Delirium

As we get older, we have a higher risk of getting various health conditions. These include dementia, delirium and depression. These are three separate conditions, but their symptoms and risk factors can overlap. Because of this, it can be easy for relatives, friends and even healthcare professionals to mistake one condition for another. This series of factsheets explains the conditions, some of the similarities and differences between them, and what can help you tell them apart if you’re concerned about a loved one.

What is delirium?

Delirium is a syndrome (a set of symptoms) where someone is very confused and unable to focus their attention. Their consciousness, thinking abilities and awareness of their surroundings can all be affected. They may behave differently (be uncooperative or have mood swings), be confused or slow, experience hallucinations, or have problems with movement or speech.

Delirium comes on very quickly, usually over a matter of hours or days. During an episode of delirium, the symptoms can fluctuate between being mild and severe.

There are three types of delirium:

hypoactive delirium, where someone is tired, lethargic, apathetic and withdrawn

hyperactive delirium, where someone is restless, agitated and may be aggressive

mixed delirium, where someone shows signs of both hypoactive and hyperactive delirium (this is the most common type)

Older people are more likely to experience delirium. Being very ill or frail, having a cognitive impairment (including dementia) or recovering from surgery, can also increase the risk.

Causes of delirium

There are a wide range of underlying factors that can bring about delirium. These include:

- infections (particularly of the urinary tract)
- high temperature
- reactions to nearly any medicine
- an imbalance of minerals in the blood (especially dehydration)
- urinary retention (being unable to urinate)
- constipation
- severe pain
- sudden alcohol withdrawal

There are many other potential causes. In most cases, it will be more than one underlying factor that leads to an episode of delirium.

Consequences of delirium

As well as the immediate symptoms, delirium can increase the likelihood of other complications. These include:

- falls (because of problems with balance)
- reduced mobility
- pressure ulcers (bed sores)
- hospital-acquired infection
- difficulties with daily living / tasks
- incontinence
- malnutrition
- dehydration

Because of these potential complications, it is important to identify delirium as quickly as possible and treat any underlying causes.

Delirium and dementia

The term ‘dementia’ refers to a set of symptoms, including difficulties with thinking and reasoning (especially memory loss), emotional and behavioural problems, and difficulties with daily activities. Problems are often mild to start with, but gradually get worse over time.

Some of the symptoms of dementia are similar to those of delirium, for example:

- being confused and disoriented
- becoming irritable, aggressive or paranoid (in hyperactive delirium)
- being apathetic or withdrawn (in hypoactive delirium)

Because of these similarities, and the fact that older people are at risk of both conditions, it can be hard to tell the two apart. A person who is actually experiencing delirium may be wrongly diagnosed as having dementia (or vice versa).

However, it is possible to have both delirium and dementia at the same time. In fact, already having dementia puts someone at a higher risk of delirium. This means that an episode of delirium may be mistaken for someone’s dementia suddenly getting worse (or vice versa).

Delirium and depression

Depression is a common and treatable condition where someone has persistent low mood and/or little interest or pleasure in activities, as well as other symptoms. If someone has hypoactive delirium and they are apathetic and lethargic, this could be mistaken for depression. Very old people in particular may become quiet and withdrawn as a result of delirium, which may resemble depressive symptoms. There may also be a greater chance of heightened confusion if the person has dementia, as they will be at higher risk of both conditions, and may be less able to communicate their other symptoms.

If someone has depression (with or without dementia), the doctor may prescribe antidepressants to treat it. However, some antidepressants (particularly tricyclic antidepressants – TCAs) can cause confusion and other delirium-like symptoms.

Telling the three Ds apart

There are some distinct features of the three conditions that can help you to try and work out what the problem might be if you are worried about a loved one.

A person with delirium will be severely confused, and may be particularly agitated or lethargic. These are not common in dementia (unless the person is in the later stages or has dementia with Lewy bodies). Compared with dementia, someone with delirium will probably have particular difficulty concentrating and be easily distracted.

Although the symptoms of depression and hypoactive delirium may be similar, a person with depression will probably retain a good memory and be aware of their surroundings. This will probably not be the case with delirium.

Another thing to look for is how quickly symptoms have appeared. Symptoms of dementia tend to come on very gradually. With depression they will come on more rapidly, typically over a number of weeks or months. With delirium they can be even more sudden: a matter of hours or days. With delirium, symptoms are generally worse at night, when the person may be particularly confused or disoriented, or experience paranoia or hallucinations.

If a doctor is trying to work out whether your loved one has delirium, you will have a role to play. Because your loved one may have difficulty communicating, the doctor will rely on your observations of their symptoms and behaviour. Also, if they have an existing diagnosis of dementia, it will help for the doctor to know what their ‘usual’ abilities and behaviours are like. This will help them judge whether any current symptoms they are observing are caused by delirium or the existing dementia.

If it is unclear whether dementia is causing certain symptoms, or whether depression and/or delirium are involved, healthcare professionals will often choose to treat for depression or delirium first. If the symptoms don’t improve they may be able to rule out depression or delirium, and can then do further assessments for possible dementia.

In cases where a person has dementia and depression/delirium, again the doctor should focus on treating the depression or delirium first.

Caring for a person with delirium

Delirium is a serious problem and needs urgent attention. If your loved one has delirium, they will probably end up going to hospital so that doctors can monitor symptoms and address any underlying causes. In some specific circumstances they could be looked after outside of hospital, but this is rare.

When caring for a person with delirium, the main focus is on addressing the underlying cause. For example, someone with an infection will have that infection treated, or if they’re reacting to certain drugs, these drugs will be stopped. Because underlying causes aren’t always easy to identify (and there may be more than one), there may be some ‘trial and error’ here. The doctor may treat for several conditions before the delirium stops.

If your loved one hasn’t been admitted to hospital, steps can be taken to help reduce their confusion, especially if they are in a care home. Appropriate lighting and minimal background noise are helpful. It also helps to remind them of time and place; clocks and calendars are useful for this. If your loved one is in a care home, regular visits can also help with orientation.

If your loved one’s delirium leads to challenging behaviour, health professionals may use something called ‘de-escalation techniques’ to try and help them become calmer. In more serious situations, where they may pose a risk to themselves or others, a doctor may give certain medicines to calm the person. The doctor will do this carefully, using low doses, monitoring your loved one closely, and not using the medicines for too long. Some of these medicines can’t be used if your loved one has a type of dementia called dementia with Lewy bodies.

Delirium key points

A set of symptoms

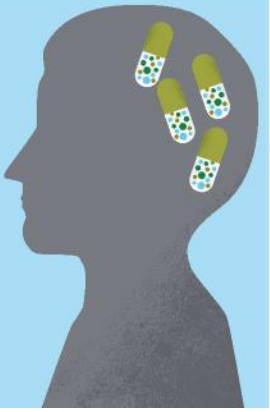
- confusion
- inability to concentrate
- behaviour changes
- hallucinations
- problems with movement or speech

Delirium can be **hypoactive** (tired, apathetic withdrawn), **hyperactive** (restless, agitated) or **mixed** (signs of both).

Causes of delirium

Wide range of potential causes, including:

- infections
- reactions to medicines
- imbalance of minerals
- severe pain
- constipation



Possible similarities to depression

- being apathetic
- appearing lethargic

Possible similarities to dementia

- confused and disoriented
- irritable, aggressive or paranoid
- apathetic or withdrawn

More likely with depression

- retaining good memory
- awareness of surroundings
- symptoms come on more gradually

More likely with dementia

- confusion not as severe; memory problems more noticeable
- symptoms come on a lot more gradually

Caring for a person with delirium

- serious problem, so **hospital treatment** is usually needed
- main focus is on **treating the underlying cause**
- important to **reduce confusion** by orientating the person
- for agitation, **de-escalation techniques** may be needed
- in serious cases, careful **treatment with medicines** can help to calm someone