



DementiaUK
Helping families face dementia

Delirium



Delirium is a sudden change in someone's cognitive state that causes increased confusion, disorientation or difficulty with concentration. While these signs can be part of dementia, the difference with delirium is that the changes come on very quickly, over the course of one or two days or even a few hours, whereas dementia develops gradually over months or years. The symptoms of delirium also tend to vary a lot throughout the day.

Delirium is also known as 'acute confusional state' and can be very distressing both for the person affected and the people who are caring for them.

Symptoms of delirium

There are two types of delirium: hyperactive and hypoactive.

Hyperactive delirium: people are typically restless and agitated. They may show challenging behaviour like aggression. The severity of their symptoms will fluctuate noticeably throughout the day. They may be increasingly confused, with hallucinations (seeing, hearing, touching, tasting or smelling things that are not there) or delusions (believing strange or unusual things that are untrue). People may have sleep disturbances and be less cooperative.

Hypoactive delirium: people may be quiet, withdrawn and sleepy. They may have reduced concentration and less awareness of what is happening around them. Their appetite may be reduced, and they may move around less than usual.

People may fluctuate between hypoactive and hyperactive delirium over the course of several hours.

Often, the symptoms of delirium are worse at night.



People who have had delirium say they:

- felt unsure of their whereabouts
- were worried that other people were trying to harm them
- felt afraid, irritable, anxious or depressed
- felt slow and sleepy
- felt agitated and restless
- had vivid dreams that continued when they woke up
- found it hard to follow what was being said
- had difficulty paying attention
- found it difficult to speak clearly
- saw and heard things that were not there

4 Dementia UK

Delirium and dementia

Anyone of any age can experience delirium, but it is most common in older people and people with dementia. In fact, dementia is the single biggest risk factor for developing delirium.

Delirium can be difficult to recognise in people with dementia as the symptoms – such as confusion and difficulties with thinking and concentration – are similar. However, it is important to be aware of the possible symptoms of delirium in a person with dementia, and not just assume their dementia is getting worse.

In hospitals, approximately 20-30% of older people on medical wards will develop delirium, and up to 50% of people with dementia. Up to 50% of people who have surgery develop delirium. Most people living in care homes are also at greater risk.

Older people with delirium and dementia have been found to have longer stays in hospital; be at increased risk of complications such as falls, accidents or pressure ulcers; and be more likely to be admitted into long-term care.

Lewy body dementia and delirium

Around 10-15% of people who are diagnosed with dementia have Lewy body dementia. Its symptoms are very similar to delirium – including visual hallucinations – and as with delirium, they often fluctuate noticeably throughout the day.

It is easy to miss the signs of delirium in someone with Lewy body dementia because of the similarity in symptoms, but it is important to be aware that people with the diagnosis may still develop delirium, and to ensure you take any sudden or unexpected changes in their symptoms or behaviour seriously.

What causes delirium?

The most common risk factors for developing delirium are:

- dementia
- age – it is more common in people aged over 65
- infections such as chest infections and urinary tract infections (UTIs) – although low-level infection may not show up in blood tests
- dehydration
- poor appetite and nutrition
- constipation or urine retention
- pain
- having surgery, particularly hip surgery
- taking multiple medications
- sight and hearing difficulties
- nearing the end of life
- being in an unfamiliar or distressing environment
- experiencing delirium in the past
- poisoning, eg carbon monoxide poisoning

While delirium often has a physical cause, it can occur in people with dementia if there is a change in their environment or regular routine, with no apparent physical explanation.

Frailty and delirium

Delirium is associated with frailty, which is common in people with dementia – especially older people, although it can occur much earlier. If the person with dementia experiences or has experienced delirium, it is likely that they are living with overall frailty.

The physical characteristics of frailty include:

- weight loss
- poor nutrition and hydration
- fatigue
- weakness
- reduced physical activity
- general ‘slowing down’

It is important to be alert to the signs of delirium in a person who is frail and seek immediate advice from their GP. You should also contact their GP if you have concerns that the person with dementia is becoming frail, or that their frailty is worsening. It is likely that they will undergo a thorough assessment (known as a comprehensive geriatric assessment) by a team of professionals to plan their care and treatment around their frailty needs.

For more information on frailty and dementia, please see Sources of support on p10.

Preventing delirium

Delirium can be prevented in around 30% of cases by tackling the possible causes. You can help to reduce the risk, for example by:

- ensuring the person stays well hydrated
- encouraging them to move around, if it is safe to do so

- looking for signs of physical health issues like pain, infection or constipation, and seeking advice from a GP if you are concerned
- making sure the person practises good hand and personal hygiene and follows any advice they are given about wound care and medical devices (such as urinary catheters)
- ensuring they take any medication exactly as prescribed
- making sure the person wears their glasses and hearing aids, if they use them
- putting a clock and calendar in an obvious place to ground the person in time – you can purchase dementia clocks which show the day, date, time and time of day (morning, afternoon, evening, night)
- minimising changes to their routine and environment – for example, avoiding them moving beds or wards in hospital

What to do if you suspect delirium

Delirium is a serious condition, and while it can usually be treated, it can be life-threatening. It is important to contact the person's GP as soon as possible if you notice signs of delirium and request an urgent appointment. If you cannot get an appointment or need to see a GP out of hours, call 111 for advice, as they can book an appointment for you if necessary.

If the person's confusion comes on suddenly, take them straight to A&E or call 999 for an ambulance.

In the meantime, you can try these ideas to ease their confusion:

- Stay with the person – do not leave them alone
- If they are in hospital, ask to stay with them outside visiting hours; many hospitals follow the principles of John's

8 Dementia UK

Campaign, which supports unrestricted visiting for carers of people with dementia (see Sources of support on p11)

- Keep calm and reassure them – remind them who you are, and where they are
- Use short, simple sentences when talking to them
- Try to gather any information that may be useful to medical professionals – for example, observe the person to see if they are in any pain, and make a list of medications they are taking
- Use familiar photos and objects to distract the person and provide a sense of security
- Help to ground and reorientate the person by making sure they know the time and date and can see a clock
- Ask them if they need the toilet and make sure they know how to get there – offer support if needed
- Avoid too much stimulation (eg busy environments, bright light, noise from TV, radio or children) and having too many people around
- Keep a low light on at night
- Avoid disagreeing with the person, even if they express ideas that seem odd to you
- Do not dismiss what they tell you, and try to validate what they are saying, eg, “I know you are feeling very distressed right now”
- Offer them drinks to maintain hydration
- Do not try to stop them moving around, if it is safe for them to do so – help them sit up in bed or go for a short walk around the room

How is delirium diagnosed and treated?

Delirium can often be diagnosed based on the person's symptoms.

The assessment will look at their:

- alertness: are they drowsy and withdrawn, or restless and agitated?
- awareness: do they know what year it is and where they are?
- attention: eg can they name the months of the year backwards?
- acute or fluctuating changes: did the changes come on suddenly, and are they varying throughout the day?

The doctor may request blood and urine tests to check for underlying causes like infection and review any medication that could be contributing to the delirium.

Often, delirium can be treated by addressing the underlying causes – for example, if the person is in pain, they may be offered pain medication; if they have an infection, they may be given antibiotics; or if they are dehydrated, they will be encouraged to increase their fluid intake.

Medication is not generally given for delirium itself, but if the person is severely distressed or at risk of harming themselves or someone else, they may be given a low dose of sedative or antipsychotic medicine for a few days (note that these are not suitable for people who have Lewy body dementia).

Most people will recover from delirium. This may take a few days, weeks or even months, and it may take longer for people with dementia to recover. Some people with dementia may have long-term effects and never fully return to how they were before they experienced delirium.

If you have concerns about the ongoing effects of delirium, please speak to a GP.

Sources of support

If you are living with dementia or caring for someone with the condition, register for our free online sessions, ‘Dementia: what next?’ at [▶ dementiauk.org/dementia-what-next](https://dementiauk.org/dementia-what-next)

To speak to a dementia specialist Admiral Nurse, call our free Helpline on **0800 888 6678** (Monday–Friday 9am–9pm, Saturday and Sunday 9am–5pm, every day except 25th December) or email [▶ helpline@dementiauk.org](mailto:helpline@dementiauk.org)

If you prefer, you can book a phone or video call with an Admiral Nurse at a time to suit you: please visit [▶ dementiauk.org/book](https://dementiauk.org/book)

Dementia UK resources

Changes in perception and hallucinations

[▶ dementiauk.org/changes-in-perception](https://dementiauk.org/changes-in-perception)

Coping with distress

[▶ dementiauk.org/coping-with-distress](https://dementiauk.org/coping-with-distress)

Dealing with restlessness

[▶ dementiauk.org/dealing-with-restlessness](https://dementiauk.org/dealing-with-restlessness)

False beliefs and delusions

[▶ dementiauk.org/false-beliefs](https://dementiauk.org/false-beliefs)

Frailty and dementia

[▶ dementiauk.org/frailty](https://dementiauk.org/frailty)

Good hydration for a person with dementia

[▶ dementiauk.org/hydration](https://dementiauk.org/hydration)

Hospital admissions for people with dementia

[▶ dementiauk.org/changes-in-care-a-stay-in-hospital](https://dementiauk.org/changes-in-care-a-stay-in-hospital)



Lewy body dementia

➤ dementiauk.org/dementia-with-lewy-bodies

Pain and dementia

➤ dementiauk.org/pain

Sundowning

➤ dementiauk.org/sundowning

Staying healthy with dementia

➤ dementiauk.org/staying-healthy

Tips for better communication

➤ dementiauk.org/tips-for-communication

Other resources

4AT assessment

➤ the4at.com

John's Campaign

➤ johnscampaign.org.uk

**To speak to a dementia specialist Admiral Nurse
about any aspect of dementia:**

Contact our Helpline:

0800 888 6678 or [▶ helpline@dementiauk.org](mailto:helpline@dementiauk.org)

Book a virtual appointment:

[▶ dementiauk.org/book](https://dementiauk.org/book)

**Our charity relies entirely on donations to fund our
life-changing work. If you would like to donate to help us
support more families:**

- Call **0300 365 5500**
- Visit [▶ dementiauk.org/donate](https://dementiauk.org/donate)
- Scan the QR code



Thank you.



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