

Delirium

I. DSM IV Diagnostic Criteria for Delirium

- A. Disturbance of consciousness with reduced ability to focus, sustain or shift attention
- B. The change in cognition or perceptual disturbance is not due to dementia.
- C. The disturbance develops over a short period of time (hours to days) and fluctuates during the course of the day.
- D. There is clinical evidence that the disturbance is caused by a general medical condition and/or substance use or withdrawal.

II. Clinical Features of Delirium

- A. Delirium is characterized by impairments of consciousness, awareness of environment, attention and concentration. Many patients are disoriented and display disorganized thinking. A fluctuating clinical presentation is the hallmark of the disorder, and the patient may have moments of lucidity during the course of the day.
- B. Perceptual disturbances may take the form of misinterpretations, illusions or frank hallucinations. The hallucinations are most commonly visual in nature, but other sensory modalities can also be misperceived.
- C. Sleep-wake cycle disturbances are common, and psychomotor agitation can be severe, resulting in pulling out IV's and catheters, falling, and combative behavior. The quietly delirious patient may reduce fluid and food intake without overtly displaying agitated behavior.
- D. Failure to report use of medications or substance abuse is a common cause of withdrawal delirium in hospitalized patients. Infection and medication interaction or toxicity is a common cause of delirium in the elderly.
- E. Delirium is associated with increased morbidity and mortality because injuries may occur when the patient is delirious and agitated and unrecognized delirium may result in permanent cognitive impairment.
- F. The incidence of delirium in hospitalized patients is 10-15%, with higher rates in the elderly. Other patients at risk include those with known CNS disorders, substance abusers, and HIV positive patients.

III. Classification of Delirium

- A. Delirium due to a general medical condition (specify which condition)
- B. Delirium due to substance intoxication (specify which substance)
- C. Delirium due to a substance withdrawal (specify which substance)
- D. Delirium due to a multiple etiologies (specify which conditions)
- E. Delirium not otherwise specified (unknown etiology or due to other causes such as sensory deprivation)

IV. Differential Diagnosis of Delirium

A. Dementia

- 1. Dementia is the most common disorder that must be distinguished from delirium.
- 2. The major difference between dementia and delirium is that demented patients are alert, without the disturbance of consciousness characteristic of delirious patients.

3. Information from family or caretakers is helpful in determining whether there was a pre-existing dementia.

B. Psychotic Disorders and Mood Disorders with Psychotic Features.

Delirium can be distinguished from other conditions with psychotic symptoms by the abrupt development of cognitive deficits including disturbance of consciousness. In delirium, there should be some evidence of an underlying medical or substance-related condition.

C. Malingering. Patients with malingering lack objective evidence of a medical or substance-related condition.

V. Treatment of Delirium

A. Most cases of delirium are treated by correcting the underlying condition.

B. Psychotic symptoms can be managed with haloperidol (Haldol) (1-2 mg) given every 4-8 hours. Haloperidol may be given PO, IM or IV.

C. Agitation and anxiety can be managed with lorazepam. Dose is determined by medical condition and general debilitation of the patient. The beginning dose is 1 mg which can be repeated every 30-60 minutes as required. Lorazepam is preferred in patients with medical problems since it has no active metabolites and its pharmacokinetics do not change with aging or moderate hepatic dysfunction. Caution should be used in patients with respiratory compromise, especially with IV lorazepam.

D. A quiet environment with close observation should be provided. Physical restraints may be necessary to prevent injury.