Delirium

Delirium is a disturbance of consciousness (awareness of the person's environment) characterized by altered or shifting **mental status** and **inattention** (reduced ability to focus, sustain, or shift attention). There are also changes in **cognition** (basic mental functions) such as memory impairment, disorientation to time or place, and language disturbance. There also may be disturbances of **perception** (accurate appreciation of the environment) such as hallucinations (seeing or hearing things that are not actually there), abnormal speech, abnormal movements (including tremors or picking at clothing), disruptive or violent behavior, and sudden shifts in emotions. To qualify for a diagnosis of delirium, the signs and symptoms must have a short onset (over a period of hours or days) and change over the course of the day. It is important to make a clear distinction between delirium and **dementia** (such as Alzheimer disease). Dementia is a disturbance in **intellectual** (thinking) functions that is usually gradually progressive over a long period.

Having delirium along with another medical illness can significantly increase a person's chance of dying from that illness. It is important for doctors to identify delirium so that it can be treated to improve the person's overall prognosis.

The December 24/31, 2008, issue of *JAMA* includes an article about agitation and delirium at the end of life. This Patient Page is based on one previously published in the April 14, 2004, issue of *JAMA*.

CAUSES OF DELIRIUM

- New or worsening medical illnesses such as severe infections or heart failure
- Medications, abused drugs, or poisons
- Drug withdrawal syndromes, such as **delirium tremens** (delirium from alcohol withdrawal)
- Psychiatric (mental) illnesses
- Severe pain, immobilization, or sleep deprivation

TREATMENTS FOR DELIRIUM

- Identifying and treating the underlying cause of delirium is essential.
- Supportive care, including mechanical ventilation and life-support medications, may be necessary.
- The need for all medications the patient is receiving should be assessed.
- Replacement of vitamin B should be considered for persons with alcoholism or who are malnourished.
- **Antipsychotic** medications may be used to reduce the symptoms of delirium.
- **Benzodiazepines** (antianxiety medications) may be used, particularly in cases of drug withdrawal syndromes.
- If no other treatments are effective and the patient is at clear risk of harm to self or others, soft restraints may be needed for a short time.
- Psychiatric assessment and management are important, particularly in cases of delirium not easily explainable by poison exposure, medication effects, or medical illness.

FOR MORE INFORMATION

- American Psychiatric Association
  www.psych.org
- Brain Dysfunction in Critically Ill Patients
  www.icudelirium.org
- National Institute of Mental Health
  www.nimh.nih.gov

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page link on *JAMA*'s Web site at www.jama.com. Many are available in English and Spanish. A Patient Page on dementia was published in the November 19, 2008, issue; and one on psychiatric illness in older adults was published in the June 7, 2000, issue.

Sources: American Psychiatric Association, National Institute of Mental Health, American Geriatrics Society, National Institute on Aging

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