UNDERSTANDING YOUR DIAGNOSIS

# Delirium

Also called Delirium

A sudden, confusing change in thinking caused by a medical problem. It usually clears up once the cause is found and treated.

| HOW COMMON | OFTEN STARTS | TREATABLE | YOU ARE NOT ALONE |
|---|---|---|---|
| 1 in 5 hospital patients | Over hours to a day or two | Yes - most people recover | Very common after age 65 |

## What this is

- Delirium is a sudden change in thinking and attention. It comes from the body being unwell, not from a weak mind.
- It is not dementia and it is not a mental breakdown. It comes on fast, comes in waves, and usually clears once the cause is treated.
- It is nobody's fault. Infection, low oxygen, pain, dehydration, or a new medicine are the usual triggers.
- Families often spot it first. If your person seems not themselves today, tell the nurse or doctor right away.

## What it can look and feel like

- You cannot hold your focus. Questions slip away halfway through, and you lose the thread of a conversation.
- It comes and goes. Mornings can look fine while nights are confused, so what family sees overnight really matters.
- You may be quiet, sleepy, and withdrawn. This quiet kind is the most common one and the easiest one to miss.
- Or you may be restless and upset, pulling at tubes and lines and trying to climb out of the bed.
- You may see things that are not there, or feel certain that staff are trying to hurt you rather than help.
- Day and night can flip, so you lie awake all night and then sleep through most of the daytime.
- You may not know where you are, what day it is, or why you came into the hospital in the first place.

## What is happening in your brain and body

- Acetylcholine, a brain chemical for attention, drops while dopamine runs high. Attention is the first thing to go.
- Illness anywhere in the body sends inflammation signals to the brain, which scrambles how brain cells talk.
- Low oxygen, low blood sugar, infection, or poor blood flow starve brain cells of what they need to work properly.
- A brain already strained by age, memory illness, or poor hearing tips over from a much smaller push than usual.
- Common triggers: infection, dehydration, pain, constipation, a full bladder, new medicines, alcohol withdrawal.

## What can make it more likely

- Being over 65, having memory problems, or being frail all make delirium far more likely during any illness.
- Surgery, intensive care, and long hospital stays raise the chance, especially with broken sleep and no daylight.
- Certain medicines are common culprits: sleep aids, bladder drugs, strong painkillers, and sedatives.
- Stopping alcohol or sedatives suddenly can bring on a severe delirium that needs urgent medical care.

## What to expect

- Most people get better once the cause is treated, though it usually takes days to weeks rather than hours.
- Recovery is bumpy. Clear stretches and confused stretches can happen on the same day, and that is expected.
- Some memory and thinking changes can linger for months. Avoid big, permanent care decisions during this time.
- Frightening memories or dreams afterward are common. Talking them through helps, and it is fine to ask for that.

## What helps

Treatment works. Most people get better.

### Talking therapies

- Formal talk therapy does not work during an episode, because attention is too scattered to take anything in.
- Gentle, repeated reminders of where you are, what day it is, and why you are here are the core of the care.
- Family at the bedside with familiar faces, photos, and voices calms things and cuts the need for restraints.
- Afterward, talking through the frightening memories lowers distress and can head off lasting anxiety.
- Care partners should know that recovery is measured in weeks, so no permanent decisions during the episode.

### Medicines

- The real treatment is fixing the cause: antibiotics for infection, fluids, oxygen, pain relief, or a medicine change.
- No medicine cures delirium. **Antipsychotics** are used briefly, and only when someone is unsafe or terrified.
- **Benzodiazepines** usually make delirium worse, except when it comes from alcohol or sedative withdrawal.
- **Thiamine**, a B vitamin, is given quickly when heavy alcohol use is part of the picture, to protect the brain.
- Stopping the offending medicine is often the biggest win. Bring the full pill list, including drugstore products.

### Everyday things that help

- Bring glasses, hearing aids, and dentures to the hospital. Being able to see and hear clearly prevents confusion.
- Get up and move as soon as it is safe. Sitting in a chair for meals beats lying flat in bed all day long.
- Protect sleep: curtains and lights open by day, quiet and dark at night, and no unnecessary overnight checks.
- Keep fluids going, keep the bowels moving, and treat pain properly. All three drive confusion when ignored.
- Familiar things help: a clock, a calendar, family photos, and the same few visitors each day.

## Get help right away if

- Sudden confusion is a medical emergency. Call the doctor or go to the emergency room the same day.
- Get help now for fever, trouble breathing, chest pain, no urine, or a fall with a bump to the head.
- If anyone talks about ending their life, call or text **988** now, or go to the nearest emergency room.

## Questions to ask your care team

- *What do you think caused this episode, and how are we treating that cause?*
- *Which of these medicines can be stopped or lowered right now?*
- *What can we do at the bedside tonight that will actually help?*
- *How long should recovery take, and what follow-up will we need?*

# Where this information comes from

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**NOTE**

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.