



Fact Sheet: Delirium

What is Delirium?

Delirium is a clinical syndrome, a group of signs and symptoms that occur together and characterize a condition. It is characterized by changes in consciousness, cognitive functions, and perceptions. These changes may fluctuate throughout the day and may last hours to days. It is most common in aging adults but can be present in people of any age.

Delirium is associated with increased risk of death, prolonged hospitalization and institutionalization, worsening cognitive decline, and impaired functional recovery.

What Causes Delirium?

As a clinical syndrome, there can be multiple causes. The most common include:

- Medications (including prescription, non-prescription, anesthesia)
- Infections (sepsis, urinary tract infections, pneumonia)
- Surgery
- Sleep deprivation

Factors that can worsen delirium include:

- Vision impairment (including lack of access to eyewear)
- Hearing impairment (including lack of access to hearing aids)
- Mobility impairment (including prolonged bed rest, catheters that decrease access to bathroom, restraints, lack of access to assistive devices)
- Cognitive impairment (pre-existing mild cognitive impairment or dementia)
- Dehydration and malnutrition
- Hypoxia
- Pain
- Changes in living environment and structure

Acute Medical Management of Delirium

Mobility and/or physical activity is the primary prevention for delirium so any older adult should be encouraged to move as much as possible even before any symptoms of delirium are present. There is no evidence that pharmacological intervention is effective for the treatment of delirium. Primary managements should include maintaining patient safety, searching for the causes of delirium episode (infection or polypharmacy), and managing delirium symptoms. Physical Therapist can be key healthcare team members by assessing and enacting early mobility programs to minimize time in bed and promote/assist with walking

The [Hospital Elder Life Program](#) (HELP) is one of the primary resources for addressing, preventing and treatment for delirium. In response to COVID-19, they have developed a [toolkit](#) to address isolation concerns.

Additional recommendations from the HELP team include addressing the risk factors. Being sure that the person has access to assistive aids such as hearing aids and glasses. Introducing yourself at each encounter and explaining your purpose. Using orientation aids and engaging activities to sustain attention during therapy. Promoting sleep practices with relaxation techniques, increased daytime physical activity, and other non-pharmacological interventions (ear plugs, eye mask). Encourage fluids when appropriate and being sure pain is appropriately addressed.

There are several forms of delirium including hypoactive, hyperactive and mixed. For someone who is hypoactive- they will be difficult to arouse and less inclined to communicate or participate in care. For someone in a hyperactive state- they will likely be more verbally expressive, difficult to orient and at risk for falls. In these cases, de-escalation techniques may be necessary.

The most commonly used method of assessing delirium in the [Confusion Assessment Method](#) (CAM) and several other tools that are free to use with registration. It is available in multiple languages and is considered the gold standard.

Post-Acute Management of Delirium

The post-acute care management of delirium will follow most traditional physical therapy interventions as determined by the PT examination and evaluation. Additional attention should be considered for assessing and addressing cognition and any psychological impact of the delirium experience (IE fear, loss of control, anxiety or depression). With any prolonged bed rest, addressing endurance, strength, balance and functional mobility will be essential.

Sources

1. American Delirium Society <https://americandeliriumsociety.org/>
2. American Geriatrics Society CoCare HELP <https://help.agscocare.org/>
3. Ciolek C, Lee SY. Cognitive Issues in the Older Adult. In: Avers D, Wong R, ed. *Guccione's Geriatric Physical Therapy 4th Edition*. St. Louis, MO: Elsevier; 2019: 425-453.
4. Hospital Elder Life Program <https://www.hospitalelderlifeprogram.org/delirium-instruments/>
5. Rains J, Chee N. (2017) The role of occupational and physiotherapy in multi-modal approach to tackling delirium in the intensive care. *Journal of Intensive Care Society*. 18(4):318-322. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5661800/>