

Delirium



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Delirium



My First Case (A 29-year-old shopkeeper)



- ❑ Brought by relatives with history of
 - Did not sleep at all last night, was trying to hide and run
 - Felt that a large number of people with weapons in their hands are out to kill him
- ❑ On Mental Status Examination (MSE in the morning): He was conscious, cooperative and well oriented in time, place and persons and had no memory of what he had experienced the previous night

My First Case (A 29-year-old shopkeeper)



- ❑ Clouding of consciousness, altered sensorium
- ❑ Disorientation in time, place and persons
- ❑ Attention – easily aroused but ill sustained
- ❑ Diurnal variation (more in the late evening / night)
Fluctuating consciousness
- ❑ Visual hallucinations (Typical and peculiar Lilliputian),
Tactile hallucinations
- ❑ Hyperactive / hypoactive and Extended delirium
(Alcohol withdrawal delirium) (Extended delirium)
(Hepatic encephalopathy, Intermittent encephalopathy)

Alcohol Withdrawal Delirium



□ Benzodiazepines:

- Oxazepam (30 mg) 1 – 1 – 1 (Apply the breaks)
- Lorazepam (2 mg) 1 – 1 - 2
- Diazepam (5 mg) 1 – 1 - 2
- Chlordiazepoxide (10 mg) 3 – 3- 4
- (25 mg) 1 – 1 – 2

□ PLUS

- Quetiapine (50 mg) 1 – 0 – 1
(release the accelerator)
- Thiamine and other vitamins (Nicotinic acid, Niacin, B12)

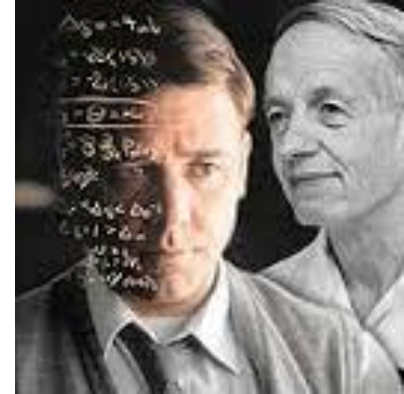
The Pharmacist (25/M)



- ❑ Admitted in a private nursing home by the employer for confused behaviour
- ❑ On examination
 - He was standing on his bed and was making gestures in the air (Hallucinatory behaviour)
 - Poor attention, unable to answer any question
 - Tried to pull some wires hanging around switch board
- ❑ Clinically book picture of alcohol withdrawal delirium but relatives and employers denied alcohol use

A 31-year-old patient suffering from schizophrenia

- ❑ Admitted for acute exacerbation after stopping medications
- ❑ Turned very suspicious, aggressive and violent
- ❑ Was started on
 - Tab. Haloperidol (5 mg) 1 – 1 – 2
 - Tab Trihexyphenidyl (2mg) 1 – 1 – 2
 - On the 3rd day of admission, developed confusion and picking behaviour



A 79-year-old patient with episodic confusion



- ❑ Brought by wife for depression as he was showing less interest in day-to-day activities and doubtful memory disturbances
- ❑ Diagnosed as Depression and ? Early Dementia
- ❑ Reluctant for investigation
- ❑ Started on Tab Escitalopram (5 mg) 0 – 0 – 1
- ❑ Started getting short lasting episodes of confusion and one day had a generalized seizure

A case of BMD (64/M)



- ❑ On Lithium-SR (400 mg) 1 – 0 – 1
 - Divalproex Sodium (500 mg) 1 – 1 - 1
- ❑ Referred by a psychiatrist for 2nd opinion as he showed cognitive deficit and confused behaviour intermittently
- ❑ Serum Lithium and Serum Valproate levels were within normal limits
- ❑ CBC, LFT, RFT, FBS, Serum Electrolytes were within normal limits

A (70/F) neighbour case of CKD on regular dialysis



- ❑ Staying alone, looked after by attendants
- ❑ An attendant called me in panic “Please come and see her she is not in her senses ...”
- ❑ She was lying in her bed, making some incoherent noises, trying to get up and then unable to stand and maintain balance
- ❑ On examination – confused, delirious, unable to respond to any command. No focal neurological deficit (acute onset delirium)

A 57-year-old housewife

- ❑ Received a call from cardiac surgery department to rule out depression for a patient who had undergone a cardiac surgery two days back and since then was very drowsy and confused
- ❑ She had a past history of depression for which she was treated with antidepressants about 2 years back for a period of 6 months
- ❑ Currently she was not on any antidepressants
- ❑ On examination she was very drowsy and appeared to have altered sensorium (Hypoactive delirium)



Sanjay (22/M) presenting with acute onset delirium with paranoia

- ❑ Brought by his parents in a confused state
- ❑ Talking irrelevantly, feeling suspicious that some people are talking about him and plotting to harm him
- ❑ Trying to go out of his house and run away
- ❑ Used to turn abusive and violent if stopped from going out or restrained
- ❑ On examination : he appeared to be confused and was not in a position to give any relevant details. Appeared to be hallucinating



Uber driver (32/M)



- ❑ Brought by his relatives in a confused and delirious state in casualty
- ❑ On examination he had altered to have sensorium and was disoriented in time, place and persons but his vital parameters were normal
- ❑ Initially we thought that it must be substance induced or substance withdrawal delirium and so was admitted in psychiatry ward for observation
- ❑ He gradually recovered over next couple of days when we realized that the reason for delirium was not a substance but something else

Causes of Delirium

- ❑ Alcohol withdrawal delirium, hepatic encephalopathy
- ❑ Benzodiazepine withdrawal delirium
- ❑ Other substances intoxication and withdrawal delirium
- ❑ Drug induced (Central anticholinergic syndrome)
- ❑ Intracranial lesion – CVA, Subdural, Meningitis, SOL
- ❑ Hyperammonemic encephalopathy
- ❑ Metabolic – hypoglycaemia, hyponatremia
- ❑ Infection – pneumonia, septicaemia, cerebral malaria
- ❑ Sleep deprivation





Thank You

