



**DementiaUK**

Helping families face dementia

# Delirium and dementia



Delirium is a sudden change in someone's cognitive state that causes increased confusion, disorientation, or difficulty with concentration. While these signs are often seen in people with dementia, the difference with delirium is that the changes come on very quickly, over the course of one or two days or even a few hours, whereas dementia develops gradually over months or years. The symptoms of delirium also tend to vary a lot throughout the day.

Delirium is also known as 'acute confusional state' and can be very distressing both for the person affected and the people who are caring for them.

### Delirium and dementia

Anyone of any age can experience delirium, but it is most common in older people and in people with dementia. In fact, dementia is the single biggest risk factor for developing delirium.

Delirium can be difficult to recognise in people with dementia as the symptoms – such as confusion and difficulties with thinking and concentration – are

similar. However, it is important to be aware of the possible symptoms of delirium in a person with dementia, and not just assume it is their dementia getting worse.

In hospitals, approximately 20–30% of older people on medical wards will develop delirium, and up to 50% of people with dementia. Up to 50% of people who have surgery develop delirium. Most people living in care homes are also at greater risk.

Older people with delirium and dementia have been found to have longer stays in hospital; be at increased risk of complications such as falls, accidents or pressure ulcers; and be more likely to be admitted into long-term care.

### Lewy body dementia and delirium

Around 10–15% of people who are diagnosed with dementia have Lewy body dementia. Its symptoms are very similar to delirium – including visual hallucinations – and as with delirium, they often fluctuate noticeably throughout the day.



It is easy to miss the signs of delirium in someone with Lewy body dementia because of the similarity in symptoms, but it is important to be aware that people with the diagnosis may still develop delirium, and to ensure you take any sudden or unexpected changes in their symptoms or behaviour seriously.

## What causes delirium?

The most common risk factors for developing delirium are:

- dementia
- age – it is more common in people aged over 65
- infections such as chest infections and urinary tract

infections (UTIs) – although low-level infection may not show up in blood tests

- dehydration
- poor appetite and nutrition
- constipation or urine retention
- pain
- having had surgery, particularly hip surgery
- taking multiple medications
- sight and hearing difficulties
- nearing the end of life
- being in an unfamiliar or distressing environment
- having delirium in the past
- poisoning, eg carbon monoxide poisoning

While delirium often has a physical cause, it can occur in people with dementia if there is a change in their environment or regular routine, with no apparent physical cause.

## Symptoms of delirium

There are two types of delirium: hyperactive and hypoactive.

**Hyperactive delirium:** people are typically restless and agitated and may be aggressive. The

severity of their symptoms will fluctuate noticeably throughout the day. They may be increasingly confused, with hallucinations (seeing, hearing, touching, tasting or smelling things that aren't there) or delusions (believing strange or unusual things that are untrue). People may have sleep disturbances and be less cooperative.

**Hypoactive delirium:** people may be quiet, withdrawn and sleepy. They may have reduced concentration and less awareness of what is happening around them. Their appetite may be reduced, and they may move around less than usual.

Bear in mind that people can fluctuate between hypoactive and hyperactive delirium over the course of several hours. Often, the symptoms are worse at night.

People who have had delirium say they:

- felt unsure of their whereabouts
- were worried that other people were trying to harm them
- felt afraid, irritable, anxious or depressed
- felt slow and sleepy
- felt agitated and restless
- had vivid dreams that continued when they woke up
- found it hard to follow what was being said
- had difficulty paying attention
- found it difficult to speak clearly
- saw and heard things that were not there

### What to do if you suspect delirium

Delirium is a serious condition, and while it can usually be treated, it can be life-threatening. It is important to contact the person's GP as soon as possible if you notice signs of delirium and request an urgent appointment. If you cannot get an appointment with their GP or you need to see a GP out of hours, call 111 for advice, as they can book an appointment for you if necessary.

If the person's confusion comes on suddenly, take them straight to A&E or call 999 for an ambulance.

In the meantime, you can try these ideas to ease their confusion.

- Stay with the person – do not leave them alone
- Keep calm and reassure them – tell them who you are, and where they are
- Use short, simple sentences when talking to them
- Try to gather any information that may be useful to medical professionals – for example, observe the person to see if they are in any pain, and make a list of medication they are taking
- Make sure they are wearing their glasses and hearing aid, if they use them
- Use familiar photos and objects to distract the person and provide a sense of security
- Help to ground and reorientate the person by making sure they know the time and date and can see a clock
- Ask them if they need the toilet and make sure they know how to get there – offer support if needed
- Avoid too much stimulation (eg busy environments, bright light, noise from TV or radio) and having too many people around
- Keep a low light on at night
- Avoid disagreeing with the person too much. Don't dismiss what they tell you, and try to validate what they are saying, eg "I know you're feeling very distressed right now"
- Try to change the subject if they express ideas that seem odd to you
- Offer them drinks to maintain hydration
- Don't try to stop them moving around, if it is safe for them to do so – help them sit up in bed or go for a short walk around the room

## How is delirium diagnosed and treated?

Delirium can often be diagnosed based on the person's symptoms. The doctor will use a '4AT' test, which involves them looking at their:

- alertness – are they drowsy and withdrawn, or restless and agitated?
- awareness – do they know what year it is and where they are?
- attention – eg can they name the months of the year backwards from December?

- acute or fluctuating changes
  - did the changes come on suddenly, and are they varying throughout the day?

The doctor may request blood and urine tests to check for underlying causes like infection and review any medication that could be contributing to the delirium.

Often, delirium can be treated by addressing the underlying causes – for example, if the person is in pain, they may be offered pain medication; if they have an infection, they may be given antibiotics; or if they are dehydrated, they will be encouraged to increase their fluid intake.

Medication is not generally given for delirium itself, but if the person is severely distressed or at risk of harming themselves or someone else, they may be given a low dose of sedative or antipsychotic medicine for a few days (note that these are not suitable for people who have Lewy body dementia).

Most people will recover from delirium. This may take a few days, weeks or even months, and it may take longer for people with dementia to recover. Some people with dementia may have ongoing effects and never fully return to how they were before they experienced delirium.

### Preventing delirium

Delirium can be prevented in around 30% of cases by tackling the potential causes. You can help to reduce the risk, for example by:

- ensuring the person stays well hydrated
- making sure they practise good hand hygiene and follow any advice they're given about wound care and medical devices (such as urinary catheters)
- ensuring they take any medication exactly as prescribed
- avoiding changes to their routine and environment – for example, avoiding them moving beds or wards in hospital

## Sources of support

To speak to a specialist dementia nurse about delirium or any other aspect of dementia, please call our Helpline on **0800 888 6678** (Monday to Friday 9am-9pm, Saturday and Sunday 9am-5pm) or email [helpline@dementiauk.org](mailto:helpline@dementiauk.org)

To book a phone or video call appointment with an Admiral Nurse, please visit [dementiauk.org/book-a-clinic-appointment](https://dementiauk.org/book-a-clinic-appointment)

### Dementia UK resources

False beliefs and delusions  
[dementiauk.org/false-beliefs](https://dementiauk.org/false-beliefs)

Changes in perception  
[dementiauk.org/changes-in-perception](https://dementiauk.org/changes-in-perception)

Staying healthy with dementia  
[dementiauk.org/staying-healthy](https://dementiauk.org/staying-healthy)

Lewy body dementia  
[dementiauk.org/dementia-with-lewy-bodies](https://dementiauk.org/dementia-with-lewy-bodies)

Tips for better communication  
[dementiauk.org/tips-for-better-communication](https://dementiauk.org/tips-for-better-communication)

Coping with distress  
[dementiauk.org/coping-with-distress](https://dementiauk.org/coping-with-distress)



Dealing with restlessness  
[dementiauk.org/dealing-with-restlessness](https://dementiauk.org/dealing-with-restlessness)

Sundowning  
[dementiauk.org/sundowning](https://dementiauk.org/sundowning)

A stay in hospital  
[dementiauk.org/changes-in-care-a-stay-in-hospital](https://dementiauk.org/changes-in-care-a-stay-in-hospital)

The information in this leaflet is written and reviewed by dementia specialist Admiral Nurses. We hope you find it useful. If you have feedback, please email [feedback@dementiauk.org](mailto:feedback@dementiauk.org)

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Thank you.



If you have questions or concerns about any aspect of dementia, please contact our Admiral Nurses.

Helpline: **0800 888 6678** or [helpline@dementiauk.org](mailto:helpline@dementiauk.org)

Virtual clinics: [dementiauk.org/book-a-clinic-appointment](https://dementiauk.org/book-a-clinic-appointment)



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