

# Delirium

Information for patients



## **ABOUT THIS LEAFLET**

You may find this leaflet helpful if:

- ❖ You have experienced delirium.

## **WHAT IS DELIRIUM?**

- ❖ Delirium is a change in your mental state or consciousness, which is often shown as confusion, difficulties with understanding and memory, or personality changes.
- ❖ There are different kinds of delirium – some people may be agitated and restless or have delusions and hallucinations, others may become unusually sleepy.
- ❖ Delirium is a common and serious illness in people in hospital or long-term care.

**If you are affected by delirium you may experience some or all of these symptoms:**

- ❖ Be less aware of what is going on around you
- ❖ Be unsure about where you are or what you are doing there
- ❖ Be unable to follow a conversation or to speak clearly
- ❖ Have vivid dreams, which are often frightening and may carry on when you wake up.
- ❖ Hear noises or voices when there is nothing or no one to cause them.
- ❖ See people or things which aren't there.
- ❖ Worry that other people are trying to harm you
- ❖ Be very agitated or restless, unable to sit still and wandering about
- ❖ Be very slow or sleepy
- ❖ Sleep during the day but wake up at night
- ❖ Have moods that change quickly  
You can be frightened, anxious, depressed or irritable
- ❖ Be more confused at some times than at others – often in the evening or at night.

## **HOW COMMON IS IT AND WHO IS AT RISK OF DEVELOPING DELIRIUM?**

- ❖ About 1 in 10 of all hospital patients have a period of delirium.
- ❖ Delirium is much more common in people who:
  - ◆ Are older
  - ◆ Have memory problems, poor hearing or eyesight.
  - ◆ Have recently had surgery
  - ◆ Have an illness of the brain, such as an infection, a stroke or a head injury.

## **WHY DOES IT HAPPEN?**

The most common causes of delirium are:

- ❖ A urine or chest infection
- ❖ Having a high body temperature
- ❖ Side-effects of drugs like pain killers and steroids
- ❖ Chemical problems in the body, such as dehydration or low salt levels
- ❖ Liver or kidney problems
- ❖ Suddenly stopping recreational drugs or alcohol
- ❖ Major surgery
- ❖ Epilepsy
- ❖ Brain injury or infection
- ❖ Constipation
- ❖ Being in an unfamiliar place.

There is often more than one cause – and sometimes the cause is not found.

## HOW IS DELIRIUM TREATED?

- ❖ The hospital staff will assess you and treat the underlying cause.
- ❖ Nursing staff will make sure you are comfortable and use special techniques to minimize your confusion, disorientation and agitation.

### **CAN SEDATIVE MEDICATION (*tranquillisers*) HELP?**

Sedatives can make delirium worse, so should only be used in a few situations:

- ❖ To calm someone enough to have investigations or treatment
- ❖ To stop someone endangering themselves or other people
- ❖ When someone is very agitated or anxious
- ❖ When someone is seeing or hearing things that are not there
- ❖ When someone who drinks a lot of alcohol stops suddenly.

Any sedative medication should be given in the lowest possible dose for the shortest possible time.

## HOW LONG DOES IT TAKE TO GET BETTER?

- ❖ Recovery times vary for each person from several days to weeks and sometimes longer.
- ❖ This recovery often lags behind the recovery from the underlying illness.
- ❖ People with dementia sometimes take a longer time to recover from delirium.
- ❖ Unfortunately some people can be left with memory problems that were not present before the delirium started.

### HOW DO YOU FEEL AFTERWARDS?

- ❖ You may not remember what has happened, particularly if you had memory problems beforehand. However, you may be left with unpleasant and frightening memories – and even worry that you are going mad.
- ❖ It can be helpful to sit down with someone who can explain what happened. This might be a family member, a carer or your doctor.
- ❖ Most people feel relieved when they understand what happened and why.

## WILL IT HAPPEN AGAIN?

Delirium is more likely to happen again with other illnesses. If you have concerns that it is happening again seek help from the medical and nursing staff or your GP practice (if discharged from hospital).

**FOR MORE INFORMATION AND SUPPORT  
PLEASE CONTACT:**

❖ Ward medical and nursing staff.

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