

# WHAT YOU SHOULD KNOW ABOUT DELIRIUM

In the Clinic  
Annals of Internal Medicine

## What Is Delirium?

Delirium is a sudden change in mental state. It is marked by sudden onset of confusion that may come and go. The confusion may include disorientation, decreased consciousness, trouble focusing, or difficulty remembering recent events. Delirium may be hypoactive, where you are tired, sleepy, and less aware of your surroundings, or hyperactive, where you are restless or agitated and more aroused.



## How Does It Differ From Dementia?

Delirium comes on suddenly, over a few hours or days. It is usually temporary and goes away once the cause is treated. Dementia is a chronic condition that develops over months or years and does not get better. However, dementia and delirium can coexist. In fact, having dementia is a risk factor for developing delirium.

## What Are Some Symptoms?

- Sudden change in mental status
- Trouble paying attention or staying focused
- Disorganized thinking, rambling, or speaking incoherently
- Abnormal level of consciousness

## What Are the Risk Factors?

Delirium usually affects older people; however, individuals of any age can be affected. It is common in people who are hospitalized, especially those in the intensive care unit. It is important to prevent, quickly diagnose, and treat delirium in order to reduce the risk for complications and death. Some common risk factors and triggers include:

- Preexisting cognitive impairment
- Vision or hearing impairment
- Severe illness
- Certain health conditions, such as depression or pain
- Recent surgery or anesthesia
- Certain medications, drugs, or alcohol
- Dehydration
- Sleep deprivation
- Immobility

## How Is It Diagnosed?

- Your doctor will screen for delirium if you are hospitalized and have other conditions that affect the brain, have other medical conditions, or are admitted to the intensive care unit.
- Your doctor will take a medical history. This will include asking a family member or other

caregiver about your usual mental status to understand when mental changes began.

- Your doctor will ask for a list of the medicines you take and conduct a physical examination.
- Your doctor will ask you some questions to assess your mental state. These may include asking what day of the week it is or asking you to recite the months of the year in reverse order.
- Blood tests and brain scans are not needed to diagnose delirium. However, your doctor may need to use these tests to see what is causing the delirium (such as a seizure or low blood sugar).

## How Is It Treated?

- Your doctor will identify and treat the cause of delirium. This may mean changing the type of medicine you take or treating a simple infection.
- It is important that you have a dedicated caregiver who can let your doctor know if your condition is getting worse and can stay with you while you are confused.
- Make sure that hearing and visual aids are available and used if needed.
- It is best to treat delirium at home or in an environment you are familiar with. Hospitalization is not always needed and can make delirium worse. However, it may sometimes be necessary when delirium is caused by certain medical conditions or when you do not have dedicated support at home.
- There is no medicine that can prevent or treat delirium. Medicine would typically only be used to calm you if you are endangering yourself or those caring for you.

## Questions for My Doctor

- What can I do to prevent delirium?
- What medications cause delirium?
- What is the most likely cause of delirium?
- What interventions can help prevent delirium in the hospital?
- What can I do to prevent delirium from happening again?

## For More Information



American College of Physicians  
Leading Internal Medicine, Improving Lives

### Health in Aging Foundation

[www.healthinaging.org/a-z-topic/delirium/basic-facts](http://www.healthinaging.org/a-z-topic/delirium/basic-facts)

### MedlinePlus

<https://medlineplus.gov/delirium.html>