



Geriatric Fast Facts

Topic: Delirium - The Basics

What: The word *delirium* is derived from the Latin term meaning "off the track." Delirium or 'acute confusional state' is a transient global disorder of cognition. This condition is a **medical emergency** associated with increased morbidity and mortality rates.

Delirium is defined as a transient, usually reversible, cause of cerebral dysfunction and manifests clinically with a wide range of neuropsychiatric abnormalities. The clinical hallmarks are decreased attention span and a waxing and waning type of confusion.

Delirium often is unrecognized or misdiagnosed and commonly is mistaken for dementia, depression, mania, a psychiatric condition, or part of old age. Early diagnosis and resolution of symptoms are correlated with the best outcomes.

Who: Delirium can occur at any age, but occurs more commonly in patients who are elderly and have compromised mental status.

Why: Delirium is not a disease but a syndrome with **multiple causes** that result in a similar constellation of symptoms.

Where & When: Delirium has been found in **14-56%** of elderly patients who are hospitalized. It is present in 10-22% of elderly patients at the time of admission, with an additional 10-30% of cases developing after admission.

How it's Identified: Delirium should **always be suspected** when an **acute or sub-acute deterioration** in behavior, cognition, or function occurs, especially in patients who are elderly, have dementia, or are depressed.

The diagnosis of delirium is clinical. Obtaining a thorough history is essential. The **Confusion Assessment Method (CAM)** is a simple tool that is helpful in detecting delirium.

...More detailed information to follow.....