Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Caring for Someone With Delirium

This information will help you learn about delirium (deh-LEER-ee-um). It will also help you care for a friend or family member with delirium.

About delirium

Delirium is a sudden (quick) change in the way a person thinks and acts. People with delirium cannot pay attention to what's going on around them, and their thinking is not clear. This can be scary for the person with delirium, their family, caregivers, and friends.

Delirium can start suddenly, such as in a few hours, and can last for a few days. Or, it can happen slowly, over several days or weeks. The symptoms can come and go.

Many things can cause delirium, but it's often caused by an illness or injury. Once the illness or injury is treated, the delirium usually goes away and the person acts like themselves again.

There are 3 kinds of delirium:

- **Hyperactive delirium.** People with hyperactive delirium have more energy and are more alert than usual. They may be restless (feeling like they cannot relax or get comfortable) and have trouble sleeping at night. They may also be agitated (easily annoyed or bothered) and have changes in their mood or behavior.
- **Hypoactive delirium.** People with hypoactive delirium have less energy than usual and seem sleepy or depressed (unhappy). They may stare into space and seem to be in a daze. They may also have less interest in what's happening around them and are more quiet than usual.

- **Mixed delirium.** People with mixed delirium have symptoms of both hyperactive and hypoactive delirium. They may switch back and forth between symptoms, such as being restless and being tired. This switching can happen throughout the same day or from one day to the next.

Delirium is sometimes confused with dementia (deh-MEN-shuh), but they are not the same thing. Dementia is a state of confusion that slowly gets worse over time. It will not get better. Delirium happens suddenly. You will notice a change in the person right away. It often gets better with treatment.

Signs of delirium

Someone with delirium may have 1 or more of these signs. They may:

- Seem confused.
- Be restless and upset.
- Be easily annoyed or bothered.
- Seem troubled (worried).
- Be paranoid (worried that someone is trying to harm them).
- Be more alert than usual.
- Have trouble staying awake.
- Look or act depressed.
- Not make sense when they talk.
- Have hallucinations (see or hear things that are not there).
- Mix up their days and nights.
- Be forgetful (have trouble remembering things).
- Have trouble focusing.
- Not know where they are.

If the person shows any of signs of delirium, tell their healthcare provider right away. The person's care team will take care of them and refer them to other

services, if needed.

Causes of delirium

Many things can cause delirium. Some common causes are:

- Infection.
- Side effects of medications or a change in medication.
- Recent surgery with anesthesia (medication that makes you sleep during surgery).
- Chronic (lifelong) illness that's getting worse, such as chronic kidney or liver disease.
- Low or high levels of sodium, potassium, calcium, or magnesium in the blood.
- Dehydration (not having enough water in your body).
- Not eating enough, or not getting enough nutrients from food over a long period of time.
- Low or high blood sugar.
- Constipation (when you poop less often than usual, have a harder time pooping, or both).
- Not being able to urinate (pee).
- Severe (very bad) pain.
- Drinking too much alcohol, or if someone suddenly stops drinking alcohol.
- Withdrawal from benzodiazepines (BEN-zoh-dy-A-zeh-peens) or other sedative-hypnotic (SEH-duh-tiv hip-NOH-tik) medications. These are medications used to treat anxiety and sleep disorders. They help relax you.

  Withdrawal is when you have physical and mental symptoms after you stop taking these medications. Common benzodiazepines are lorazepam (Ativan®), alprazolam (Xanax®), and diazepam (Valium®).
- Not getting enough vitamin B1 (thiamine).

Risk factors for delirium

Some things can put a person at a higher risk for getting delirium. A person can be at risk for delirium if they:

- Are 70 years old or older.
- Have had delirium in the past.
- Have memory or thinking problems.
- Are in the hospital for a serious illness.
- Are dehydrated.
- Vomit (throw up) a lot or have a lot of diarrhea (loose or watery poop).
- Have problems seeing or hearing.
- Take 5 or more different medications.
- Are on a breathing machine, such as a ventilator.

Treatment for delirium

The best way to treat delirium is to find and treat the thing that's causing it. Sometimes, the person's healthcare provider may need to order many tests to find the cause of the delirium. These tests can include blood tests, X-rays, brain imaging (such as MRIs and CT scans), and electrocardiograms (EKGs).

The person's healthcare provider will also ask questions about their medical history. This includes questions about past illnesses, treatments, and other things about their health.

Once the cause of the delirium is found, treatment can start. There are no medications that treat delirium itself.

Instead, the person's healthcare provider may give them medication to treat what is causing the delirium. Or, they may give them medication to treat certain delirium symptoms. For example, if the person is upset or nervous, they may get medication to help them relax.

In addition to medication, other things can help treat someone with delirium. The person's care team may take certain medical equipment out of their hospital room if it's not needed. This can help the person feel safer. They may also have someone stay in the room with the person, such as a nursing assistant. They can help make sure the person stays safe.

How to help someone with delirium

There are many ways you can help someone with delirium, such as:

- Having a regular day and night schedule for them and helping them keep a normal sleep pattern.
    - Help them stay awake during the day by opening the curtains to let sunlight in.
    - Help them sleep at night by reducing noise, closing the curtains, and turning off the lights.
- Keeping their room quiet and calm.
- Making sure they're comfortable.
- Encouraging them to get out of bed and sit in a chair during the day.
- Encouraging them to work with a physical therapist (PT) or occupational therapist (OT).
    - A PT can help them move around and get out of bed. They can also show them physical exercises that help keep them active while they're in the hospital.
    - An OT can help them do daily tasks to take care of themselves, such as going to the bathroom. They can also help them do mental exercises, such as Sudoku or crossword puzzles.
- Helping them eat and drink.
- Making sure they drink a lot of liquids.
- Making sure they have their glasses or contact lenses, hearing aids, or both.
- Asking their friends to visit, if they can.

- Using a calendar and a clock to remind them of the date and time of day.
- Talking about current events or things inside or outside their room.
- Telling them where they are and why they're in the hospital. Remind them that they're in a safe place, and their care team is there to take care of them.
- Reading them books or letters.
- Playing them music they like or calming music.
- Showing them family photos and bringing them familiar items from home, such as a favorite blanket or book.

How to talk to someone with delirium

It can be hard to talk to someone with delirium, but it's important to be patient and understanding. Here are some helpful tips for your conversations.

- Keep conversations basic and talk about 1 topic at a time. Speak clearly, softly, and use short, simple sentences. Make sure the person can hear you and understand what you say. Repeat things, if needed.
- When you're talking to the person or asking them a question, give them some time to respond. They may need a minute to think about what they want to say.
- If the person is confused or scared, remind them of where they are and what is happening. Talk to them in a calm and soothing voice. Reassure them and tell them you're there to help and to keep them safe.
- If the person is upset or focused on a topic or issue that's making them agitated, stay calm. Try not to raise your voice or argue with them.

  Sometimes, it's easier to just change the topic than try to explain or fix the issue. It can also be helpful to change the person's setting, such as getting them out of bed.
- Avoid asking too many questions, as it may be confusing or overwhelming for the person. It's better to offer them suggestions.

For example, do not ask, “Do you want to get out of bed and sit in the chair?” Instead, you can say, “Let’s get out of bed and sit in the chair, so you can eat breakfast.”

- If the person is having hallucinations, do not argue with them or try to correct them. Instead, acknowledge their feelings and calmly reassure them.

  For example, you can say, “I understand it’s scary to hear voices of people you cannot see. But look, there’s nobody in the room but us.” You can also open any curtains or doors to show them that no one else is in the room.
- If the person is in a shared hospital room, show them the other patient who’s behind the curtain. Make sure to get permission from the other patient before doing this.

Recovering from delirium

Delirium can last from a day to sometimes months. If the person’s medical problems get better, they may be able to go home before their delirium goes away. Some people’s delirium symptoms get much better when they go home.

Other people can still have delirium symptoms months after the cause of their delirium was treated. You may notice they still have trouble remembering things, such as the date or where they are.

The person’s doctor, nurse, social worker, and case manager will help you plan for their care at home. Call their doctor or nurse if you have any questions or concerns.

How to help someone recover from delirium when they’re back home

Here are some ways you can help someone recover from delirium once they’re back home from the hospital.

- Keep the person’s mind active with activities that can help improve their thinking and memory. If you notice that an activity is overwhelming for them, make it simpler.

- Encourage the person to take part in light physical activity. Examples of this are sitting out of bed or doing arm and leg exercises.
- Keep reorienting the person as needed. You can help them adjust to being back home by:
  - Reminding them about the date and time, as well as where they are and what is happening.
  - Keeping familiar items at their bedside, such as family photos.
  - Sharing news about their family members and friends to help them feel connected to their life.
- Keep the person updated on current events. You can do this by reading the newspaper to them or showing them news programs. Do not show them any news that can make them scared or anxious (nervous or worried).
- Once the person is getting better, they can have upsetting memories of when they had delirium. You can support them by talking openly with them about their experience and feelings.

Caregiver resources

MSK's Caregivers Clinic
www.msk.org/experience/caregivers-support/caregiver-counseling-services
As a caregiver, if you feel like you need more help, reach out to MSK's Caregivers Clinic. Our Caregivers Clinic provides counseling and support for caregivers coping with the demands of being a caregiver.

American Delirium Society
americandeliriumsociety.org
This website has information for both patients and caregivers. It provides education on what delirium is and how to care for someone with delirium.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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