



How to prevent delirium in elderly

Delirium, also known as an acute confusional state, is a clinical syndrome that usually develops in the elderly. It can occur suddenly and changes quickly, and most of them are related to internal medicine diseases. The treatment method should be based on prevention. Regular cognitive evaluation should be practiced in order to facilitate early detection and early intervention of delirium in older patients. Sometimes, delirium may lead to long-term cognitive impairment. Therefore, understanding how to prevent and manage delirium is essential for improving the quality of life in older persons.

1.What is delirium?

Delirium is characterized by an acute fluctuating impairment of cognitive functions and inattention.



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2. What are the symptoms of delirium?

- (1) Clinical feature is disorganized thinking, manifested by incoherent speech and rambling or irrelevant conversation, or unclear or illogical flow of ideas.



- (2) Sleep-wake cycle disturbance, characterized by an excessive daytime sleepiness with insomnia at night, fragmentation, and reduction of sleep or complete sleep-cycle reversal.



- (3) Disorientation is usually common, first in reference to time and then to place.



(4) Emotional disturbances, such as anxiety, fear, irritability, anger, depression, and indifference, may also be seen.



(5) Patients show features such as hyper-vigilance, restlessness, agitation, aggression, mood lability, and in some cases, hallucinations and delusions.



(6) Usually these patients are easily distractible by irrelevant stimuli and unable to follow a conversation or obey.



3.How to prevent delirium?

(1)Getting enough food, water and nutrients.



(2)A prepared environment that encourages safe patient self-care (e.g. Self-feeding/washing and participating in ward activities, etc.)



(3)Go for low frequency and gentle intonation in communication and use clear sentences glasses. Also, help patients who usually wear hearing or visual aids, and ensure that they are in good working order.



(4)Make a clock and calendar available to the patient. This may be a clock on the wall.



(5) Maintain past lifestyle, encourage family to take care of them and bring in familiar objects (e.g. pictures, clothes and radio).



(6) Remove unnecessary medical device and invasive tubes.



(7) Ensure that the environment is safe for the patient and that noise is minimized.



(8) Open the curtain and provide lighting that is appropriate to the time of day. Perform mobilisation activities at least once or twice daily, and mobilise a patient early after a procedure. Request doctor to carry out a medication review for people taking sleeping pills. Use non-pharmacotherapy measures to help promote sleep (such as relaxation techniques: massage, light music).



4. Conclusion

Delirium in the elderly often attacks suddenly. When delirium occurs, caregivers do not know what happened to the patient and how to deal with it. Once delirium happened, it can easily increase the length of hospitalization and mortality. Therefore, how to prevent the delirium is really important.

5. References

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Let's take the quiz to make sure you understand

1. "Delirium" is a process of acute confusion and fluctuating symptoms.

True False Not Sure

2. Symptoms of "delirium" include: disorientation, lack of organization in thinking, and incoherent or disorganized speech.

True False Not Sure

3. "Delirium" will not heal, so there is no need for treatment.

True False Not Sure

4. Increase the sense of orientation and promote communication, which can reduce the occurrence of delirium.

True False Not Sure

5. Keeping the curtains open during the day, maintaining bright light, and encouraging activities out of bed can reduce the occurrence of delirium.

True False Not Sure