

Delirium

A diagnosis of delirium is typically based on clinical observation of behaviors and cognition, because no diagnostic tests are available.

The essential features of delirium include:

- Acute onset (hours/days) and a fluctuating course
- Inattention or distraction
- Disorganized thinking or an altered level of consciousness (which may include hallucinations or delusions)

The main difference separating delirium from underlying dementia is inattention. The individual simply cannot focus on one idea or task.

- Delirium can result from:
 - Infection
 - Drug interactions or sensitivity
 - Dehydration
 - Kidney failure
 - Liver failure
 - Brain tumors or other head trauma
 - Other physical problems

Because delirium is usually a sign that something potentially damaging is occurring, it is important to seek medical help immediately. Unlike dementia, delirium is usually reversible if the underlying cause is treated.



Case Study

Anna was diagnosed with Alzheimer's disease several years ago. She now lives in an assisted living community, where she is provided with verbal cues to sequence through basic tasks such as grooming, dressing, and bathing. She appears social and engages in group activities when assisted by a care partner.

Several weeks ago, Anna suddenly became unusually anxious. She complained of bugs crawling on her furniture and began talking angrily at the TV. Anna became agitated and resistive when staff attempted to assist her with basic care tasks. Due to her acute change in behavior and her disorganized thinking, the community staff sent her to the hospital for an evaluation. Anna was diagnosed with a urinary tract infection and delirium. She was provided with antibiotic medications.

Within a few days on the medications, Anna's disorganized thinking and agitation were resolved.