

PATIENT INFORMATION - DELIRIUM

What is delirium?

Sudden changes to a person's normal behaviour such as becoming withdrawn, memory problems, or confusion and restlessness, may be a condition called delirium.

Delirium is not madness or dementia, or a disease. It is a common experience in palliative care, affecting nearly half of patients with advanced cancer, and up to 9 out of 10 patients in the last hours or days of life.

Delirium is reversible in approximately half of people with advanced illness because it has an underlying and treatable physical cause. Family and friends are often the first to notice the subtle changes because they know what is normal for the person. They are very important in the management of delirium as they can often ground the person and lessen any distress.

How do you recognise delirium?

Two important things that set delirium apart from problems with similar symptoms like depression, tiredness, or dementia, are that it comes on suddenly in a matter of hours or days and it usually comes and goes over the course of the day. The person may be relatively calm and normal during the day, but restless and confused in the evening.

The person with delirium may:

- Be suddenly different to their normal self
- Be quiet, withdrawn and sleepy or very restless and disturbed or fluctuate between the two
- Lose the ability to think clearly and logically, or concentrate
- Be unable to remember recent events and conversations
- Speak in a rambling and incoherent way
- Talk about the past as though it were the present
- Be quite moody and unstable, for example showing happiness, sadness, or anger all within a short space of time
- See things that aren't there, but are real to them (hallucinations) and believe things that aren't true (delusions)
- Wander around without purpose
- Have changes to their sleeping habits, be awake at night and drowsy during the day
- Lose control of their bladder and bowels

What causes delirium?

Common causes in palliative care patients are:

- Constipation
- A chest, urine or skin infection
- Unrelieved pain
- An imbalance in mineral and salt levels in the blood
- A change in medication type or dose
- Too high a dose of pain medication for the person's current level of pain
- Withdrawal from medication or alcohol

PATIENT INFORMATION - DELIRIUM

- Emotional distress
- Progressing illness, for example failing kidneys, liver, heart or lungs
- Lack of sleep
- Cancer of the brain or brain injury
- Poor eyesight or hearing, or depression, are other factors which can make people prone to delirium.

What can be done about delirium?

It is important to:

- Find and treat the underlying cause. In palliative care there is often more than one cause.
- Maintain a calm, stable and safe environment.
- Closely observe and frequently review the person's behaviour.
- Ensure the person's safety.

Sometimes it is not possible to identify a direct cause and the care is aimed at reducing distress for everyone. Sedative medication may be prescribed to help the person relax, relieving agitation, restlessness and distress. The medication most commonly used is haloperidol because it helps to clarify the clouded thought processes that people have.

Caring for someone with delirium

Caring for someone who has delirium can be difficult and tiring, whether you are a family member, health professional or other carer. A major part of caring for someone with delirium is the non-medical care. This can reduce the severity of the symptoms and make the experience less distressing.

What you can do:

- Reassure the person that they are not going mad, and to you they are still the same person, even if their condition makes them say or do odd things at times.
- A calm and quiet setting is best; but the person should not be isolated or left alone for too long.
- People with delirium need the reassurance of having the company of familiar people, familiar belongings, and where possible being in familiar surroundings.
- In an unfamiliar environment, objects from home (for example photos, blanket, bed-side clock) can be helpful.
- Night lights and familiar soothing music may be beneficial.
- You may need to remind the person of where they are and who you are.
- Speak slowly and clearly so the person can keep up with your thoughts. People with delirium can only cope with one thing at a time.
- Don't argue with or challenge a person who is rambling or having delusions. If the content of what the person is saying doesn't make sense, respond to the feeling or mood. It is better to relieve anxiety than to suggest to the person they are talking nonsense.
- Sight and hearing loss can make confusion worse. If the person normally wears glasses and hearing aids, make sure they are being worn.