

Delirium

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Has your loved one, patient, or yourself recently had an abrupt change in behaviors? If you were given this information, chances are that you or this person, has a condition called, DELIRIUM. When delirium is present, caregivers and family members can find comfort in knowing that usually this is a **reversible and temporary condition**.

You may be given this handout because you had delirium or you are at risk of getting it. Therefore, you need to let people close to you, know about this condition. **This way, if you get delirium (possibly from a bladder infection) they can take you to get urgent MEDICAL care and not a psychiatric admission by mistake.**

some of this information is for patients in a nursing home setting but, it still can apply to young people with mental illness or brain injuries which, makes them at risk for this condition

What are the symptoms of delirium?

There are usually three types of delirium presentations, that I have observed mostly, in a nursing home setting. Some people are like turtles and some are like rabbits, and others are a combination of both. In other words, some patients have symptoms associated with being overly sedated, others may become hyperactive, and some people switch between the two throughout the day. Some examples of behaviors exhibited due to delirium are as follows:

*****Note that these are of sudden onset and not normal for this person.*****

---Increased confusion

---Hallucinations (reaching for invisible objects, seeing children or animals that no one else sees)

---Agitation and/or physical aggression, yelling or screaming outbursts

---Decreased attention span (may put head down and sleep during conversation or unable to focus enough to eat a meal)

---Decreased eye contact (eyes sometimes look glazed and not focused)

---Asking others to call the police, thinking someone is in danger, that a family member needs help, or that he or she is being held prisoner

---Inability to sleep

- Getting days and nights mixed up
- Inability to sit still, pacing non-stop, running which can result in falls or attempts to leave the home or facility
- No longer acting like he or she normally does

What are the causes of Delirium?

When the body becomes ill or traumatized, older and sensitive brains, have difficulty adjusting and can easily become delirious. Delirium can occur in older people who have dementia or people without dementia. Having a mental illness or brain injury, may make you more susceptible to this condition. (We don't want it misdiagnosed due to your history. It is a medical condition not psychiatric illness!!!!)

Causes might be:

- Infections (bladder, sinus, respiratory, liver disease, kidney disease..)
- Metabolic disorders (kidney disease, electrolyte imbalance, liver disease...)
- Heart or lung conditions (congestive heart failure, low blood oxygen, slow heart rate, fast heart rate...)
- After surgery (hip replacement, open heart surgery...)
- Head injury (after a fall that results in a blood clot on the brain or other brain trauma)
- Medications (sleeping pills, pain pills, steroids...)
- Withdrawal (taking too many "nerve pills" or "pain pills" at home and stopping them abruptly resulting in withdrawal, the same occurs with alcohol withdrawal)
- Room change or new placement from home to long-term care setting

Who develops delirium?

- 10-40% of hospitalized older people
- 51% of post-surgical older people
- ***Mortality rates are higher in older people with delirium since it can sometimes be *the initial signs of irreversible organ failure or a serious medical condition.****

Three examples, of how this condition is mistaken for dementia or the worsening of dementia, or mental illness are as follows:

Case 1: A doctor in trouble

A 70-year-old doctor fell and broke his hip while golfing; he was not demented and very healthy. He went in for surgery, after the surgery, he had delirium from the

anesthesia. While recovering, he was put in a diaper and given a diagnosis of Alzheimer's Disease. His wife was traumatized and upset with this new diagnosis and her husband's confusion. An astute mental health professional recognized the signs of delirium and informed the wife and the staff that he did NOT have dementia and that delirium was present. The man quickly recovered back to his normal state of mind and activity.

Case 2: Man misunderstood

An 80 year old man with Alzheimer's Dementia abruptly started reaching in the air for invisible objects, became more confused than normal, couldn't sleep, was irritable, was running in the halls, and had become incontinent when normally he could use the toilet with reminders. The staff and family (incorrectly) thought that the dementia was getting worse and that he had "sundowners" which was why he couldn't sleep. After being evaluated by a mental health professional, it was determined that he had a delirium. The medical doctor was informed and ran some tests, which determined that he had a urinary tract infection and was ordered an antibiotic. Within 2 weeks, he was back to his previous functioning level.

Case 3: Person with history of mental illness, psych admission avoided by smart family member.

A person with a mental illness (schizophrenia) was doing very well, no hallucinations (seeing or hearing things others do not) for many years. One day, he started seeing people in his room that no one else saw, he became tired and slept a lot, he was very confused which was not normal for him either. He was taken to the emergency room and his daughter told the staff that he needed to be checked for Delirium. She told them that although he had a mental illness, it was well controlled with medication therefore he needed a **medical workup**, not psychiatric.

How long will delirium last?

Delirium can last anywhere from one week to more than two months. The cause and treatment make a difference as to duration of this condition. For example, if the delirium is from a urinary tract infection, then the person should clear up a week or so after antibiotics are finished. However, if the person develops a respiratory infection in the meantime, then the delirium will continue, until that condition is resolved.

What is the treatment of delirium?

The **medical provider** will run tests to determine the cause and treatment. The mental health professionals may give medication to increase comfort during this time and address any behavioral conditions resulting from delirium. It is very difficult to treat agitation and restlessness associated with this condition. The person will need to be monitored closely for safety issues that arise as a result of delirium.

Is there anything that I can do to help?

- get the person to an emergency room or medical provider for a “**delirium workup**”
- if the person has a mental illness, make sure that the medical provider or ER knows that this is not from the mental illness but likely a delirium
- if the person is worried about family, remind the person that everyone in the family is fine
- help ensure adequate fluid and nutritional intake by offering fluids and food
- make sure the person isn't constipated or in pain
- leave the bedroom curtains open and living areas as bright as possible during daytime hours (this will help the person keep days and nights from getting mixed up)
- monitor for safety, if at home make sure that he or she cannot leave without your knowledge and that the person doesn't have access to driving a car (door alarms, disable vehicle)
- return for more medical care if the person's delirium continues because some other medical condition might have occurred since last seen

Lastly, you can give this information to others so that they understand **Delirium** as well. IF you had delirium in the past, make sure your loved ones know this information!!!

And remember to take care of yourself whether you are a caregiver, family member or person at risk for delirium.