiar faces. Visit as often as you can. Discuss with your nurse if you would like to be involved in their care. Encourage other family members and friends to visit as well.

- Speak slowly in a clear voice when talking to someone who has delirium.
- Use simple sentences about familiar, non-threatening topics. Do not argue or try to convince the person that he/she is wrong.
- Visual or hearing impairment can make confusion worse. If the person wears glasses or hearing aids, help them to put them on.
- Knowing the time of day can reduce confusion. Remind the person where they are and what day and time it is.
- Talk with the nursing staff about encouraging and assisting with adequate food and fluids.

- If someone with delirium is agitated or aggressive do not try to restrain them.
- Discuss with the ward staff about walking with the person, making sure that they are safe from falling.
- Bring personal items that help remind the person of home, such as photos, their favourite dressing gown, radio or music player with favourite music.
- Let the staff know any special personal information that may help calm and orientate someone with delirium, such as the names of family and friends, hobbies significant events, likes and dislikes.

If you have any concerns or questions about delirium ask your hospital staff or talk to your local doctor.

Cognitive Impairment Identifier



You may see this above your family member's bed. This is to improve the care of people with memory and thinking problems such as delirium.

Contacts

Carers WA

Phone 1300 227 377

My Aged Care Information Line

Phone 1800 200 422

National Dementia Helpline

Phone 1800 100 500

Alzheimer's WA

Phone 1300 667 788



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