



# Geriatric Fast Facts

## **Topic: Clinical Features of Delirium**

**Delirium:** “A clinical state characterized by an acute, fluctuating change in mental status, with inattention and altered levels of consciousness” (Merck Manual of Geriatrics, 2000).

**Signs & Symptoms:** The hallmark of delirium is *acute* cognitive dysfunction with impaired attentiveness. Unlike dementia, it *develops suddenly*, usually over a few hours or days and *fluctuates* during the day. Symptoms can include changes in attention, orientation, memory, and psychomotor activity. Disorganized thinking, hallucinations, tremors, delusions, and sleep-wake cycle disturbance may also be present.

Delirium can be classified on the basis of *psychomotor activity*:

**Hyperactive Delirium:** Increased psychomotor activity, agitation is prominent.

**Hypoactive Delirium:** Decreased psychomotor activity. May be misdiagnosed as depression or may be undetected.

**Mixed Delirium:** (most common) Presence of hyper and hypoactive features.

**Diagnosis** consists of 2 elements:

- 1.) Establishing the presence of delirium
- 2.) Establishing the underlying cause (i.e., drugs or physical illness)

**Misdiagnosis** or non-detection of delirium occurs in up to 80% of cases but is less likely with input from people who know the patient well (i.e., family, caregivers, and health care providers). Obtaining a good history is essential.

\*In the frail elderly, symptoms of delirium may precede the appearance of an underlying illness.

The **Confusion Assessment Method (CAM)** may be the *most useful tool* for diagnosing delirium.

...Information on the CAM to follow.....