The ROYAL MARSDEN
NHS Foundation Trust

# Delirium

**Patient Information**



NHS

## What is delirium?

Delirium is a state of mental confusion that starts suddenly and is caused by a physical condition of some sort. You don't know where you are, what time it is, or what's happening to you. It is also called an 'acute confusional state'.

Medical problems, surgery and medications can all cause delirium. It often starts suddenly and usually lifts when the condition causing it gets better. It can be frightening – not only for the person who is unwell, but also for those around them. It is usually worse at night.

## What is it like to have delirium?

You may:

- not notice 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
- be very agitated or restless, unable to sit still and wander around
- be very slow or sleepy
- sleep during the day, but wake up at night
- have moods that change quickly – you can feel frightened, anxious, depressed or irritable
- have vivid dreams – these can be frightening and may carry on when you wake up
- worry that other people are trying to harm you
- hear noises or voices when there is nothing or no one to cause them
- see people or things that aren't there.

## What causes delirium?

It is commonly caused by:

- a urine or chest infection
- a high temperature
- side effects of medicine, such as painkillers and steroids
- dehydration, low salt levels, low haemoglobin (anaemia)
- liver or kidney problems
- suddenly stopping drugs or alcohol
- major surgery
- epilepsy
- brain injury or infection
- terminal illness
- constipation
- being in an unfamiliar place.

There is often more than one cause – but sometimes the cause is never found. You are more likely to have an episode of delirium if you are older or have problems with your sight or hearing.

## How common is delirium?

About 2 in every 10 hospital patients (20%) have a period of delirium. It is even more likely if someone is being looked after on an Intensive Care Unit. Delirium is more common if you are:

- older
- have memory problems
- have poor hearing or eyesight
- have recently had surgery
- have a terminal illness
- have an illness of the brain, such as an infection, a stroke or a head injury
- have previously had delirium.

## How is delirium treated?

If someone becomes confused, they need to see a doctor urgently. They will often be too confused to describe what has happened to them, so it's important that the doctor can talk to someone who knows the person well and, hopefully, knows what has been happening recently.

Once a physical cause has been identified, it needs to be treated. For example, a chest infection will be treated with antibiotics.

Even when someone is confused, there are simple steps that can be taken to help them feel safer and less agitated. These include:

- explaining to the person what has happened, and why they feel confused
- reassuring them that they are safe
- helping them to know what time it is and where they are - a large clock and a written message about where they are can be helpful
- having familiar items from home around the bedside
- having friends and family visit
- making sure that someone has their glasses and hearing aids – and that they are working.

## Can sedative medication (tranquillisers) help?

Some people become so distressed that medication may be needed to calm them down. Sedative medications may do this, but they may also make the delirium worse. So, sedatives should only be prescribed if a confused person:

- becomes a danger to themselves or other people
- is very agitated or anxious
- believes others are trying to harm them
- is seeing or hearing things that are not there – low doses of anti-psychotic medication can help

- needs calming down so that they can have important investigations or treatment
- is someone who usually drinks a lot of alcohol and has stopped suddenly – to stop them having fits, they will need a regular dose of a sedative medication (a benzodiazepine), reduced over several days under close medical and nursing supervision.

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

## How can I help someone with delirium?

You can help them to feel calmer, and more in control, if you:

- stay calm
- talk to them in short, simple sentences and check that they have understood you
- repeat things if necessary
- remind them of what is happening and how they are doing
- remind them of the time and date – make sure they can see a clock or a calendar
- listen to them and reassure them
- make sure they have their glasses and hearing aids
- help them to eat and drink
- try to make sure that someone they know well is with them – this is often most important during the evening, when confusion often gets worse
- if they are in hospital, bring in some familiar objects from home
- have a light on at night so that they can see where they are if they wake up.

## How long does it take to get better?

Delirium usually gets better when the cause is treated. You may get better quickly, but sometimes it can take several days, or weeks, and leave vivid memories.

## How do you feel afterwards?

Delirium can be distressing for you but may also have been for those around you, particularly if they did not understand what was happening.

You may recall it almost as if it was a dream. You may remember the emotions you felt at the time, and this can be quite traumatic, unpleasant, and frightening.

Other people can remember very little of the time they were unwell, especially if they already have a memory problem.

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. They can go through a diary of what happened each day.

Most people feel relieved when they understand what happened and why.

## Will it happen again?

If you have an episode of delirium, you are more likely to have another if you become medically unwell again.

It is important that your medical team is aware of any previous delirium so they can try and prevent it by treating medical problems early. It is also helpful to have those close to you aware of the signs and symptoms so they can contact your doctor urgently if they feel you are becoming confused again. A person with delirium may be too confused to describe what is happening to them, so it's important that the doctor can talk to someone else who knows the patient well.

## Can delirium be prevented?

About 1 in 3 cases of delirium can be prevented. The earlier it is detected, the better the outcome. Recent campaigns in hospitals have raised awareness of delirium to make sure that it is noticed as quickly as possible.

## Learn more about delirium

The video in the link below gives a good description of delirium experience and treatment:
*www.youtube.com/watch?v=BPfZgBmcQB8*

(Courtesy of Dr Mani Krishnan and Dr Sophia Bennett with support from Teesside local councils and Clinical Commissioning Group)

## Contact details

If you have any concerns or queries, please contact us via the Hotline below.

**The Royal Marsden Hotline: 020 8915 6899**
(available 24 hours a day, 7 days a week)

Based on original material courtesy of the
Royal College of Psychiatrists.

## Notes and questions

## References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre
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No conflicts of interest were declared in the production of this booklet.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

The ROYAL MARSDEN Cancer Charity

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