

## What are the symptoms?

Symptoms for delirium occur suddenly, and involve changes to a person's physical and mental state. Someone with delirium may:

- appear confused and forgetful
- be unsure of the time of day or location
- be unable to pay attention
- act differently from their usual self
- have changes in their function i.e. mobility, ability to self-care
- be very agitated, sleepy, quiet and withdrawn, sleepy or a combination of these
- have changes to sleeping habits, such as staying awake at night and being drowsy during the daytime
- feel fearful, upset, irritable, angry or sad
- see things that are not there, but that seem very real to them
- lose control of their bladder or bowels (incontinence).

## What causes delirium?

Delirium is often associated with an underlying physical illness or infection. Other common causes of delirium in older people include:

- difficulty going to the toilet (constipation or not being able to empty bladder)
- dehydration or malnutrition
- severe pain
- medications, including 'over-the-counter' medicines
- heavy alcohol consumption
- withdrawal from alcohol, cigarettes or medication, particularly sleeping pills
- changes in a person's environment, such as being hospitalised.

It is not always possible to identify the cause.

## How does delirium start?

The symptoms of delirium happen very quickly, usually over hours or days. A person's behaviour can also fluctuate during the course of a single day.

Delirium is sometimes mistaken for dementia or depression, so it is important for family and friends to notify medical staff of any sudden change in a person's mental state.

## How long does delirium last?

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

If delirium is not resolved quickly, it can lengthen the person's time in hospital and lead to serious complications, such as falls, pressure ulcers, and even death.

## Will it happen again?

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

## How is delirium treated?

Staff will do a thorough medical assessment to look for and treat the underlying cause of the delirium. If a physical problem is identified, appropriate treatment will be given (for instance, antibiotics to treat a urinary tract infection).

Treatment is sometimes aimed at lessening symptoms and reducing the risk of complications.

## Role of family and carers

It is reassuring for someone with delirium to see familiar people. Family and carers are encouraged to stay with their loved one.

Family members and carers can also provide valuable information to the staff caring for the person with delirium. It is important to notify staff of any sudden change in a person's mental or physical condition.

**Carer support is available.** Please let the nursing staff know if you or other family members need some support.

## How to help and care

- Speak slowly in a clear voice. Identify both yourself and the person by name.
- Avoid getting into an argument.
- Encourage and assist the person to have adequate food and fluids.
- Remind the person of the location, date and time. Open the curtains in their room during the day. Knowing the time of day can reduce confusion.
- If the person usually wears glasses or hearing aids, help to put them on and ensure they are working. Visual or hearing impairment can make confusion worse.
- If the person is agitated or aggressive, do not try to restrain them. If they want to walk around, let them, but try to make sure that they are safe from falling and that the area is free from hazards.
- Bring items that help remind the person of home, such as photos, a dressing gown, a radio or player with favourite music.
- Let staff know of any personal information that may help calm and orient the person, such as the names of family and friends, hobbies, significant events, etc.

## What is delirium?

Delirium is a common medical problem that is characterised by changes in mental function.

Delirium and its symptoms develops over a short period of time, within hours or days. It usually only lasts for a few days but may persist for longer periods.

Delirium occurs more often among older people, but it can occur at any age. It can be a serious condition.

In many cases delirium can be prevented. Treatment of delirium relies on finding and treating the underlying causes.

## Who is at risk?

People who:

- are very sick or frail
- have cognitive impairment (past or present), including dementia, intellectual disability or brain injury
- have had delirium before
- are aged over 65 years, or over 45 years for Aboriginal and Torres Strait Islander people
- are taking multiple medications or have had recent changes to medications
- are having a surgical procedure, e.g. heart, hip or neuro surgery
- experience depression
- have poor eyesight and/or hearing impairment.

## How common is delirium?

About one in five older people admitted to hospital, and about half of the residents in aged care facilities, experience delirium at some stage of their care. Delirium can occur at any age.

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

### Contacts

**Carers Australia - NSW Carer Line**  
1800 242 636  
[www.carersaustralia.com.au](http://www.carersaustralia.com.au)

**My Aged Care**  
1800 200 422  
[www.myagedcare.gov.au](http://www.myagedcare.gov.au)

**National Dementia Helpline**  
1800 100 500

**Dementia Australia**  
[www.dementia.org.au](http://www.dementia.org.au)

**NSW Agency for Clinical Innovation  
Care of Confused Hospitalised Older  
Persons Program**  
[www.aci.health.nsw.gov.au/chops](http://www.aci.health.nsw.gov.au/chops)

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# Delirium

**This brochure provides information for people who are at risk of, or have experienced delirium, and for their families and carers.**



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**CLINICAL  
INNOVATION**