

## Delirium

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Delirium is a **disturbance of attention, perception, thinking, and awareness** that occurs in up to a third of people who are hospitalized, and over three fourths of those at the end of life. Delirious patients are often too **confused and disoriented** to have meaningful conversations with loved ones or with medical staff.

### The main features of delirium are:

- Onset over **hours to days**, with a fluctuating course
- Easy distraction; **trouble paying attention** to a conversation
- Jumbled or **disorganized thoughts and speech**
- **Changing level of consciousness**, from very drowsy to overly alert

### Other common features are:

- Disturbed sleep–wake cycle (up all night, sleep all day)
- Mood changes (e.g., tearful, irritable, agitated, apathetic)
- Seeing or hearing things that are not there, or misperceiving events
- Impaired memory
- Short periods of clear thinking (so-called “lucid intervals”)

Delirium has **many possible causes** but is **reversible only about half the time**, even when potential causes are corrected. Most often, delirium at the end of life is a troublesome symptom that **must be managed** with orientation aids and medications.

### Orientation aids include:

- Keeping **eyeglasses, hearing aids, and dentures** in use during the day
- Keeping a **calendar, nightlight, and familiar objects** or people clearly visible
- Encouraging **activity during the day** (e.g., up in a chair, conversation, singing)
- **Having a sleep routine** with minimal disturbances at night

### Medications include:

- **Neuroleptics** (e.g., haloperidol, olanzepine, quetiapine) for disturbed thinking and perception
- **Sedatives** (e.g., lorazepam, phenobarbital) for agitation. Delirium in the last few days of life can require aggressive sedation for patient comfort and safety.

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