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**Abstract:** Discusses factors to consider to prevent delirium among hospitalized patients. Symptoms and manifestations of delirium; Contribution of sleeping medications to delirium; Use of tea and massage to prevent delirium.

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### **Preventing delirium in the hospital**

#### **Sometimes it can't be avoided. But small things like making sure someone wears her glasses may help.**

Hospitalized patients of any age can become delirious, but people over age 65 are especially vulnerable. Like many mental health conditions, delirium is defined by its symptoms, and the list varies according to the source. In the definition that's gaining acceptance, two symptoms must be present: a sudden change in "mental status" and the inability to hold a thought or pay attention. Other manifestations include jumbled thoughts and rambling speech. A quarter of patients hallucinate. Some become paranoid. Agitation is common, but about half the time, just the opposite occurs: People become withdrawn and lethargic. Doctors and nurses often fail to recognize delirium in these hypoactive patients.

When a loved one becomes delirious, it's often upsetting. They're sick already or recovering from major surgery. Perhaps they're in intensive care. Now they seem completely "out of it" and may not recognize you. If they're hallucinating, it may seem like they're losing their mind. And you can't imagine that this person will ever be able to take care of himself or herself again.

The good news is that delirium is reversible -- indeed, it may "break" like a fever -- and it doesn't seem to cause brain damage. Even so, delirium causes many serious problems. Studies have shown that it greatly increases the risk for complications, in-hospital mortality, and nursing home placement.

#### **Preventing the contributing factors**

Doctors don't have an anti-delirium pill, and precisely what's happening in the brain is still a mystery. But researchers do have a pretty good grip on many of the common contributing factors: undetected infections, dehydration, immobility, sensory deprivation, and undertreated pain. Preventing those things from happening is how doctors and nurses

can best go about treating the delirious patient.

Many people have a hard time getting a good night's sleep in a hospital, so sleeping pills are often prescribed. But Dr. Sharon Inouye, a leading delirium researcher at Yale, says sleeping medications contribute to delirium and are used far too much. She also says that antipsychotic medicines like haloperidol (Haldol) should be used to treat delirious patients only as a last resort. Pain-killing drugs like codeine and morphine are a double-edged sword. Pain treatment prevents delirium, but opiates can trigger it.

### Tea and massage

Inouye developed and tested a delirium prevention program at Yale-New Haven Hospital. Her strategy was decidedly low-tech. To keep people oriented, she had the staff write the daily schedule and the names of the people taking care of the patient on a board. To help them sleep, staff and volunteers gave patients a warm drink (milk or herbal tea), relaxation tapes, and a back massage. Medication and procedure schedules were rearranged to avoid waking people up. Activity and walking around were encouraged; equipment that got in the way of that was discouraged. Not seeing or hearing well are leading risk factors for delirium, so Inouye made sure that patients who needed glasses or hearing aids wore them and had the nursing staff provide other simple aids for seeing and hearing.

She published the results of an 852-patient clinical trial of her program in the New England Journal of Medicine in 1999. About 15% of the patients in the control group developed delirium, compared to 10% in the group getting the special care. Inouye has a Web site ([www.hospitalelderlifeprogram.org](http://www.hospitalelderlifeprogram.org)) to encourage hospitals to adopt her program.

Dr. Edward Marcantonio, a Harvard geriatrician, tested a different approach in a study of 126 hip fracture patients. A geriatrics specialist recommended ways to reduce the risk factors for delirium to the doctors and nurses taking care of the patients. At the end of the study, 32% of the patients in the intervention group developed delirium, compared with 50% of those who received standard care.

### What you can do to help

Marcantonio suggests that you bring in a large clock, calendar, or radio--anything that helps reinforce awareness. And it doesn't take a doctor or a nurse to remind someone of the date or the name of the hospital. Glasses and hearing aids help people stay "plugged in." Hospitals don't have "do not disturb" signs. But a massage, a warm drink, or some relaxing music could help a patient relax and get a good night's sleep, lessening the temptation to depend on sleeping pills.

### Delirium vs. dementia

Dementia is a risk factor for delirium, but they are separate problems.

A - Delirium

B - Dementia

A

B

Comes on suddenly

Comes on gradually

Inattention is a main symptom

Memory loss is a main symptom

Fluctuates quickly over  
minutes or hours

Fluctuates slowly over  
days or weeks or not at all

Reversible

Irreversible

Source: Dr. Edward Marcantonio

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