What is delirium?

Delirium is a name for acute confusion. The patient who is delirious is often experiencing a world that makes no sense to us but is very real to them. For instance they may:

- not know they are in hospital
- think they can see frightening animals
- think they have been kidnapped
- think staff are only pretending to be nurses
- try to make sense of the noises around them and create a different explanation for them, so for instance if another patient is upset, they may think someone is being tortured.

The main point is that the patient is absolutely convinced about the reality of the confused world they are in. It can be terrifying for them and very worrying for relatives.

Often a patient who is delirious will still recognise friends and family although they will not generally believe their reassurances. They will usually want to get out of bed and be taken home. Patients with delirium can find it very difficult to understand or retain information – so even if they appear to understand what is happening, or may be joining in a conversation, they may not remember what has just been said to them. Delirium can also fluctuate, one minute you will be having a normal conversation and next they will say something that makes no sense.
Delirium can show itself in two ways – it will either be obvious to onlookers or hidden. Some patients can be very agitated and upset, which is particularly stressful and upsetting for relatives, and indeed nursing staff, who are trying to keep a patient safe. Usually though most delirium is quiet and not obvious to staff and relatives, and may make patients very sleepy. Delirium is a condition of extremes – patients either don’t sleep at all or they sleep all the time, they are continually restless or they remain absolutely still. Whatever it looks like, delirium is a sign that the brain is not working properly because the patient is very ill.

Why does delirium develop?

Delirium is very common in intensive care because the patients are so ill. It can be caused by:

- infection
- the drugs given to patients to help them get better
- kidney failure
- lung failure
- heart failure

Some patients are more likely to get delirium, such as:

- older patients
- those who have become a bit forgetful
- those who were already on medicines before ICU treatment
- those who have liver problems
- patients who are dying
- patients on ventilators – at least two out of every three ventilated patients will suffer from delirium.

It does not take much to make this second group of patients delirious – even a simple urine infection would cause it.
I think my relative or friend might have delirium

It can be difficult to tell if an intensive care patient has delirium because they are often sedated and there may not be obvious signs. An ICU patient may not be able to talk to tell us what they are experiencing – either because they are sedated or because they are on a ventilator (breathing machine) with a tube in their mouth or a tracheostomy (where a tube has been put through a hole in the patient’s neck).

In some intensive care units, staff will try to find out if a patient has delirium by doing a short test of concentration and they can do this test every day. However they can only do this with patients who are awake enough to squeeze a hand (as a form of communication).

If you think your relative or friend has delirium or is not quite themselves, let the nurse or doctor know.

What can I do to help the patient with delirium?

There are ways you can try to help a patient with delirium, such as:

- Talk to the patient, hold their hand, and reassure them.
- Tell them regularly that they are in hospital.
- If the patient is sedated, and you are not sure what to talk about, try reading a favourite book or a newspaper to them. They may find your voice comforting. However, choose what you are reading carefully to make sure that it doesn’t upset them further.
- Keep a diary of what is happening to the patient – they may find this very helpful later on and the nurses may help you with this.

Medical staff will try to help patients with delirium by doing things such as:

- Trying to establish a day / night routine for the patient to help normal sleep.
- Trying to get them mobile even if it is just sitting on the edge of the bed.
- Trying to get them off the ventilator and cut down sedation.
How long does delirium usually last?

It is usually temporary – a few days to a week. Sometimes, it can last longer and may take several weeks to completely clear. Even once the patient is no longer delirious, it may take some time for them to work out what really happened to them and what was imaginary.

Does it have any lasting effects on your health?

Delirium is a serious event which we expect to get better as patients recover. It is, however, common in some patients who have more problems after ICU. They are less likely to do as well as patients who do not get delirium, though this could be because patients who are very ill often get delirium. Some can have long-term problems with brain function, for example concentration and memory, but other patients can make a complete recovery.

What can a patient do to help themselves after ICU treatment?

Some patients will have no memory of their time in ICU. Others can find it very distressing to think about it because they may have found it a very frightening experience. Whatever their memories, it can take a patient some time to recover emotionally from an ICU stay.

When they feel able to, some patients may find it helpful to:

- try to piece together what happened to them in ICU, what treatments they had etc. This helps to make sense of what was imaginary and what was real, because it can be very hard to work that out, even weeks after an ICU stay.
- to read a relative’s diary of what happened in ICU
- go back and visit the ICU unit. This can be very difficult for the patient to do, but can help the patient to make sense of what happened to them.
Staff may have time to explain the machines and what equipment was used.
  - talk to a follow up nurse / outreach nurse or a counsellor about their time in ICU.

These are only ideas and some patients may not want to remember what happened and may not want to talk about it. Others may find it very painful to remember their time in Intensive Care, and may need to take their time before they can begin to come to terms with what has happened to them.

**Where can I get help? Are there any support organisations?**

There is more information and links on the website www.icudelirium.co.uk which was set up by Dr Valerie Page, an Intensive Care consultant at Watford General Hospital.

ICUsteps is a charity for ex-ICU patients and relatives. They have information on their website, including a booklet called ‘Intensive Care: A guide for patients and relatives’, and have support groups in some areas. Their website is www.icusteps.org

In summary, delirium is a temporary but very distressing condition for patients and relatives. If you have any concerns about your relative, or would like more information, please do talk to staff and they will do what they can to help.
Acknowledgements

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