

# Delirium of sudden onset

~10% of aged inpatients!

In medical in-patients, prevalence of delirium may be 10-20%, and incidence 5-10%.

In surgical patients, the incidence may be up to 30%.

## RISK FACTORS FOR DELIRIUM

- Age over 60 years
- Drug or alcohol addiction and withdrawal
- Prior brain injury (vascular or trauma)
- Insomnia or other sleep deprivation
- Polypharmacy
- Hospitalization or post-surgery
- Multiple comorbid conditions
- Hepatic or Renal failure
- Poor nutritional status

## DIAGNOSTIC CRITERIA:

- **Disturbance of CONSCIOUSNESS**  
Reduced arousal, alertness, vigilance;  
Increased distractability, reduced ability to focus  
Reduced awareness of environment  
tested by **repetition of digits, or spelling "world" backwards.**
- **Disturbance of COGNITION**  
Disorientation, language disorder,  
Memory deficit, they will have an incomplete memory of the episode!  
Perceptual disturbance (illusions, hallucinations).
- **Clinical course is characteristic**  
Delirium is an acute problem.  
At night they get worse (more aggressive and confused)  
There may be an altered sleep/wake cycle

## HISTORY AND EXAMINATION:

too broad to detail: whats the MOST LIKELY cause?

### LOOK FOR THOSE MOST LIKELY TO BE RESPONSIBLE:

**Listen to the chest:**  
Could they have aspiration pneumonia?

- Evidence of DEHYDRATION
- Stigma of LIVER DISEASE
- HYPER or HYPOglycaemia
- HYPER or HYPOthermia
- HYPER or HYPOthyroidism
- HYPOXIA
- URAEMIA
- DRUG INTOXICATION OR WITHDRAWAL

**TAKE THE TEMPERATURE!!**  
→ INFECTION is a common and easily reversible cause.

**IS THERE UNDERLYING DEMENTIA?**  
Ask the family

**MEDICATIONS:** ! sedatives, antipsychotic agents, analgesics, just about anything could bring about a sudden descent into dribbling madness.

**NOT EVERYBODY WILL BE ABLE TO EVEN COMPREHEND THE MINIMENTAL STATE EXAM.**  
Its often a clinical diagnosis based on the clinicians experience of what delirium should look like, as well as any history provided by the carers.

(endone prescription ran out 2 days ago?...)

**AS YOU AGE:**  
**Fat content doubles:** thus any fat soluble drugs have longer half-lives.  
**Water content decreases:** thus water-soluble drugs end up more concentrated  
**Drug metabolism** is impaired as the liver ages  
**Renal elimination** decreases  
Age-related fall in GFR

## INVESTIGATIONS: trying to rule out intracranial pathology and infection

- FBC** – macrocytic? Anaemic in any way? WBCs suggest infection?
- EUC** – chronic renal failure? Hypo or hyper natremia?
- BSL** – too low, too high
- Urinalysis** – infected?
- LFT** – encephalopathic?
- TSH** – hypothyroidism?
- B12** – encephalopathic
- VDRL** – could it be syphilis, reactivating after 60 years?
- Chest Xray and Head CT** if it is called for (eg. sputum + crackles, focal neuro signs, etc)

**DELIRIUM CONFERS A POORER OUTCOME:**  
No matter what your condition, it will be worse  
**But... DELEIRIUM IS REVERSIBLE:**  
If you treat the cause: improvement in 10-14 days, most recovering within 4 weeks;  
**BUT: in 10%. confusion may last for up to 6 months**

## SUPPORTIVE MANAGEMENT OF DELIRIUM: recommendations from eMedicine.com

Make the patient more comfortable while you **treat the underlying cause** of their confusional state

- reduce disturbing stimuli; no TV in the room; disallow traveling clown
- provide soothing stimuli; ? stupid recommendation; ? whale song?
- use of simple, clear language in communication; they are confused enough without jargon
- same staff treating the patient all the time to reduce confusion.
- Restraints if they keep pulling out their lines and catheters
- Antipsychotic drugs ONLY if the patient is wildly deranged, hallucinating and uncooperative.

### IN THE LONG TERM

When you get them back to normal and its time for discharge, ask: what am I discharging them into?

**ASSESS THEIR ABILITY TO CARE OF THEMSELVES:**  
**If delirium is a recurrent problem, and no cause for it is found, maybe they need continuous residential care. Discuss this with the guardians.**  
*If they go home, who will care for them there? Is there anybody to check on them every day?*