Delirium
(acute confusion)
What is delirium?

Delirium (sometimes called acute confusional state) is a serious disturbance in the ability to think clearly and pay attention.

It may cause dramatic changes in personality and behaviour.

Delirium is a warning signal of something happening that needs urgent medical diagnosis and treatment.

Delirium may occur in up to one-third of older people and may be completely reversible.

Adapted with permission from Seniors Services, University of Alberta Hospital, 2006.
What is the difference between delirium and dementia?

**Delirium:**
The alternate term for delirium is an acute confusional state.
‘Acute’ means that a condition is sudden, often developing quickly over a period of several hours or several days.
Delirium is often temporary. It usually lasts from a few days to several weeks.

**Dementia:**
In contrast, dementia (Alzheimer’s disease and other causes of dementia) usually develops slowly over a period of months or years.
Dementia affects memory and other aspects of brain function and behaviour.

A person who has a dementia is more likely to develop a delirium when they are ill or exposed to new medications. In this case, the sudden changes can be reversible.

**What are the common symptoms of delirium?**
- Sudden onset of confusion and fluctuating behaviours.
- Inattention (unable to focus on discussion).
- Disorganized thinking (not understandable or rambling speech).
- Change in level of consciousness (agitated, anxious, drowsy, difficult to rouse, withdrawn).
Delirium can be very frustrating and frightening. Older people with delirium may know that their thinking has become confused, but are unable to control it. They may know what they want to say, but are unable to find the words. As a result, the individual with delirium may:

- become anxious and restless.
- be hostile toward caregivers.
- be unable to understand that others are trying to help them.
- believe others are trying to harm them.
- become angry or aggressive.
- withdraw completely.
- show sudden mood changes.

Persons with delirium may hear voices or see people or objects that do not exist, except in their imagination. These experiences are called hallucinations.

Persons with delirium may have irrational ideas. For example, a confused person might believe that someone is trying to poison him/her. This is called a delusion.
What are the causes of delirium in older people?

Acute confusion is usually the result of a number of causes.

**Medications**

- Older people are more sensitive than younger people to the effect of both prescribed and ‘over-the-counter medications’.
- Older people often take a number of medications for different illnesses.
- Some commonly used drugs that can contribute to confusion are: sleeping pills, pain medications, antidepressants and tranquilizers, and drugs used to treat abdominal symptoms, epilepsy and Parkinson’s disease.
- The more drugs an older person takes, the greater the risk of developing acute confusion.
- Over-the-counter (OTC) medications and herbal preparations contain powerful chemicals that when used alone or in a combination with other medications may cause or contribute to acute confusion.

**Surgery**

- Older people are more affected by the stresses of surgery than younger people. Acute confusion may develop immediately after an operation or it may even occur a few days after.
Diseases
There may be more than one physical illness contributing to confusion.
Some diseases can disrupt the body’s chemical balance and interfere with the way the brain works and can lead to confusion. The type of diseases this may include are:
- uncontrolled diabetes;
- heart disease;
- lung disease;
- liver and/or kidney disease.

Infections
Delirium is often the first sign of an infection that is present in the body. Bladder infections, pneumonia and flu are common causes of acute confusion.

Alcohol
Even small amounts of alcohol can cause confusion in an older person. The risk is greater if the person uses sleeping pills or tranquilizers at the same time as alcohol.
- Some older people may have developed physical changes in their brains and bodies as a result of years of regular drinking. These changes make them very susceptible to the effects of alcohol.
- A regular drinker who suddenly stops drinking may have withdrawal symptoms including delirium immediately or after a few days.
Heavy regular drinking should be stopped under medical supervision.

**Poor nutrition**
Older people may not eat a balanced diet to get the nutrition they need.

- Depression may cause a loss of appetite.
- There may be a swallowing problem.
- Alcohol, coffee or tea may decrease the appetite.
- Dehydration is a loss of water in the body and may cause confusion. Dehydration is caused by:
  - Not drinking enough fluids such as water and juices.
  - Drinking coffee, tea or alcohol.
  - Regular use of laxatives.

**Fever or pain**
A high fever or pain will make a person feel physically ill. This adds to the distress the person is feeling and may contribute to unusual behaviour.

**Eyeglasses or hearing aids**
Not having eyeglasses and hearing aids with them will make the older person even more confused when he or she is in a strange place, such as a hospital.
How is delirium treated?

Successful treatment of the physical illness usually clears up the confusion; however, there may be more than one physical illness contributing to the confusion which may take more time to resolve.

The goal of treatment is to correct the underlying cause and to support the older person. The delirium may first be treated by making the older person as safe and secure as possible. Plenty of fluids are given. Sometimes fluids are given intravenously (through a vein). If the older person is very agitated, they may be given medication to calm them down and to improve thinking.

A family member present can help. You can reassure your relative, and help watch that she or he does not get hurt by trying to get out of bed. Sometimes constant supervision is set up to monitor your relative.

Occasionally physical restraints are used in order to protect the person from injury or to give necessary medications.

Consent

If a confused person is not able to make reasoned decisions about their care, their legal proxy must discuss it with the physician and act in the best interests of the confused older person.
REMEMBER: You are being asked to understand and agree or disagree to a specific treatment that has been recommended by doctors as necessary to improve your relative’s physical health.

After the acute confusion is over... can seniors recover from delirium?

Yes. Although acute confusion is a serious and worrisome condition, many older people do recover fully. The time they may take to recover varies. Patience and understanding is very important.

Some older people do not recover fully from acute confusion. In these people, memory problems and personality changes may be permanent.

Sometimes the episode of delirium brings to light a pre-existing mild dementia.

How can the family help with treatment?

- If you can, stay with your relative at night during the first few days of the confusion period. Take turns, so that no one person becomes exhausted.
- Try to ensure the area around the older person’s bed is well lit in the evening and that there is a low light all night.
- Make frequent but short visits during the day. Visitors should be limited to just one or two at a time. Larger groups can be too much for a confused person. Plan a visiting schedule with other family members and friends.
• Visit at mealtimes so you can encourage your relative to eat and drink. Check with the nursing staff about the food you may want to bring in.
• Bring familiar objects to comfort your older relative and to make the hospital room seem less foreign.
• You might bring photos of familiar people, scenes and pets as well as religious images, a favourite blanket, the older person’s housecoat, slippers and toiletries.
• Please leave objects that are easily broken or that are irreplaceable at home.
• A clock or calendar can help orient the older person to time and date.
• Bring in eyeglasses, hearing aids and dentures. Let the nursing staff know these items are in your relative’s locker rather than giving them directly to your relative.
• Bring in tapes/CDs of the older person’s favourite music. If the music is quiet and light, it can be soothing. Please avoid bringing in a radio or ordering a television as the added voices and images may contribute to the confusion.
• Bring in a book for family and friends to sign whenever they visit, including the date and time of their visit. This may help your relative remember their visitors.
What is the best way to communicate with a confused older person?

- Tell the person who you are each time you visit. If you leave the room for even a short time, identify yourself again when you come back. Tell the older person when you are leaving and when you are coming back.
- Make sure the older person always sees you approaching. Avoid sudden and rapid movements. A touch or a surprise approach from behind can be especially frightening.
- Speak slowly and softly, but do not whisper. Use a warm and reassuring tone of voice. Be prepared to repeat phrases several times if your relative seems puzzled.
- Keep sentences very short and use simple words. Express one idea at a time. Give the older person enough time to absorb the information and to respond. When giving instructions for an activity, break down the information into simple, short steps.
- Frequently mention the time, date, place, and weather in conversation to orient the older person.
- Gentle handholding, light touches on the arm or a hug also communicates your feelings to the older person.
- Reassure the older person that you understand he or she is having a confusing and frightening experience, but that he or she will get better.
- Listen carefully. Even if the content of the confused older person’s conversation makes no sense to you, you may still understand the emotion being expressed. Respond to that emotion.

- Do not correct or argue with a confused older person. This will not reduce confusion and will upset everyone concerned.

_Sometimes a confused person may say things that are very hurtful. Although it’s hard, try not to take these comments personally. Remember it is the confusion speaking, not the person._

- If your confused older relative does not recognize you or believes you are someone else, try not to get upset. For example, if you are being seen as a long dead family member or friend, accept that your presence is still providing comfort to the confused person.

- Do not speak to others about the confused senior as if he or she is not there. Try to include the confused person in all conversations.
What is the best way to communicate with health care providers?

Appoint one family member to act as the family communicator. Many phone calls and requests for information from several different family members can be confusing for everybody.

- Seek out and introduce yourself to the nurses in charge of all shifts on your relative’s unit. These are the people who arrange the day-to-day care of your older relative. They can tell you what tests have been scheduled, what drugs your relative is receiving, and what the possible side effects are.

- Ask the nurse in charge for the name of the doctor treating your older relative. Find out how to contact the doctor. The doctor will explain the medical problem for which drugs have been prescribed and tests ordered.

- Ask the nurse to contact the attending physician to make an appointment to discuss your relative’s condition. If the Geriatric Team is involved, a nurse and/or physician from the team may be available to discuss the care of your relative with you.

- When a doctor is making rounds, he or she visits many patients. This is not a good time for you to get the attention you need.
To learn more about programs and services in the Capital Health region for seniors with complex health issues, call:

Capital Health Link: 408-LINK (5465)
Toll-free 1-866-408-LINK (5465)

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