

Delirium: What Should I Know? What Can I Do?

Is it really all that important?

The term delirium is mentioned 32 times in the State Operations Manual.

While some long-term care staff have heard the term, relatively few can identify what it is and why it is so important.

It is often apparent but not readily recognized or understood.

Anyone who wants to improve dementia care should become familiar with it, because it is one of the major preventable causes of dementia and worsening of existing dementia.

What is delirium?

Delirium refers to an abrupt and substantial change in brain function due to a medical cause that can present with altered alertness, attention, responsiveness, thinking, speaking, memory, or orientation.

How common is it?

Delirium can happen to anyone, but it is most common in frail older individuals, including those with dementia.

Delirium is common in both hospitals and nursing homes

Nursing homes are getting many admissions from the hospital with new onset delirium that is often unrecognized, unmanaged, or unresolved.

Many nursing home residents experience episodes of delirium; for example, when they become ill or as a result of the medications they receive for many different conditions.

What are its consequences and complications?

Delirium is clearly associated with many poor outcomes.

It is a potential cause of decline, dysfunction, and death (the Big 3 “Ds”).

Other poor outcomes include slower recovery and rehabilitation from acute illness, greater risk of additional complications, and onset or worsening of dementia, death

Sometimes, it resolves in days to a week or so, but at other times it may take weeks to months to resolve fully, or may come and go over many months.

Those with delirium are more likely to wind up institutionalized.

How does delirium present?

It usually presents as an acute change in attention, thinking, and alertness, often with behavior and psychiatric symptoms.

It comes in several distinct varieties: mostly underactive, mostly overactive, or mixed.

It can be easily confused with other conditions that present with similar findings.

There are key clues to help distinguish delirium from dementia.

Without careful consideration of details, it is easy to misdiagnose underactive delirium as depression.

A detailed “story” of current symptoms and of baseline cognition and behavior is critical to identifying delirium.

A typical story is that the person is “remarkably different from usual,” or “she was functioning quite well until recent illness, and now is not back to her usual self.”

Information to help recognize delirium is readily available, including within the Minimum Data Set (MDS).

How can we recognize delirium?

Those who work in long-term and postacute care should know how to recognize, prevent, diagnose, and manage it.

The risk that someone will get delirium depends on both predisposing factors and number and severity of current factors that may ignite it

Not uncommonly, delirium is confused with something else (dementia, depression, etc.).

What causes delirium?

Delirium has many potential causes.

It is common for multiple factors to be acting simultaneously.

It is crucial to do a careful detailed review for causes and not just assume or guess.

Medications in almost any category often play a huge role in its development

Especially medications with high anticholinergic effects or side effects

Combinations of multiple medications in multiple categories often tip the balance, even when none of them individually would be a cause.

Diagnosis is based primarily on clinical suspicion, although specific tests can help identify specific causes

Delirium and dementia are often closely related.

How can delirium be prevented?

A number of measures may help prevent delirium or lessen its severity.

What can I do to help improve the situation?

- Read up on delirium
- Recognize its importance, regardless of how technical it seems
- Recognize how common it is
- Strongly promote effective recognition, prevention, and management of delirium in all settings—especially hospitals, postacute care, Assisted Living, and long-term care facilities.
- Realize that it can last for days, weeks, or even months
- Take seriously the importance of delirium as a cause of many serious complications, including dementia
- Promote delirium prevention and management as a key route to improve dementia care
- Encourage good detective work to recognize it and identify causes (medical as well as psychosocial and environmental) of behavior and psychiatric symptoms:
 - Encourage thoughtful problem solving and discourage jumping to conclusions and making assumptions about causes, especially based on existing diagnoses such as dementia
 - Learn to look for, and report, risk factors
 - Encourage use of the available tools to identify delirium, including use of existing information in the MDS and RAI
 - Encourage supportive interventions in individuals with delirium
 - Recognize the many medications in many diverse categories that can cause it
 - Strongly encourage all clinicians to take delirium prevention and management seriously, including avoid or reduce medications that may cause or worsen it