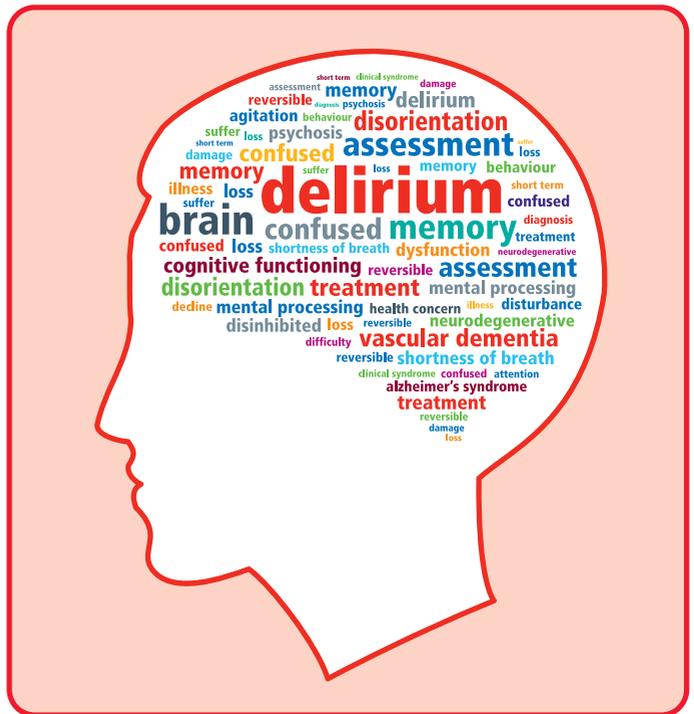


Treating delirium in hospital

Information for relatives and carers



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What is delirium?

Delirium is a disorder of the brain. It happens when people are medically unwell, or after an operation, and is much more common as people get older or more physically frail. Delirium is very common in people with dementia if they become medically unwell for any reason. People with delirium are confused and find it difficult to concentrate. The confusion is new and out-of-the-ordinary for the person. They may be drowsy sometimes, and agitated or restless at other times. They may have delusions where they seem certain about things that are not true. They may have hallucinations, where they see or hear things that are not really there. The confusion may fluctuate across the course of a day, and can be worse in the evening or at night. Delirium may be more severe if the person has a high temperature, or is tired or uncomfortable. Delirium can be very distressing for the person and for their relatives and friends.

How is it treated?

Delirium is usually triggered by a medical problem, like an infection, a heart attack, a stroke or after an operation. Treating this underlying problem is the best way to treat delirium. Sometimes people with delirium get very agitated and distressed. We know some things that can help: reassurance, a calm environment and good medical and nursing care. However, some people have such severe delirium that medicines might be considered as an additional measure to help reduce their distress or agitation.

What can family, carers and friends do to help?

- Fill out the Alzheimer's Society 'This Is Me' leaflet.
- Sit with the person. The presence of a familiar person is very reassuring. This is especially helpful in the evening, when confusion often gets worse.
- Be calm and use short, simple sentences. Listen to them and reassure them. 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.

- Be available to help at mealtimes and help them to eat and drink. Drinking well helps to reduce delirium.
- Bring in photos and familiar things from home.
- Bring in their glasses and hearing aids.

When are medicines used to help calm people with delirium?

Many medicines make delirium worse, so we usually avoid starting new medicines when someone has a delirium. However, there are times when medicines become necessary to sedate or calm someone. For example:

- to stop someone putting themselves or other people in danger
- to relieve distress when someone is dangerously agitated
- to calm someone enough for vital investigations or treatment.

Which medicines are used to help calm people with delirium?

The two main types of medicines used in delirium are 'anti-psychotics' and 'sedatives'. These medicines can be very helpful when other ways of relieving severe distress have not worked. However, all medicines can cause side effects, and sometimes these can be serious.

What do I need to know about anti-psychotic medication?

Olanzapine is an example of an anti-psychotic medicine. Other examples are haloperidol and risperidone. Anti-psychotic medicines reduce the distress and agitation caused by confusion, delusions (feeling certain about things that are not true) and hallucinations (seeing or hearing things that are not really there). However, anti-psychotic medicines have the potential to cause side effects, so the person is carefully assessed by the medical team before and during any treatment. Anti-psychotics cause drowsiness and can increase the risk of life threatening infections like pneumonia, falls, strokes and blood clots. If used for long periods, there is a risk of worsening dementia, weight gain, diabetes and problems with stiff muscles and slow movement (Parkinsonism). To avoid side effects, anti-psychotic medicines like olanzapine are used in delirium in small doses, and only for a limited period of time, typically 3-5 days.

What do I need to know about sedative medicines?

Lorazepam and diazepam are examples of sedative medicines. Sedative medicines are used for severe or dangerous agitation, when other efforts to calm someone have not worked. Sedatives are very calming and can make people very sleepy.

Sedatives can cause prolonged drowsiness, poor balance, falls, slurred-speech, breathing difficulties, low blood pressure and amnesia (forgetting things). Sedatives sometimes make delirium worse rather than better, with increased aggression, or protracted confusion. To avoid side effects, sedatives are used in delirium in small doses and only when absolutely necessary.

What other help is available?

We encourage you and your family or carers to raise any concerns or queries with the nurse in charge on the ward at the time.

There is a Royal Cornwall Hospital **Old Age Psychiatric Liaison** team who review complex deliriums and assist the medical team with advice, psychiatric treatment of confusion and medico-legal advice. Your medical team will contact them when required.

Our hospital has an **Admiral Nurse** who is a registered nurse with specialist knowledge of dementia care. They will offer support to family, carers and people living with dementia.

Tel: 01872254985.

If required, there is a **Mental Health and Wellbeing team** that can assist with complex decisions associated with the person's mental capacity to make decisions.

Tel: 01872254985.

Frailty Nurses work in ED and AMU and will assess the patients care needs and offer support and advice to the patient, relatives and cares upon admission and discharge.

IMCAs (Independent Mental Capacity Advocate) are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person or patient.

Tel: 01872254450

Further information

Care Direct provides information and help for older people, vulnerable adults and their carers.

Tel: 0845 1551 007

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