

Delirium

Information for patients, relatives and carers

This leaflet provides information about delirium. It aims to help you better understand the condition if you have experienced delirium or if your family member or someone you care for has delirium. If you have any further questions or concerns, please speak to a member of staff looking after you or your relative.

What is delirium?

Delirium is a sudden disturbance of mental function, usually causing acute confusion. It comes on quickly, usually over hours or days. It is caused by a medical problem, such as an infection, a fall, an operation or a side effect of medication. Symptoms change over the course of the day and are often worse at night.

What are the symptoms of delirium?

There are several symptoms that suggest delirium – there will be a sudden change or worsening of the person's mental state. The most obvious change is that the person's behaviour will be different from normal.

- They may appear confused about where they are and why.
- They may be disorientated in time, e.g. getting night and day mixed up.
- They may find it hard to concentrate on things for more than a few seconds.
- They may be easily distracted by background noise.
- They may appear agitated or distressed but find it hard to express why.
- They may see things or believe things that aren't real.
- They may be unusually quiet and hard to engage in conversation.

All these features can fluctuate from hour to hour and day to day. If you see any of the above changes or notice anything new or different in your relative or friend while they are in hospital, please inform a member of staff

What is it like to have delirium?

You may experience some of the following but everybody is different:

- A sudden change in how you make sense of the world.
- Disorientation – not knowing where you are or how to make sense of your surroundings.
- Seeing, hearing or feeling very unusual things that may be frightening when there is nothing there to cause them.

- Change in sleep pattern and more likely being disturbed at night.
- Vivid dreams that may be frightening and difficult to tell if they were real or not.
- Rapid changes in emotions and feeling out of control of your surroundings.
- Finding it very difficult to concentrate on tasks.
- Worry that others are trying to harm you.

What causes delirium?

The most common causes of delirium are:

- An infection
- Having a high or low body temperature
- Side effects of medications such as pain killers or steroids
- Chemical problems in the body, e.g. dehydration or low salt levels
- Liver or kidney problems
- Suddenly stopping drugs or alcohol
- Surgery
- Epilepsy
- Brain injury or infection
- Terminal illness
- Constipation.

There is usually more than one cause and sometimes the cause is not found.

Who is at risk of developing delirium?

Delirium can affect any age group. However, the most at-risk people are those who are older (over 65 years), people who are severely unwell, people who have a diagnosis of dementia or any long term illness affecting the brain, those with physical frailty, people with visual or hearing impairment and those who have previously had delirium.

How is delirium treated?

It is important to identify and treat the underlying cause, which usually involves a physical examination, blood tests and a review of the person's medications and medical history.

It isn't usually necessary to give sedating medication to people with delirium as it can make the situation worse.

It is important too, for the person with delirium to be cared for in an appropriate environment and for hospital and visitors to interact with the person in an appropriate manner. This will help with reducing the severity and duration of the delirium and the chances of the delirium interfering with treatment of the underlying medical problem.

Will the person remember the delirium afterwards?

Delirium is often an unpleasant experience both for the person who has the delirium and their family and carers. Some people remember very little about the time when they were unwell, especially if they already have a memory problem. Some people recall it like a dream, it can be very vivid and frightening, the person can be unsure as to what took place and what didn't. It can help to discuss what happened while you had the delirium with your family or care team as this can be very reassuring.

Will the person make a full recovery?

In people who have a healthy brain, a complete recovery from delirium usually occurs within a few days of the underlying medical problem being treated. An exception to this is if the medical problem is itself a brain illness, such as a head injury, stroke, or encephalitis. In these situations, the medical team caring for the patient will advise on when recovery can be expected.

In about 80% of cases of delirium the symptoms improve, however the symptoms can also be slow to resolve, which could be due to recurrent medical problems or another underlying disease, such as dementia.

In people with dementia, it is also usual to make a recovery from delirium but sometimes when the person recovers, the dementia is worse than it was before the delirium. If the person still has delirium when they leave hospital, we will ask their GP to check on them to ensure that they are recovering.

If hospital staff suspect that the person might have an underlying dementia, then they will ask their GP to refer them to a memory clinic so that this can be investigated. If the person doesn't have a diagnosis of dementia but you are concerned that they might have had memory problems or were struggling to get by in the months leading up to hospital admission, please inform a doctor or nurse, as this information will be very helpful in planning the person's care.

What can carers and visitors do to help?

The best treatment for someone with delirium, might simply be to see familiar faces, therefore we encourage family members and friends to visit the person in hospital. This may help to decrease their distress and help them to recover more quickly.

They may respond to familiar items from home, for example photos of family and pets. A clock and calendar can be helpful for keeping people orientated to time. Delirium is made worse by sensory impairment, so if the person wears glasses and a hearing aid, please make sure they are brought from home.

Communication:

1. Talk in short sentences, using simple words.
2. Use the person's preferred language.
3. Reassure the person if they appear distressed.
4. Offer reminders of where they are and of the time and date.
5. Remain calm, even if the person appears agitated or upset.
6. If they hallucinate, reassure them that this is not real, and distract them by talking about topics the person finds interesting or a pleasant memory.
7. Regular visits from familiar family and friends.
8. Avoid lots of visitors at any one time, long tiring visits, loud chatter and laughter.

If your relative has a hospital passport, please give it to the staff. If they do not have one then please complete one.

If you are a family carer and would like to stay with someone who has delirium outside of normal visiting hours, please discuss this with the ward manager.

Useful Sources of Information

Alzheimer's Society: <http://www.alzheimers.org.uk>

Age UK: [Age UK | The UK's leading charity helping every older person who needs us](#)

Carers UK: www.carersuk.org

Royal College of Psychiatrists Delirium Guidance:

<https://www.rcpsych.ac.uk/healthadvice/problemsdisorders/delirium.aspx>

Delirium in adults / Quality Standards - NICE www.nice.org.uk/guidance

Delirium: Prevention, Diagnosis and Management www.nice.org.uk/guidance/cg103

Contact us

If you have any questions or concerns about delirium please email

dementiaandelirium@stgeorges.nhs.uk or ask for bleep 6851 on 020 8672 1255 (Monday to Friday, 9am to 5pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:
Monday, Tuesday and Thursday between 10am and 4pm
Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.
Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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