

Delirium and Dementia

Is this change in behavior caused by the dementia?

When people notice a change in behavior, like increased confusion or agitation, they often ask whether the change is being caused by the dementia or if it is a sign of something else. This is a good question, because it can be hard to tell! While a slow decrease in the person's abilities over time is expected with most types of dementia, sudden changes that happen over hours or days may be a sign of what is called **delirium**. It is important to compare new behaviors or changes in abilities to the person's usual abilities and behavior patterns. With careful assessment, the underlying causes of delirium can often be treated, helping the person recover some or all of their previous abilities.

What are the signs of delirium?

- Changes that occur over hours or days and seem to come and go, or fluctuate throughout the day:
 - Change in energy or alertness
 - More sleepy than usual, or
 - Hyperactive and anxious
 - Inability to focus or pay attention; more easily distracted
 - Communication problems, such as switching topics too often or using words that do not make sense
 - Paranoid thinking or fear that someone or something is trying to harm them
 - Seeing or hearing things that are not there
 - Movement problems, such as moving slowly, fidgeting, or clumsiness

What causes delirium?

Many things can cause delirium, and sometimes there is more than one cause. Here are some common things we look for:

- Infection, such as urinary tract or respiratory
- Medication side effects
- Dehydration
- Constipation
- Urine retention or inability to empty bladder completely (especially in older men)
- Pain
- Lack of sleep
- Nutritional problems from not eating well
- Electrolyte imbalance (such as low levels of sodium in the person's blood)
- Other medical problems (diabetes, liver disease, kidney disease, lung disease, or heart failure)

What can you do to help?

If you suspect that someone is experiencing delirium, it is important to make an appointment for him or her to see their primary care provider as soon as possible. Their provider may order urine and blood tests to look for possible causes of delirium. It may be helpful for the provider to know what happened before and after the changes in the person's behavior occurred. If the person seems dramatically different, extremely distressed, or has difficulty breathing, call 911 or take them to a hospital.

Things to help the person get back to “normal” as soon as possible

When someone has delirium, they often feel disoriented, anxious, and frightened. It can be hard for them to feel comfortable or trust that they are safe. Here are some ways to help once treatment has been started:

- Try to stay calm and peaceful yourself
- Reassure the person that everything will be okay
- If the person seems aware that something is wrong, it’s okay to try to talk to them about what is happening. If talking about being sick is distressing for the person, then it’s probably best to avoid talking about it directly
- Promote activity during the day:
 - Help the person out of bed for meals
 - Take the person on a short walk three times a day (around the house is okay)
 - Engage the person in simple calming activities
 - Look at picture books or magazines
 - Tell stories about the past
 - Offer soothing touch (hand, foot, or back rub, brushing hair)
 - Help with simple puzzles or adult coloring books, play music or cards
 - Demonstrate deep breathing and encourage them to do the same
- Promote sleep at night:
 - Minimize light and noise if it disrupts their sleep
 - Make sure they are comfortably warm
 - Look for any signs of pain (grimace, moan, or bracing with movement)
- Help them stay nourished and hydrated, offer snacks and encourage them to drink throughout the day
- Help them wear any glasses or hearing aids that they normally use

Delirium may begin to improve as soon as underlying causes are treated; however, it can take months for the person to return to their previous level of function and behavior. Unfortunately, delirium can cause the dementia to progress more quickly, and in some cases, the person may not be able to fully recover their previous abilities.

Follow-up with the primary care provider

It’s a good idea to schedule a follow-up visit with the person’s primary care provider within a month or so. The provider should check to see if any medications they ordered were helpful. This may also be done over the phone if symptoms have improved. Any medications that were used to help manage psychotic symptoms from delirium may be discontinued (in consultation with provider) once the person has recovered. If the person has become weak or has more difficulty walking, the provider can make a referral for physical therapy.

For more information:

1. Urinary Tract Infections and Dementia: https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1777
2. Infections and Dementia: <http://aging.arizona.edu/sites/default/files/infections.pdf>
3. Hospital-based delirium assessment and prevention program: <http://www.hospitalelderlifeprogram.org/for-family-members/>
4. Delirium Research Center at Vanderbilt: <http://www.icudelirium.org/patients.html>