

Common Questions Regarding Delirium

1. "My loved one is not behaving normally; I am worried."

Delirium disrupts the thoughts and behaviour of your loved ones due to an underlying physical body disorder.

Although delirium prevents them from clearly expressing what they feel rest assured that certain remarks made are often unintended. Your physical companionship and the presence of close family/friends can still be felt by your loved one.

2. "How long will it last for? Will it get better?"

The duration of delirium may last for days or months. During that period, their condition will fluctuate, and they will have 'good' and 'bad' days.

The elderly or more vulnerable patients may sometimes never make a full recovery from delirium.

3. "Can I bring my loved one home in this confused state?"

It is best to discuss your loved one's unique scenario with their doctor or nurse-in-charge. They will be able to make the best recommendation and ensure that the appropriate community services are activated to assist you.

Clinics 5A
TTSH Medical Centre, Level 5
Contact:
6357 7000 (Central Hotline)



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Department of
Palliative Medicine

Delirium



What is Delirium?

It is an acute change in the mental state of your loved one and it happens commonly in the very ill (e.g. advanced cancer) and the elderly.

It is usually caused by an acute illness, like an infection, worsening organ function, stroke or heart attack etc.

There are two main types of Delirium:

1. **Hypoactive:** your loved one is quieter and sleeps more than usual
2. **Hyperactive:** your loved one turns confused, agitated and restless

Treatment of Delirium

There are two main modes of treatment:

1. Direct treatment of the underlying physical condition
2. If the condition is incurable, treatment will focus on managing the agitation and restlessness aspect

Signs and Symptoms of Delirium



Change in sleep pattern



Wandering attention



Confusion



Hallucination



Poor memory and speech



Change in mood and personality

Medications for Delirium

The doctor may prescribe medication to calm your loved one down in order for him/her to get more rest.

Some of the common medications used include:

1. Olanzapine: can be dissolved under tongue, and is quickly absorbed into the body.
2. Haloperidol: comes in the form of liquid drops or injections.
3. Midazolam: can be given as an injection.

What can you do to help your loved one?

Environment

1. Re-orientate your loved one to the time of day or location they are in
2. Ensure that the environment in the room is soothing
3. Play familiar music that your loved one enjoys
4. Bring personal items which can bring comfort like a pillow, bolster, family photo or items used for aromatherapy.

Physical Activities

1. Ensure good and regular bowel and bladder clearance
2. Ensure that your loved one uses his/her own glasses and hearing aid to minimize sensory impairment
3. Engage your loved one in the day by sitting out in a chair and participating in activities together, in order to preserve the natural sleep cycle
4. Avoid physical restraints: if your loved one keeps tugging on medical devices, hand mittens are a better alternative.

Psychological Support

Provide reassurance to your loved one by being present with your words and touch. However, do try to avoid taxing your loved one with too many visitors.