The Medical Bulletin

In Psychiatry

DELIRIUM: CLEARING THE CONFUSION

I. Delirium is NOT a Psychiatric disorder.

Though classified as a Neuropsychiatric condition, Delirium is a syndrome due to underlying medical/surgical conditions, intoxicants, or prescription medications.

II. Psychiatrist consultation is essential if a patient exhibits signs of Delirium.

Only Delirium due to withdrawal of drugs (like alcohol) is the expertise of Psychiatry. Other Delirium can be diagnosed and managed by the respective specialists.

III. How do I diagnose Delirium?

AFATC Question Method (Acute-Fluctuating-Attention-Thinking-Consciousness)

Q1. Has there been a sudden Acute change in the patient's mental condition? Delirium is almost always acute in onset. Depression, Dementia & Psychosis are usually not.

Q2. Is the mental condition Fluctuating? Information from nurses/caregivers is essential as a patient can normal during morning rounds but be delirious at other times (at nights).

Q2. Does the patient have problems paying Attention? Ask patients to serially subtract 3 from 20 or the days of the week backward. An easier but less accurate way is to test for orientation to place and time.

Q3. Does the patient have Disorganized Thinking? During delirium, speech is incoherent, irrelevant, and unpredictable. This is usually confused with psychosis but psychiatric disorders are rarely acute and fluctuating.

Q4. Does the patient have altered Consciousness? Patients can be dull and lethargic (Hypoactive delirium) which is common in medical/surgical settings or be hypervigilant and aggressive (Hyperactive delirium) which is common in alcohol withdrawal.

IV. What is the cause of Delirium?

Delirium is not caused by a single factor. It occurs when chronic predisposing conditions (old age, chronic illnesses, long standing medications) interact with precipitating factors (pain, electrolyte imbalance, fever, hypoxia, opioid analgesics) leading to brain dysfunction.

V. How do I manage Delirium?

It is important to correct all modifiable factors (Predisposing and Precipitating) for treating delirium rather than focusing on one factor (dyselectrolytemia). Benzodiazepines and sedatives are contraindicated in hypoactive delirium (worsen delirium). They can only be used in hyperactive alcohol withdrawal.

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