



Illustration by Glen Cutwerk <u>www.glencutwerk.com</u>

We will start shortly.

Thank you so much for joining the delirium training session.

Please place your microphone on mute as you join.



Delirium: Top tips for carers and family members training Advice for prevention, identifying the signs and getting help

16th May 2024

Dementia United is the NHS Greater Manchester Programme for Dementia

Presented by: Helen Pratt, Senior Project Manager, Dementia United, alongside carers and Dementia Carers Expert Reference members, African Caribbean Care Group staff

Part of Greater Manchester Integrated Care Partnership

Welcome everyone... we plan to cover



- 1. Objectives and aspirations for the session
- 2. Who we are: Dementia United, Dementia Carers Expert Reference Group
- 3. What delirium is
- 4. Our carers top tips <u>https://dementia-united.org.uk/news/2024/02/22/delirium-top-tips-for-carers-and-family-members/</u>
- 5. Seeking your feedback



We are hoping that you will leave the session:

- Knowing the signs and symptoms of delirium
- Understanding the difference between delirium and dementia
- Knowing how to help prevent delirium
- Knowing how to get help when someone has delirium
- Knowing the possible causes of delirium
- With ideas of how you can support someone with delirium
- Knowing where to go for more information on delirium

Our programme's overall aims are to raise awareness about delirium and ensure that anyone with a possible delirium gets help as soon as possible.



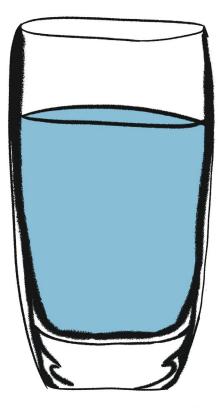


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Dementia has been declared a priority for Greater Manchester.

Our shared ambition is to improve the experience of being diagnosed and living with dementia and make Greater Manchester the best place to live for all those affected by Dementia.

Our purpose is to work in co-production with partners across Greater Manchester to deliver meaningful reform and quality improvement <u>Dementia United | GMHSC (dementia-united.org.uk)</u>







Who are the Dementia Carers Expert Reference Group?

- Dementia Carers Expert Reference Group (DECRG) was formed in 2019.
- We are a group of carers and former carers who are passionate about improving life for carers and the people living with dementia in Greater Manchester
- Experts by experience
- Giving carers a voice
- Group has expanded with 11 current members
- We would welcome representatives from Bolton, Bury, Oldham and Salford to have members from all 10 boroughs
- We've had input into information leaflets e.g. hydration and delirium, protocols, guidelines, future plans for Greater Manchester etc

The link below takes you to our website where you can find out more, if you are interested in getting involved <u>Dementia Carers Expert</u> <u>Reference Group - Dementia United (dementia-united.org.uk)</u>





Section - What is delirium?



Link to the carers top tips document <u>https://dementia-</u> <u>united.org.uk/news/2024/02/22/deli</u> <u>rium-top-tips-for-carers-and-family-</u> <u>members/</u>







What is delirium?







Delirium leads to a **short term confused state**, that **develops over hours or days.** There are many things that can **trigger a person to develop delirium**. These are called **underlying illnesses**.

Delirium may appear as confusion, difficulties with understanding and memory, or personality and behaviour changes. Delirium is a common condition. Certain groups of people are **more at risk** of developing delirium. Such as people **over 65 years** and/or living with **dementia**.

What is delirium?



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Delirium is characterised by disturbed consciousness, cognitive function and/or perception.

It comes on over **hours or days.** Delirium symptoms often **fluctuate over hours and days**.

We classify delirium based on the symptoms experienced into subtypes;

- **Hyperactive** this appears as someone being more active, on the go, restless, agitated, rapid mood changes, may impact on cooperation with usual activities
- **Hypoactive** the person is in much more of a sleepy state, uninterested in activities, quiet, withdrawn
- **Mixed** people can move between hyperactive and hypoactive subtypes over hours or days (fluctuating course)







Hypoactive and **mixed delirium** can be more difficult to recognise.

They may be misdiagnosed as a mood disorder such as depression or anxiety, or someone moving into the end-of-life stage where someone has a dementia diagnosis.

Delirium usually resolves once the underlying cause(s) have been treated and managed.

Persistent delirium is not rare though. 20% of people continue to exhibit some symptoms of delirium at 6 months.



3 D's – Delirium, Dementia and Depression



Feature	Delirium	Dementia	Depression
Onset and duration	Sudden onset – usually over hours or days Duration usually hours to less than a month but can be longer	Slow onset, progressive deterioration over time - months	Recent change in mood, persisting for at least 2 weeks or more. Can last for months to years.
Course of the condition	Short and fluctuating. Can be worse at night and on waking. Usually reversible if underlying cause is treated.	Progressive symptoms, over a long period of time. Irreversible.	Typically, worse in a morning. Usually reversible with treatment.
Alertness	Fluctuates	Generally normal	Normal
Attention	Reduced or fluctuates, difficulty following a conversation	Generally normal	May appear to have little attention and focus
Mood	Fluctuating emotions, anger, tearful, fear	Depression can be present in early dementia	Depressed, lack of interests in usual activities
Perception	Hallucinations, delusions, difficulty distinguishing between reality	Misperceptions usually absent (can be present with Lewy Body dementia)	No perception problems – only ever present in severe cases

What can cause delirium?





Illustration by Glen Cutwerk www.glencutwerk.com There are many things that can trigger a person to develop delirium.

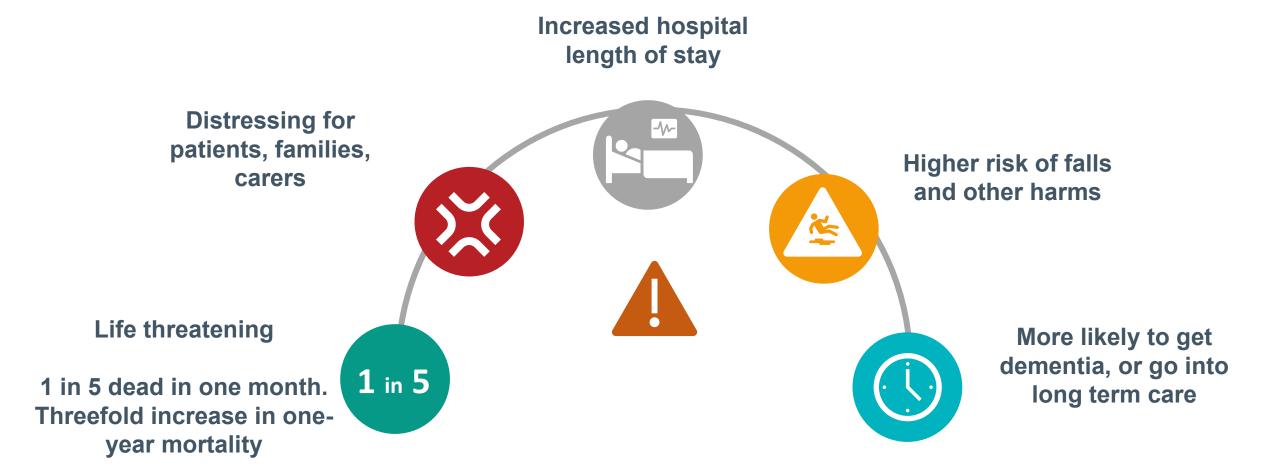
Often it can be more than one of these triggers, for example:

- Pain
- Infections
- Not drinking and becoming dehydrated
- Constipation

We will go into this in more detail later in the training.

We know that delirium is serious and can cause harm





Delirium remains under-diagnosed and undetected²⁴⁸, fewer than half of cases in hospital are detected.

Section – Prevention of delirium



Link to the carers top tips document <u>https://dementia-</u> <u>united.org.uk/news/2024/02/22/deli</u> <u>rium-top-tips-for-carers-and-family-</u> <u>members/</u>





It's more common for people who:

- Are aged 65 years and over
- Experience cognitive impairment, dementia or have had delirium before
- Have had recent surgery, for example for a broken hip
- Have many medical conditions, or sight or hearing loss

People can develop delirium anywhere including in hospital, care homes, sheltered housing and living at home.



A lived experience example from John O'Doherty





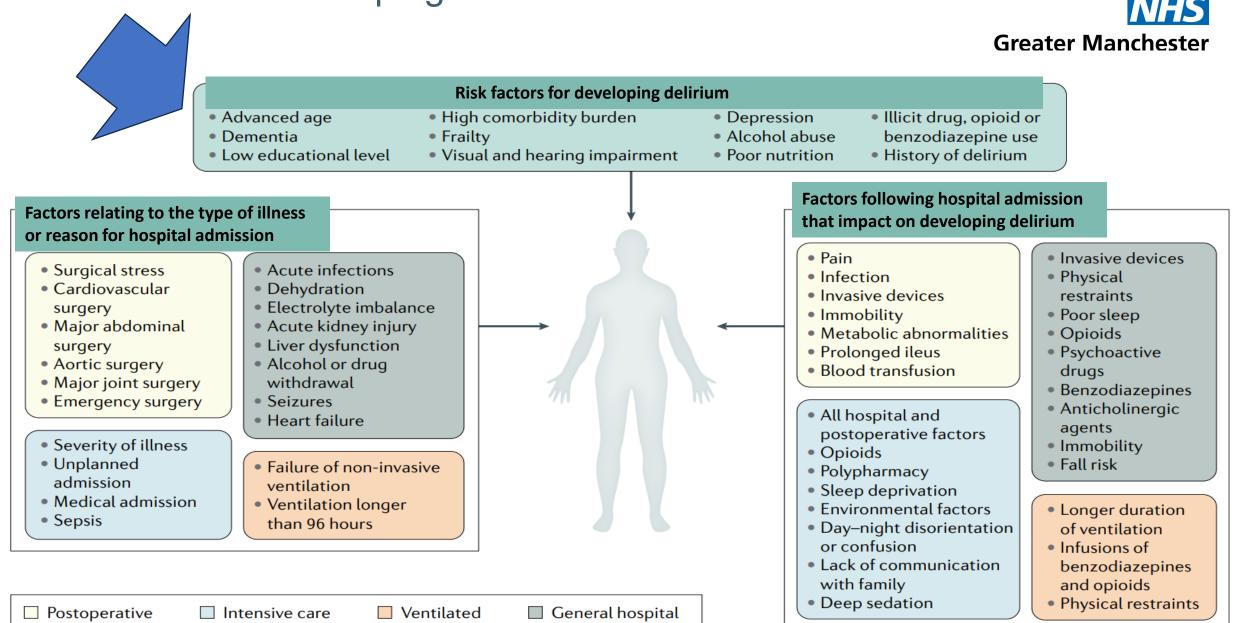


Emergency Department practitioner from hearing John's account of his delirium;

"Never really considered how distressing this could be previously"

We've also provided John's experience as an audio recording and written transcript via the link here <u>HEARING</u> <u>FROM PEOPLE WITH LIVED EXPERIENCE OF DELIRIUM</u>

Risk factors for developing delirium



What can you do to prevent delirium?

- Encourage going to the toilet; a diet with ample fibre
- Consider how to keep some one as mobile as possible
- Prevent or address pain
- If they are on multiple medications ask for any checking of effects/side effects
- Address poor eating and drinking prevent dehydration
- Make sure any sensory needs are addressed e.g. hearing, sight
- Can any poor sleep patterns be addressed?



Section – Spotting the signs of delirium



Link to the carers top tips document <u>https://dementia-</u> <u>united.org.uk/news/2024/02/22/deli</u> <u>rium-top-tips-for-carers-and-family-</u> <u>members/</u>





A lived experience example from Ruth



