

Delirium

Definition

- **Delirium** is a serious disturbance in mental abilities that results in confused thinking and reduced awareness of the environment. The start of **delirium** is usually rapid — within hours or a few days.

- Acute confusional state (serious disturbed mental abilities)
 - Acute decline in consciousness
 - Cognition
 - Attention

Sign and symptoms

- Reduced awareness of environment
- Poor thinking skills (cognitive impairment)
- Behavior changes
- Emotional disturbances

Diagnostic features

- Mental status assessment
- Physical and neurological exams
- Other tests

Differential diagnosis

- Dementia and delirium
- Alcohol intoxication /withdrawal (included prescribed drugs)
- Severe infections
- Metabolic changes

Comparing Delirium, Depression, and Dementia

Sudden change

| | Delirium | Depression | Dementia |
|-------------------------------|---|---|---|
| Onset | Rapid, hours to days | Rapid or slow | Progressive, develops over several years |
| Cause | Medications, infection, dehydration, metabolic changes, fecal impaction, urinary retention, hypo- and hyperglycemia | Alteration in neurotransmitter function | Progressive brain damage |
| Duration | Usually less than one month but can last up to a year | Months, can be chronic | Years to decades |
| Course | Reversible, cause can usually be identified | Usually recover within months; can be relapsing | Not reversible, ultimately fatal |
| Level of consciousness | Usually changed, can be agitated, normal, or dull, hypo or hyperactive | Normal or slowed | Normal |
| Orientation | Impaired short-term memory, acutely confused | Usually intact | Correct in mild cases; first loses orientation to time, then place and person |

Gradual

Continue.....

Can't focus

| | | | |
|---------------------|--|--------------------------|---|
| Thinking | Disorganized, incoherent, rambling | Distorted, pessimistic | Impaired, impoverished |
| Attention | Usually disturbed, hard to direct or sustain | Difficulty concentrating | Usually intact |
| Awareness | Can be reduced, tends to fluctuate | Diminished | Alert during the day; may be hyperalert |
| Sleep/waking | Usually disrupted | Hyper or hypo somnolence | Normal for age; cycle disrupted as the disease progresses |

Generally alert

Can fluctuate

No !but gradually increase

Management Guideline

| Causes | Treatment |
|-------------|-----------------------|
| Dehydration | Fluid + electrolytes |
| Drugs | Removal of the drugs |
| Stress | Removal of the stress |

- Supportive Care
 - Keep calm and oriented
 - Involvement of friends and family
- Counseling
 - Take measures to prevent patient from harming himself or other (remove unsafe objects)
 - Provide frequent reminders of time and place with clocks and calendars in full view of the patient to reduce confusion

- Medication

- Avoid use of sedative hypnotic medication
- To control agitation prescribe antipsychotic medication .