

# Understanding and preventing Delirium in older people

## Tips for family, whānau, and friends

As people get older, especially if they are unwell or living with dementia, they have greater risk of developing delirium. This brochure shares some simple strategies that can help you prevent delirium, recognise delirium, and support someone if they do develop delirium.

### What is delirium?

Delirium is a temporary state of confusion (or worsened confusion), caused by the brain malfunctioning. The symptoms develop suddenly, usually over a few hours or days. It is a serious and common medical condition.

### What does it look like?

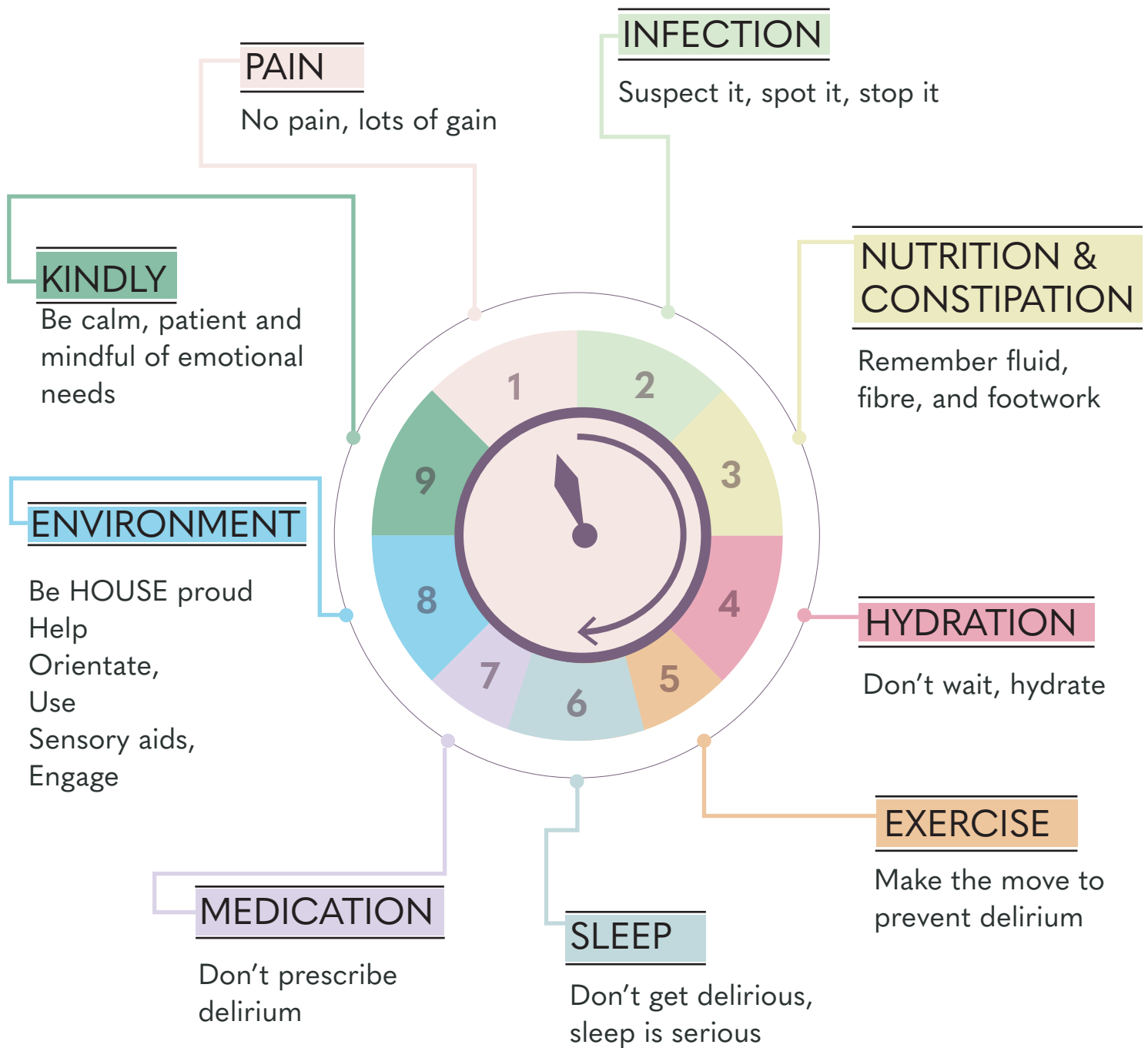
Delirium makes paying attention and focusing thoughts difficult. People with delirium may be upset and restless, or quiet and sleepy, or a mixture of both. They may see and hear imaginary things. They may fluctuate between being confused and seeming okay over the day.

### What happens after a delirium?

Delirium is usually temporary. Unfortunately some people with pre-existing brain problems may not recover to the same level of thinking and memory that they had previously. People who have had a delirium have a higher risk of delirium in the future.



# 9 Proven ways to help prevent delirium



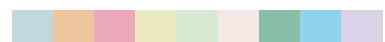
## DELIRIUM IS PREVENTABLE!

Anything you do to reduce these risk factors reduces the risk of delirium

Think

# PINCHES ME

Kindly



## Pain

Pain can contribute to delirium. Usually people can simply tell us if they are in pain. However if someone's brain is not working well, they may be less able to use words to report pain or to do things to help pain improve.

- Keep an eye out for signs of pain and discomfort. These might be changes in their body language, facial expression, the sounds they make, or what they are willing to do (such as walking, eating, or allowing touch). Let a doctor or nurse know.
- If your loved one has an injury or condition that is likely to be causing pain, such as a recent broken bone, ask that they receive regular pain relief if they are not able to ask for this themselves.



## Infection

Infections are a leading cause of delirium, especially urinary tract infections (UTIs) and aspiration pneumonia. Aspiration is when food or liquid enters the lungs, by “going down the wrong way”.

- Keeping up fluids and regular toileting help prevent UTIs. The person you support should not be given a urinary catheter unless it is absolutely necessary.
- Tell a doctor or nurse right away if you notice that your loved one often coughs while trying to eat or drink. This may mean that there is a swallowing problem.
- Encouraging good mouth and teeth hygiene, being up and out of bed for meals, and having the person as involved as possible in eating can all help avoid aspiration.
- If your loved one has an infection, it should be identified and treated.

## Nutrition & Constipation

Your loved one may lose interest in eating or find eating difficult.

- If your loved one doesn't have much appetite, eating "little and often" may help, rather than trying to stick to three main meals.
- Eating with others can encourage eating.
- Make sure whoever is providing the meals knows when and what your loved one likes to eat.
- Make sure dentures fit properly.
- It is important your loved one is as independent as possible when eating. Finger food or special types of cutlery and plates can make eating easier.

You may be surprised to know that constipation can trigger delirium too.

- Regular toileting and lots of fluids, fibre, and exercise can help prevent constipation.

## Hydration

Because of changes in our bodies with age, we may no longer be able to trust our thirst – we need to drink to stay healthy.

- Make sure whoever is providing drinks know your loved one's favourites, and that drinks are in reach.
- Offer drinks when you pop in. Sometimes small sips are easier – "little and often" can be better than relying on a large drink at morning and afternoon tea.
- Have a drink too. People drink more when someone is drinking with them.

Sometimes the care team may limit how much a person drinks because of a medical condition, so this needs to be checked.



## Exercise

Remember “if you don’t use it, you lose it”. Encourage your loved one to be up and active as much as possible.

- Find out how active your loved one can be and ask how you can help with this.
- If your loved one uses mobility equipment to help them walk, make sure it is in reach.
- Encourage them to do as much as possible for themselves.
- If possible, encourage your loved one to be up and out of bed for every meal.
- Exercise together or encourage the company of others.



## Sleep

A normal sleep / wake cycle helps to prevent delirium.

- Remember “active days help peaceful nights”. Activities, routine, and companionship can help a person distinguish between night and day, as well as tire them out to get a good night’s sleep.
- Encourage familiar routines and bedtime rituals that help the person relax and know that it is bedtime and time to sleep.
- During the day make sure there is good lighting and curtains are open to let in natural light. This will help your loved one know where they are and what time it is.
- At night, it helps if the room is darker (but not so dark that it is hard to use the toilet or similar overnight)

## Medication

Some types of medication can contribute to delirium.

- If your loved one is on several medications, their health care team may review the medications to check if they are all needed. If this doesn't happen you can ask their doctor, chemist, or nurse (if they have one) to check.
- Some types of medication can contribute to delirium if they are stopped suddenly. Always check with your health care team.



## Environment

### Help orientate

- Open curtains and blinds in their room during the day.
- Can they see a clock and something that tells them what day it is?
- Drop gentle reminders into conversation to help them understand where they are and what is going on.

### Use sensory aids

- Check that glasses are clean and hearing aids are working and being used.

### Engage

- You may be able to plan one or two activities to do together during your visits.
- A photo can be a great conversation starter.
- Think about adapting previous interests they can no longer do. A keen knitter may enjoy winding wool...
- Think about the senses: music to listen to, flowers to smell, a hand massage for touch, interesting pictures to look at, something interesting to eat or drink...

## Kindly

Chances are that no one knows the person you care about as well as you do.

You know their history and its meaning to them, their interests, their likes and dislikes, fears, worries and concerns.

You may hold the key to their communication and behaviour if they are having trouble expressing themselves.

The tips you provide can help their care team to better understand your loved one.

Consider the five most important things you think the people helping your loved one need to know about them to:

- Gain co-operation in personal care activities such as having a shower.
- Encourage conversation.
- Support their interests and hobbies.
- Help your loved one to be reassured and settled.

These suggestions are called the "TOP5"

*"If my wife starts to mumble and talk to herself she is becoming anxious. Talk to her in a calm, friendly and relaxed way about flowers and the garden and she will be smiling in no time."*

*"Eating has always been social in our family. It is important that Dad eats in the dining room. Tell him his meal has arrived, what it is, and that you hope he enjoys it. Only then will he eat!"*

*"Peter is young, and likes to be active. When he starts pacing, an accompanied brisk walk, or involving him in gardening, may help to calm him."*

# Your top 5 tips for people helping your loved one

My top 5 tips for caring for my loved one are:

#1

- 
- Are there things you know of that may cause them distress?

#2

- 
- When they are unsettled are there things you do that help settle them?

#3

- 
- Are there routines that you have developed that help keep them reassured?

#4

- 
- Are there any repetitive questions or reoccurring issues that may need a specific answer?

#5

- 
- Are there any signs or triggers that may indicate they need or want something?
-



# Are they different today?

## 7 Changes that may help identify delirium

If you notice sudden changes for the worse that last more than a day in your loved one's thinking, memory or personality, tell a doctor or nurse immediately. When there are more changes at once that are more severe and last longer, then it is more likely that a delirium is present. During your interaction with the person today, have you noticed a sudden change in any of these things?

### AWARENESS

They have a different level of awareness to the environment than when they are normally awake.

### THINKING

They have disordered thinking. Their responses (words or actions) are unrelated to what you asked them.

### MOVING

They have an unexplained difficulty moving around, they are not able to move as freely or easily as usual.

### ATTENTION

They are less able to pay attention. They can't focus on you.

### BEHAVIOUR

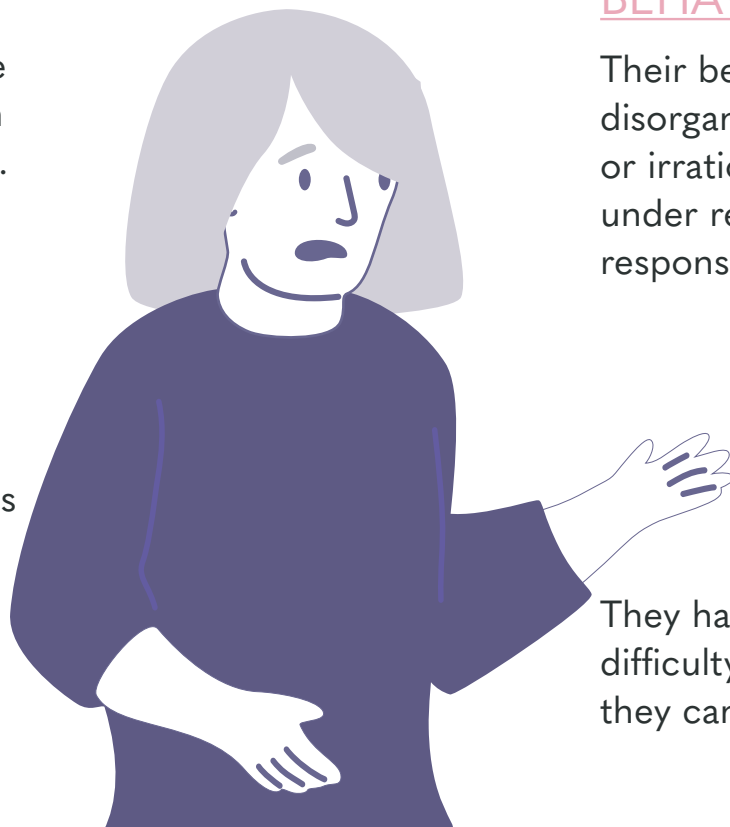
Their behavior seems disorganized, purposeless, or irrational. They are under responsive or over responsive.

### SELF-CARE

They have an unexplained difficulty eating or drinking, they can't feed themselves.

### FLUCTUATION

Their attention and awareness fluctuates, such as drifting in and out during an interaction or through the day.



# Looking after yourself when your loved one has a delirium

It can be upsetting to see a dramatic change in how your loved one thinks and acts. Family members often say that it's like they have lost their loved one during the delirium:

*... he's not with us, his mind is not with us. Physically he is.*

Delirium can cause a person to act out of character. They may lose their self-control or act in ways that are unexpected,

they may be quiet and distant.

Hallucinations can seem very real to them:

*... It was as if she had her own video running in her head that we couldn't see, but she was interacting with this mental image and you know, sometimes she'd be laughing and other times she'd be angry. And it's hideous to watch. It's really terrible.*

Being with the person and waiting for them to return to their prior self can be a worrying time and hard to bear.

## What can I do to look after myself?

- Even though it is hard, try not to take what they say or do personally. They are not thinking clearly and are not themselves.
- Be open with other family members about what is happening. Share information about delirium to help them understand and support you. It may help to share your feelings with someone.
- Try to look after yourself and get some rest. Remember to eat and drink to keep your energy levels up. If you can, go out for short walks. Nobody wants two patients instead of one!

Sue: Today I would like to talk.  
Rob: Absolutely, tell me, what's happening

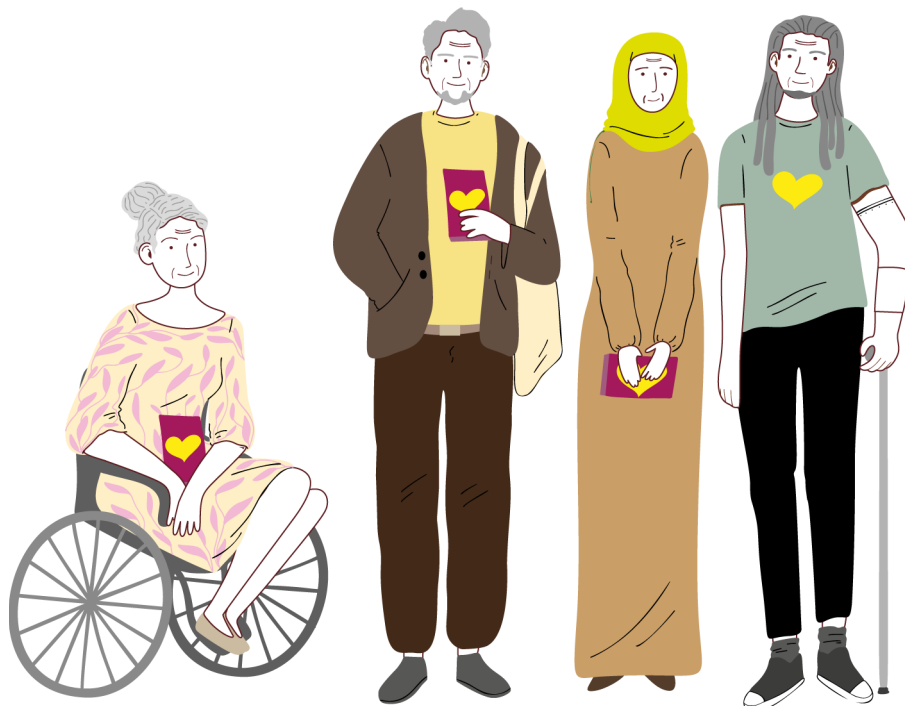


# Supporting your loved one when they have a delirium

Keep in touch with your loved one's care team, to give and receive information and support.

You can work together to identify and treat the triggers for your loved one's delirium.

- The calm presence of a familiar person can help relieve distress. Try to be kind and comforting.
- Be supportive. What the person is experiencing seems real to them.
- Respond to their emotions (e.g. fear). Don't argue about the facts.
- Reassure them that they are safe, and that you are here and want to help.
- Gently remind the person about who you / and any care staff are, what time of day it is, and where they are.
- Too much stimulation can add to confusion. Minimise background noise such as television.
- If your loved one becomes agitated, try not to restrict their movements. They need to be safe, but it is also important for a person with delirium to continue to move and walk if possible.
- The person may or may not remember the experience of delirium afterwards. They may be distressed by memories of the upsetting hallucinations they had. They may need continued understanding and support.



# Te Whatu Ora

## Health New Zealand

Waitaha Canterbury



This booklet was developed within the Canterbury District Health Board, with the support of the South Island Alliance.

It is intended to provide general information and is not a substitute for individual clinical advice.

### We gratefully acknowledge material from the following sources:

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