

WHAT TO DO IF YOU DETECT SYMPTOMS OF DELIRIUM?

Delirium can be a sign that there is a medical problem. Delirium can slow down the healing process and should be addressed immediately. Family members may notice slight changes in behavior and have a vital role in prevention and care for the Veteran.

- Inform a health care professional as soon as possible.
- Provide the health care professional with as much information as possible.
 - » When did changes start?
 - » What medications are they taking/or no longer taking? Bring medication bottles, if possible.
 - » What changes in behavior did you notice?
 - » Did you notice changes in eating and sleeping?



WHAT HAPPENS AFTER DISCHARGE?

A person with delirium may have some remaining symptoms for days or weeks after discharge. Some people may not return to their previous level of mental functioning. It is critical to plan for extra support when your loved one returns home. If their mental state worsens, contact their doctor.

For additional information:

- <https://americandeliriumsociety.org/>
- https://www.va.gov/GERIATRICS/pages/delirium_topics.asp
- www.va.gov/GERIATRICS/pages/delirium_helpful_links.asp



DELIRIUM

INFORMATION FOR FAMILIES & CAREGIVERS

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WHAT IS DELIRIUM?

Delirium is a **sudden** change in a person's thinking or mental state. The person may appear **confused, disoriented**, have **difficulty paying attention**, or have **abnormal behavior** such as agitation, or become **withdrawn**.

Delirium may last for hours, days, or even weeks. Usually, symptoms will come and go and may not be the same all the time. Fortunately, delirium can be treated and even prevented.

Delirium is **different** from dementia.

Dementia (e.g., Alzheimer's disease) is a **slow** or **gradual loss** of brain functions such as memory, planning, or language. Dementia is usually **permanent**.

WHO IS AT RISK?

Serious medical illness or multiple illnesses places individuals at risk for delirium. **Older adults** or those with brain illnesses such as dementia are also at higher risk. Other risk factors include:

- Infections (e.g., urinary tract infections)
- Dehydration/ Malnutrition
- Pain
- Constipation
- Certain medications
- Too little oxygen (e.g., shortness of breath)
- Low blood sugar
- Use of multiple medications
- Alcohol or substance (e.g., benzodiazepines, opiates) use
- Alcohol or medication withdrawal
- Surgery or other procedures
- Not enough sleep
- Being in an unfamiliar place

WHAT ARE SYMPTOMS OF DELIRIUM?

Remember, symptoms may come and go during the day. The severity of symptoms can also change. People with delirium may have some of the following symptoms:

TROUBLE WITH THINKING:

- Unclear thoughts/speech
- Problems paying attention
- Difficulty recognizing surroundings and people
- Difficulty recalling events/information
- Confused about time or location
- Thinking that people are trying to harm them

CHANGES IN BEHAVIOR & PERSONALITY:

- Acting as if they are seeing, hearing or feeling things that are not present
- Mood changes (e.g., anxiety, aggression, agitation, resisting care)
- Becoming quiet or withdrawn (e.g., not talking or eating)
- Excessive sleepiness



WHAT WILL THE MEDICAL TEAM DO TO ADDRESS DELIRIUM?

- Order tests to uncover medical problems that could be causing delirium
- Review medications that could be causing delirium, or making it worse
- Provide a suitable and supportive environment to reduce confusion

WHAT CAN HELP AVOID OR ADDRESS DELIRIUM?

- Talking clearly and calmly
- Using short sentences and simple instructions
- Letting them know that they are safe
- Using their aids (e.g., glasses, hearing aids, dentures)
- Having familiar belongings and people present
- Providing reminders of the date, location, and situation (if not distressing)
- Maintaining a calm environment (e.g., limit distressing sounds, limit number of visitors at one time)
- Addressing pain or discomfort
- Playing soothing/enjoyable music
- Maintaining a regular wake/sleep schedule (e.g., open curtains for sunlight, keep them engaged and awake during the day)
- Encouraging mobility (e.g., sitting up or other permitted activities)
- Assisting with eating and drinking