

# Delirium + Dementia Cause for Concern

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# Delirium

A medical emergency characterised by an acute and fluctuating onset of confusion, disturbances in attention, disorganised thinking and/or a decline in level of consciousness


**1 in 3 older people in acute beds  
2 in 3 will also have dementia**


# Causes of Delirium

- Infection
- Constipation
- Medication
- Pain
- Sleep deprivation
- Malnutrition
- Dehydration
- Metabolic (low sodium or low calcium)
- Change to surroundings
- Change to routine
- Personal stress factors
- Surgery

**PINCH ME to aid memory of causes of delirium as follows P – Pain I – Infection N – Nutrition C – Constipation H – Hydration M – Medication and E - Environment**

# At Risk

- Dementia  10x
- 65+
- Frail/comorbidity
- Previous delirium
- Male
- Sensory impairment
- Functional dependence
- Depression
- Alcohol/drug dependency



The more risk factors  
there are the greater  
the risk

# 3 Types of Delirium

Hyperactive Delirium	Hypoactive Delirium	Mixed Delirium
<b>Agitation</b>	Sleeping	Alternating periods of
<b>Hallucinations</b>	Poor concentration	agitation and sleep
<b>Confusion</b>	Confusion	Confusion
<b>Disorientation</b>	Disorientation	Disorientation
<b>Poor concentration</b>		Poor concentration
<b>Behaviour that challenges</b>		

Features	Delirium	Dementia
Onset	Rapid (hours, days)	Gradual (months, years)
Course	Fluctuating	Progressive
Duration	Days-weeks	Months-years
Consciousness	Altered	Clear
Attention	Impaired	Normal (unless severe)
Psychomotor changes	Increased or decreased	Normal
Reversibility	Usually	Rarely

Delirium is a physical health condition with presentation similar to dementia it is also a medical emergency and if not caught early and treated can kill

# OUTCOMES for PWD

- Longer stay in hospital
- Repeat admissions
- Accelerated cognitive decline
- Loss of functional ability
- Increased risk of admission to 24 hour care
- Death within 2 years for old old
- Increased risk of dementia (if not demented)

Delirium can take up to 6 months to resolve

I didn't know where I was or what was going on, I thought I was in prison

Nothing felt real, it was very, very scary

I wouldn't take the tablets, I thought they were poisoning me

I thought someone had taken my children

I thought everyone was trying to hurt me, kill me even

I was so frightened, I thought I was going mad

It was like thinking through fog, every now and again something made sense, but not often



# Treatment

- Spot early
- Identify the underlying cause
- Treat the cause

# Prevention Care Highlights

<b>General</b>	PCC. Ensure aids are available, fit and are working. Build resilience. Be alert to ANY change and react
<b>Pain</b>	Use non-verbal cues, provide relief in usable form, be aware of physical health history
<b>Medication</b>	Review regularly, reduce where possible, check interactions
<b>Constipation</b>	Know the person's habits, encourage appropriate diet, encourage exercise, treat
<b>Nutrition &amp; Dehydration</b>	Know likes and dislikes, offer easy and regular access to food, make food a social occasion, ensure required help is available
<b>Sleep</b>	Establish routine, adhere to personal preferences, consider environment, appropriate stimulation during waking hours
<b>Environment</b>	Routine is important - people, things, sounds, temperature, smells. Avoid change – in environment and routine
<b>Personal Factors</b>	Know the person and what they enjoy, dislike, fear. What provokes anxiety, anger, sadness

# Further Resources

[www.nice.org.uk/guidance/CG103](http://www.nice.org.uk/guidance/CG103)

<http://www.europeandeliriumassociation.com/>