

Information for family and friends of patients with Delirium



Your friend or relative has Delirium.

What is Delirium?

This is an altered state of mind that occurs commonly when someone is medically ill.

Common causes include infection, surgery, serious injury, and side effects of medication.

What causes Delirium?

Delirium is caused by a disturbance in the brain's ability to process information when someone is unwell. It is not a sign of ongoing mental disorder.

Most people recover in a few days as their medical illness improves. Young people recover more quickly, while those who are older or already have a chronic or serious medical condition will take longer to recover.

The Delirium can continue off and on for a period of weeks or months, even after the acute medical illness has settled. A small number of patients may not recover completely, either from their original disease or the Delirium. The staff will inform you if this is the case for your relative.

What should you expect?

Delirium tends to fluctuate. Sometimes the patient seems to behave normally, and at other times is disorientated and confused (and may not recognise familiar people or surroundings).

People with Delirium may:

- experience hallucinations (seeing or hearing things that are not there)
- experience delusions (appearing overly suspicious or being worried about unusual concerns)
- become irritable and excitable or withdrawn.

While the patient may seem to be alert, the experience is more akin to a dream state and often the patient only remembers fragments of the experience, or nothing at all, after the Delirium has settled.

How can you help?

Delirium may be distressing for those who visit and some suggestions on how you may help are offered.

- Limit visitors to those the patient knows well. Inform visitors of what to expect.
- Speak slowly and clearly. Don't say too much or bring up complicated issues, as the patient will find it difficult to concentrate for very long, if at all, on what is being said. Avoid sudden movements that may frighten the patient.
- Gently remind your friend or relative where they are.
- The patient may not recognise you. If this is the case, do not take it personally; this is a common problem and part of the condition. Introduce yourself to the patient each time if necessary.

- Inform staff if you notice any abrupt changes in behaviour that concern you. The staff will also be interested if you think there has been a noticeable improvement.
- The patient may say and do things that are an exaggeration of their normal personality style or behave in ways that are completely out of character. This will recover when the Delirium settles. Try not to overstimulate the patient with too much activity and don't encourage this behaviour.
- Having visitors is pleasant but very tiring. Your physical presence is likely to be reassuring: just being there is often the best thing. A gentle massage of arm or forehead, or holding their hand may be helpful. Sometimes one person staying quietly in the evening may help the patient go to sleep. Please discuss this with the staff.
- Bring in some familiar objects such as familiar or loved photos, a favourite perfume, a cassette player (with earphones) as some familiar music played softly may be helpful. Please discuss the appropriateness of bringing any of these items with the staff.
- You may try to help with some of the patient's needs. Be firm and clear if asking the patient to do something. Do not argue or try to reason.
- The staff may ask about the patient's lifestyle and past medical history, to see if anything has been overlooked. Issues such as past illnesses and injuries (especially head injuries), previous medication sensitivities or reactions, any history of dependence on drugs (legal or illicit), nicotine or alcohol may be relevant.
- Use nicknames or other familiar phrases that are likely to be reassuring. Let staff know if there is anything they could say or do that will make the patient feel more at ease or reassured.
- Having Delirium can lead to a reawakening of other previous distressing or frightening experiences from the past. These may be experienced as reality or as part of a dreamlike state. It is useful to tell staff if the patient has had any previous traumatic experiences (being trapped, being frightened, feeling very helpless, being very ill or in great pain) that you consider may be reawakened or recalled.
- You may like to keep a diary of what has happened so that you can inform the patient on recovery, as it is likely that they will not remember any or much of the experience.
- Occasionally, Delirium has not completely cleared up by the time the patient leaves hospital. If you suspect your relative or friend still has some of the symptoms on this information

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