

# World Delirium Day

## 15 March 2017



### \*\*\*PRIMER ON DELIRIUM FOR HEALTH PROFESSIONALS\*\*\*



#### What is Delirium?

Delirium (previously termed 'acute confusional state') is a very rapid decline in brain function. It involves: decreased ability to concentrate, sleepiness, agitation, and sometimes hallucinations and/or altered beliefs. Delirium develops over hours or days.



#### What Causes Delirium?

Delirium is mostly caused by acute illnesses (peripheral or brain), injuries (e.g. hip fracture), surgery, psychological stress (e.g. change in setting), or drug adverse effects or withdrawal.



#### Who gets delirium?

Anyone can get delirium. Older age and dementia greatly increase the chance of becoming delirious.



#### Is delirium the same as dementia?

Delirium is different from dementia. Delirium comes on quickly, and usually lasts for a small number of days (in 20% the duration is longer). Dementia develops slowly (months) and mostly cannot be reversed. People with delirium are more often drowsy and/or psychotic.



#### If it can be reversed, what is the big deal?

Even a brief delirium increases the risk of poor recovery from illness, nursing home placement, and possibly dementia and death. Delirium can be stressful for patients with frightening beliefs like thinking they are in prison and in danger. Families and caregivers are distressed by delirium as well.



#### How common is delirium?

1 out of 4 older hospital patients will get delirium.



#### How is delirium treated?

Promptly targeting the underlying illnesses or adjusting drugs that may have triggered delirium are the most important treatments. General measures to help the brain recover, and specific treatments for distress and/or psychosis are sometimes needed.

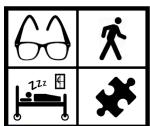


#### How well is delirium detected and managed?

Delirium is still undiagnosed in a majority of cases meaning that care is often poor. Unfortunately, not all healthcare professionals know enough about delirium.

#### What can I do about delirium?

Detect it and **call it delirium**. Treat acute causes promptly. Optimise physiology. Detect and treat distress. Correct sensory impairments. Mobilize the patient. Provide a calm environment. Promote natural sleep. Communicate the diagnosis to patients and their families. Delirium can **partly be prevented** by optimization of physiology (e.g. avoiding dehydration), orientation, rapid treatment of acute illness, correcting sensory impairments, promoting natural sleep.



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