

ABOUT DELIRIUM

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What is delirium?

Delirium is a medical term to describe sudden changes in behavior, memory or thinking. It is not a new condition and the term comes from the Greek meaning ‘off the track’. It is temporary and treatable.

How is delirium different from dementia?

There are a number of different forms of dementia, including Alzheimer’s and they are all slow, progressive and at this time, non-reversible. Delirium is a sudden change that is out of character and it is often preventable, treatable and reversible.

The outward signs of both delirium and dementia can look similar which is why a medical diagnosis is important. In both situations, a person may appear confused, forgetful, anxious or irrational. However, delirium has a sudden, rather than gradual onset.

What causes delirium?

Not all causes for delirium can be identified but delirium can occur following an unexpected hospitalization following a fall or stroke, for instance. An untreated urinary tract infection (UTI) can also cause delirium. Delirium can also occur when a person is on certain medicines such as psychotropic drugs or drugs for dementia.

Is there anything else I should look for that might be mistaken for dementia?

There are other situations where confusion or behavior changes are apparent but that would NOT be diagnosed as either dementia or delirium. Examples of these would be could be changes in vision, hearing or mobility. Illness, grief, depression, epilepsy and other life-changing circumstances should be taken into account before assuming a person has delirium or dementia.

Can a person have BOTH dementia and delirium?

Absolutely. Delirium is more common among persons with dementia. Because of this, families sometimes assume that a person’s dementia has suddenly become

worse during a hospitalization or life-changing circumstance when in fact, that person is suffering from delirium. While treatments for the delirium will not reverse the slow progress of dementia, they can help reduce the confusion caused by delirium so that a person's activities of daily living are not dramatically changed.

How do I know if it's delirium and not something else?

There are assessments available to determine if the change in behavior, cognition or memory is delirium, dementia or something else. Common assessment tools are the mini-COG (cognition) test for dementia and the CAM (Confusion Assessment Method) for delirium. The best resource for these assessments is usually the primary physician.

What do I do if I think a person might be delirious?

Speak to their doctor about your concerns and your observations. Ask anyone who knows the person well and has also commented on changes in their thinking or behavior to write down their observations with particular reference to the onset of the confusion. Share this with the doctor as well. Remember that delirium is a relatively sudden shift, not a gradual decline and that a return to familiar surroundings will help reduce the confusion. So this is not the time to look for a new care setting or residence unless required by new physical needs.

How is delirium treated?

Once the cause of the delirium is identified, it can be usually be treated quickly and effectively, either by changing medications that are contributing to the confusion or adding medicines to treat underlying causes such as a urinary tract infection (UTI). Therapies to reduce anxiety and confusion such as aromatherapy with lavender, music therapy, healing touch can also be effective. Time and a return to familiar surroundings also play a big part in reducing delirium.

Where can I get more information?

You can find more information at the American Delirium society website;
<https://www.americandeliriumsociety.org/about-delirium/patientfamily>