PRC Quick Tips

Société Alzheimer Society

BRANT, HALDIMAND NORFOLK, HAMILTON HALTON

Understanding Dementia: Delirium

What raises your suspicion it may be a delirium?

"My family member is not usually like this!"

"Mom seems to have gotten dementia overnight!"

A front-line worker reports a sudden change in a resident's behaviour or cognition which usually appears worse at night.

Resident fearful and trying to escape their environment.

What does delirium look like?

A sudden change from their normal behaviour:

Inattention

- Incoherent flow of thoughts and ideas
- Inability to maintain focus on one topic or conversation
- Rambling disconnected speech

Mental Confusion

(increasing suddenly over 24 hour period)

- Decline in social or functional abilities
- Behavioural changes i.e. resistiveness, striking out, or unusually quiet and withdrawn
- Increased or new confusion to time, person, or place

Distorted Thinking

- Delusions, suspicious behaviours, accusing others
- Perceptual Changes
- Misperception of items (i.e. believing the wind is someone trying to break into the home)
- Hallucinations

Changing levels of alertness

- Agitation or restlessness
- Withdrawal
- Changes in sleep habits, i.e. difficult to awaken, loss consciousness, falling asleep in mid-sentence
- Reversal of sleep/wake cycles

Doctors diagnose, nurses heal, and caregivers make sense of it all.

Brett H. Lewis

What is delirium?

Delirium is a medical emergency characterized by a sudden change in an *individual's baseline* cognition and behaviour. These changes fluctuate throughout the day and night, and often have rapid onset over a short period of time (hours, to days, to weeks, less than one month). If recognized promptly, and the underlying cause is treated, delirium can usually be reversed. Symptoms of delirium are frequently missed or thought to be related to progression of dementia.

Common triggers for delirium

Delirium can happen to anybody, but older people are 4 times more likely to experience delirium than younger people because they have co-morbid conditions that put them at risk.

- people with dementia or existing memory/thinking problems are at higher risk
- infections: pneumonia; severe UTI; open wounds; bedsores; surgical wounds; sepsis
- electrolyte disturbance, dehydration, acidosis/alkalosis, liver or kidney failure
- abrupt withdrawal from medications
- addition of more than one medication or addition of a medication (always be on high alert if this was a recent event)
- insufficiently treated pain
- opioids (especially if opioid naïve)
- unfamiliar surroundings
- move to long term care or new living quarters

Delirium can be, and often is, the result of more than one trigger (example being dehydration/constipation).

What can we do to help?

- Promote healthy rest and sleep (reduce noise/lights low, try not to use sleeping pills if possible)
- Promote physical activity (avoid restraints/sit up and walk if possible)
- Promote family/familiar people to be with individual as often as possible to prevent the need for sedation
- When awake promote "working" hearing aids/glasses to be worn
- Promote hydration and healthy eating
- Standardized assessment tool to be used is the CAM - Confusion Assessment Method

For more information, please contact us:

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