

## Voices of Delirium Session to mark World Delirium Awareness Day March 11<sup>th</sup> 2026

### Key takeaways

#### Understanding Delirium

- Delirium is a *sudden change* in a person's mental state with hyperactive, hypoactive or mixed presentations.
- Hypoactive delirium is frequently missed and often mistaken for improvement.
- Delirium is highly prevalent—**20–30%** of medical ward patients develop it, and those with dementia are **10× more likely**.
- Delirium can last months, and in around **20%** of people may never fully resolve.

#### Assessment Tools

- “Single Question in Delirium (SQiD)” – *Is the person more confused, agitated or drowsy than usual?*
- The **4AT** is recommended for structured assessment.

#### Risk Factors & Prevention

- Key risks: age, dementia, multimorbidity, sensory impairment, infections, dehydration, constipation, medication interactions, hospital environment.
- Frameworks used:
  - **PINCH ME** (Pain, Infection, Nutrition, Constipation, Hydration, Medication, Environment)
  - **ACESSS Model** (Activity, Comfort, Environment, Stimulation, Support, Safety)

#### Lived Experience Voices

Four carers shared powerful real-world experiences demonstrating:

- How often delirium is missed or mislabelled (commonly as dementia).
- The distress caused by poor communication, lack of carer involvement, ward environment, and inconsistent care.
- Importance of hydration, maintaining routines, ensuring sensory aids are available, and supporting dignity.
- The vital role carers play in recognising subtle changes early.
- The need to challenge decisions around admission, discharge, and treatment when something feels “not right.”

### **Policy & System Learning (Presented on behalf of Prof. Emma Vardy)**

- Greater Manchester has developed **seven delirium standards** that all organisations should follow.
- Consistent terminology (e.g., use “*delirium*” not “*acute confusion*”) is essential for accurate coding and data.
- Data shows rising delirium-coded emergency admissions, partly due to better recognition.
- Community management can prevent hospital admissions—previous GM pilots kept around **70%** of cases safely at home.
- Quality improvement requires strong leadership, good data, sustainability planning, and carer involvement.

### **Importance of Family Involvement**

- Families are experts in the person’s baseline and spot early changes.
- They support hydration, nutrition, sleep, sensory aids, orientation and reassurance.
- GM resources available for carers: delirium leaflets, top tips guides, multilingual materials.

### **Interactive Element**

Participants contributed via Mentimeter on “barriers to recognising and managing delirium” (e.g., staffing levels, training gaps, baseline knowledge, communication).