

Delirium and dementia in hospital

A leaflet for people living with
dementia and their carers



Introduction

Many people present with confusion in hospital. Sometimes, people are admitted to hospital with new onset or worsening confusion and others develop confusion whilst they are an inpatient. This type of confusion is called delirium and is usually caused by an underlying physical health problem such as pneumonia. In most cases, this confusion settles as the underlying condition is treated and improves. Whilst this acute confusion can be very distressing to you, your family, carers and friends, this type of confusion is not dementia.

What is delirium (acute confusion)?

Delirium is most common in patients with dementia, but may affect patients with no previous dementia or memory impairment. Delirium has an abrupt onset and a The person's attention is often impaired and they may have disorganised thoughts, false beliefs or hallucinations. They can be extremely agitated and restless or drowsy and very still.

There are many causes of delirium which include infection, cardiac illness, respiratory disorders, electrolyte imbalance, endocrine disorders, drugs and drug withdrawal, urine retention, constipation, neurological problems, trauma including surgery and a change of environment.

While in hospital, the medical and nursing teams will try to find out the cause of the acute confusion by doing simple tests which will include blood tests and X-rays.

Sometimes the cause of acute confusion is not clear. Acute confusion usually settles over some days but can last for several weeks. In some cases, the person will not always make a full recovery and some people with delirium will go on to develop dementia. This is why the doctors may ask to follow you up with regards to your memory after you leave hospital.

What is dementia?

Dementia is a term given to people who have chronic (lasting at least six months), significant short term memory loss, disorientation, and inability to carry out day to day living tasks such as preparing meals, washing and dressing. Dementia is usually progressive and although there is no current cure, how fast it will progress is dependent on the type of dementia and on the individual.

When people living with dementia come into hospital, their confusion may worsen. This can be simply due to the change in routine and unfamiliar environment or because they have developed a delirium as a result of an acute physical health problem.

Types of dementia (chronic confusion)

There are three main types of illness which lead to dementia:

- Alzheimer's disease
- Vascular/multi infarct dementia
- Dementia with Lewy Bodies.

Alzheimer's disease

This is the commonest form of dementia. There is gradual and progressive decline in cognitive function usually beginning with the loss of short term memory. A person can then develop problems with day to day tasks, speech and language and making sense of visual information. Alzheimer's is characterised by microscopic changes within the brain cells (often referred to as plaques and tangles) and cerebral atrophy or shrinkage of the brain.

How is it treated?

Medications such as donepezil, rivastigmine, galantamine and memantine can sometimes help with memory as well as mood and behavioural symptoms.

Vascular/multi infarct dementia

This is caused by damage to small areas of the brain tissue, which is caused by a lack of blood supply, a bit like multiple mini strokes. This affects the person's memory and abilities to carry out day to day functions. Loss of mobility and falls are also common. The person's condition may be stable for long periods with decline often in a stepwise fashion.

How is it treated?

There is no treatment that has been shown to affect the progression or outcome of vascular dementia. However, doctors may look at addressing the person's cardiovascular risk factors such as high blood pressure, high cholesterol, raised blood sugar (suggesting diabetes) and give advice regarding stopping smoking and regular exercise and healthy diet.

Anti-platelet drugs (eg aspirin) may also be helpful in some patients. In older, frailer patients these interventions need to be offset against the risks they pose from side effects such as postural hypotension and bleeding.

Dementia with Lewy Bodies

People with dementia with Lewy Bodies will typically have some symptoms of dementia and symptoms similar to Parkinson's disease (parkinsonism), such as slowness, muscle stiffness, tremor, a tendency to shuffle when walking, loss of facial expression and a soft voice (Parkinsonism is present in about 60% of cases.) Their abilities tend to fluctuate daily, or even hourly, and they often have falls or funny turns. Visual hallucinations (often of people or animals) are common in this condition.

How is it treated?

Acetylcholinesterase inhibitors such as Rivastigmine and Donepezil can improve symptoms in around a third of cases.

What happens when I leave hospital?

The Team may suggest going directly home from Hospital with support and follow up. This reduces further bed moves, which can increase confusion. Often patients with dementia are better in their own home environment and this can reduce the risk of becoming de-skilled and dependent on nursing staff for daily living tasks. Some people do need more time to improve in community hospitals.

If symptoms of confusion persist for more than 8 weeks following discharge, please contact your General Practitioner who can assess your memory and consider whether a referral to local memory assessment services would be helpful.

What can family, carers and friends do to help?

1. Fill out the Alzheimer's Society 'This Is Me' leaflet.
2. Be available to sit with the patient if they are more confused than usual (having a familiar person near them is often extremely reassuring and reduces the need for sedative medication).
3. Be available to help at mealtimes and also help maintain fluid intake where appropriate.

4. Bring in familiar things and photos as this can help to calm and orientate the person.
5. When appropriate bring in clothing, shoes and mobility aids such as walking sticks, all marked with the patient's name.
6. Make sure the person has the sensory aids they need such as spectacles and hearing aids, as this can help to reduce confusion.

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.

Our Safeguarding Services in the hospital are integrated. In addition to safeguarding advice and support we assist our colleagues with Mental Capacity advice. The service also has a **Deprivation of Liberty (DoLs)** coordinator. The service provides advice in relation to use of covert medications and restrictions in place to support the safety of patients without mental capacity to consent to their care or treatment in hospital.

Single Point of Access for Integrated Safeguarding Services: 01872 255741

There is a Royal Cornwall Hospital **Dementia and Older Person's Mental Health 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.

There are Meaningful Activity Co-ordinators on some of the hospital wards who support patients and engage them in brain stimulating activities.

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.

Carer Passport

The Carer Passport is given to identified carers of inpatients of Royal Cornwall Hospitals NHS Trust (RCHT) and the Cornwall Foundation Trust (CFT) for use during their cared for person's time as an inpatient.

The Carer Passport shows what support the carer is able or willing to give the cared for person during their hospital admission.

RCHT and CFT recognise the vital support that carers provide and holders of a Carer Passport will be entitled to regular liquid refreshment, flexible visiting hours, and where applicable, free car parking and a meal / drink voucher to be used in the main hospital restaurant or pod may be provided.

The Carer Passport is given to carers who are contributing to the care of their cared for person on the ward, at the discretion of the ward and is valid for the current episode of inpatient care. The Carer Passport is intended to be used in conjunction with the peninsular recognised Carer's Emergency Card to access carer support such as meal vouchers and free parking. Newly identified carers will be issued with a Temporary Carer Card.

The Royal Cornwall Hospital Trust Carer's policy recognises that carers play an important role in the continuing care of many of its patients following discharge, effectively picking up patients' health and other care needs in the community. By implementing best practice, the Trust wishes to promote the health and independence of carers. The Trust commitment to carers is highlighted in the Carer's Policy.

Please see our website for further information on the support available to Carers: [Caring for carers | Royal Cornwall Hospitals NHS Trust](#)

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 patient's care needs and offer support and advice to the patient, relatives and carers 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

Dementia UK – www.dementiauk.org

Tel: 020 7697 4160

The Alzheimer's Society – www.alzheimers.org.uk

Tel: 0330 333 0804

European Delirium Association – www.europeandeliriumassociation.com

An organisation for health professionals and scientists involved with delirium. The website also has links to other websites that have information on delirium for health professionals, patients and carers.

Royal College of Psychiatrists

www.rcpsych.ac.uk/mental-health/problems-disorders/delirium

A web-based information leaflet on signs and symptoms, treatment, and what may happen after a person has had delirium.

NHS Website

www.nhs.uk/conditions/confusion/

This is a web-based information leaflet on when to contact GP or phone an ambulance if someone is showing signs of delirium.

Marie Curie

www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/symptomcontrol/delirium

This web-based leaflet focuses on delirium occurring towards the end of life. It describes causes, and offers advice on what carers can do and when to seek expert help.

Age UK Gateway Hub provides access to support, activities, advice and care options local to you. Providing support and advice 8am - 8pm, 7 days a week, 365 days a year.

Tel: 01872266383

www.gateway@ageukcornwall.org.uk

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If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

