Understanding Delirium

Scan the QR code to download

1/3 fold

1/2 fold

1/3 fold

NHS
West Hertfordshire Teaching Hospitals
NHS Trust

Patient information

Understanding Delirium

Excellent patient care, together

What is delirium?

Delirium is a neuropsychiatric syndrome that often occurs in the hospital. It is a sudden change in a person's mental state that comes on quickly — over hours or days. It might manifest as a person becoming very confused or not themselves very suddenly.

The exact cause is unknown but there are risk factors associated with this such as:

- Recent surgery – use of opioid pain medications, recent use of anaesthesia and anticholinergic medications.
- Underlying diseases/ medical causes (Infections such as a chest or urinary tract infections, constipation and Dementia)
- Chronic fatigue from poor sleep in the hospital

Those living with Dementia are more likely to develop a delirium in hospital due to the change in their routines and environment, making them disorientated.

Types of Delirium

There are three types of delirium that all present in different ways:

Hyperactive Delirium - a sudden, short-term change in the brain that makes a person confused, restless, and overly active. They might experience the following:

- Agitation,
- Restlessness,
- Poor sleep,
- Hallucinations,
- Easily distracted,
- Delusions,
- Aggressive behaviour.

Hypoactive Delirium- a sudden change in the brain that makes a person very quiet, sleepy, and slow, instead of restless. They might experience the following:

- Lethargy,
- Become withdrawn,
- Have poor nutritional intake,
- Slowing of speech,
- Lack of interest in previous hobbies/interests,
- Seems to have low mood,

Mixed Delirium - Can fluctuate between hypoactive and hyperactive during the day or day-by-day.

Prevalence

Around one in 10 patents have a period of delirium during their hospital stay. Anyone can develop delirium, but it is more common in older adults, those who have memory issues or people with sensory needs (eg poor vision or hearing loss).

Sleep and Delirium

A poor sleep-wake cycle is a hallmark of delirium, often manifesting as daytime drowsiness, fragmented nighttime sleep, and a reversal of the typical pattern, with patients being more alert during the day and confused at night.

This disturbance is likely bidirectional meaning that sleep deprivation contributes to delirium and delirium in turn worsens sleep, potentially creating a vicious cycle.

These might manifest in the following ways:

- Daytime drowsiness: Patients may be very sleepy during the day, taking naps, which is a key indicator and could then mean very poor sleep overnight.
- Fragmented night-time sleep: Sleep at night is often short, disturbed, and broken.
- Reversal of sleep-wake cycle: Some patients may show a complete reversal, being more awake at night than during the day.
- Disrupted circadian rhythms: There is a loss of the normal day-night variation in symptoms, often linked to altered melatonin levels.

How do we diagnose and treat delirium?

The multidisciplinary team (MDT) look for changes in thinking, sleep or behaviour when completing their assessments. It is also important for relatives to make the team aware if they have noticed any changes so that the MDT can look for delirium.

The doctors may complete some short testing such as the '4AT' that look at how well the patient is orientated, their alertness level and attention/concentration.

The MDT will then look for possible causes of delirium using the Acronym PINCH ME and try to reverse anything they feel is contributing to this.

The team will identify people at risk during their assessments such as:

- People that aren't sleeping well,
- People who are on high-risk medications eg opiates for pain,
- People who are not eating and drinking well,
- People who have had delirium before,
- People who having issues with opening their bowels or, passing urine.

They will help with orientation:

- Helping people feel orientated and comfortable,
- Reduce extra noise or stimulation,
- Ensuring they are wearing their sensory aids such as glasses or hearing aids,
- Providing a good daily routine: eg eating well, hydrating, good sleep and staying active and mobile.

And finally, the team will ensure that pain is managed:

- Use non-opioid medications to control pain,
- Use the WHO pain scale,
- Prescribe regular pain medications rather than as and when medications ,
- Try to use non-pharmacological methods as able.

Little things that make a BIG difference

Environmental Modifications:
Reduce noise and light - and ensure a quiet, comfortable environment.
Cognitive stimulation - Engage the patient with cognitive activities to improve awareness and function.
Familiar comforts - Use familiar music or provide massages to help calm the patient and alleviate pain.
Mobility - Maximize safe mobility to prevent complications and promote well-being.
Sensory aids - Apply glasses and hearing aids to maximize sensory input.

How can family help?

You can help someone with delirium feel calmer and safer in the unfamiliar hospital environment by:

- Helping to remind them that they are safe, in hospital and are getting better
- Bring in familiar items from home that make them feel comfortable (eg a favourite jumper, pyjamas, slippers, blankets or family photos)
- Ensure they have their sensory aids with them (glasses and hearing aids)
- Complete a 'This is Me' document so that the staff have all the information needed about this person and to help calm them is they are distressed.

QR code links to helpful sites

'Delirium and how to support your loved one' video link

This is Me' document link

How to contact us

Dementia and Delirium Practitioner
Watford General Hospital
Vicarage Road
Watford
Hertfordshire WD18 0HB
Tel: 07899662521
Hospital switchboard: 01923 244366

PALS

If you need this leaflet in another **language, large print, Braille or audio version**, please call **01923 217198** or email westherts.pals@nhs.net.

Concerns, complaints or suggestions

If you are unhappy with your experience or would like to give feedback, please contact our Patient Advice and Liaison Service (PALS). PALS is available to patients, relatives, carers and friends to raise concerns.

For more information, please scan the QR code or visit our website.

Author	Hannah Rowe
Department	Dementia and Delirium Practitioner, Care of the Elderly
Ratified / review date	December 2025 / December 2028
ID number	54/2492/V1