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*Neurology Care 7 days a Week. Because Your Brain Matters.*

# Delirium and Encephalopathy

Patient education guide · Brain & Spine Injury and Other · Madison Neurology LLC

## What is it?

Delirium is an acute disturbance of attention and awareness — confusion, disorientation, fluctuating alertness, sometimes agitation or hallucinations — developing over hours to days. It is not a disease itself but a syndrome signaling that something is acutely wrong with the body or brain: infection, medication, metabolic disturbance, withdrawal, or organ failure. 'Encephalopathy' is the broader term for global brain dysfunction from these causes (hepatic encephalopathy from liver failure, uremic from kidney failure, toxic-metabolic from many sources). Delirium is a medical emergency with a findable cause.

## How does it happen?

Common culprits: infections (urinary, pneumonia), medications (sedatives, anticholinergics, opioids — and medication withdrawal), alcohol or benzodiazepine withdrawal, dehydration and electrolyte disturbances, liver or kidney failure, low oxygen, low blood sugar, post-surgical states, and uncontrolled pain. Older adults and people with dementia are most vulnerable; often several factors combine.

## Common symptoms

- Acute confusion and inattention developing over hours-days, fluctuating through the day
- Disorientation, disorganized or incoherent speech
- Agitation and hallucinations (hyperactive form) — or unusual sleepiness and withdrawal (hypoactive form, easily missed)
- Reversed sleep-wake cycle
- New inability to recognize people or follow conversations

## How is it diagnosed?

Diagnosis is clinical — acute, fluctuating inattention — and the workup hunts the cause: infection testing, metabolic blood work, medication review, oxygen and organ function, and brain imaging or EEG when the cause isn't apparent. EEG distinguishes nonconvulsive seizures, which can masquerade as delirium.

## How is it treated?

Treating the cause is the cure — antibiotics for infection, stopping the offending medication, correcting the metabolic problem, treating withdrawal. Supportive care prevents harm: a calm, well-lit room, reorientation, family presence, glasses and hearing aids on, early mobility, and protecting sleep. Sedatives are avoided when possible (they often worsen delirium) and used cautiously only for safety or specific causes like alcohol withdrawal.

## What does the future hold?

Delirium typically resolves over days to weeks once the cause is treated, though full cognitive clearing in older or cognitively impaired patients can take weeks to months. It is a serious signal: it marks vulnerability and warrants prevention planning for future hospitalizations. Persistent confusion beyond the expected window prompts evaluation for underlying dementia or other causes.

## Questions patients commonly ask

**Q: Is delirium the same as dementia?**

A: No — delirium is acute (hours-days), fluctuating, and caused by a treatable medical problem; dementia is gradual over months-years. But dementia raises delirium risk, and delirium can unmask underlying dementia.

**Q: Will my parent return to normal?**

A: Usually, yes — once the cause is treated; in older adults the clearing can take weeks, and rehabilitation helps.

**Q: Why did the hospital stop some of their medications?**

A: Many common medications (sedatives, sleep aids, bladder anticholinergics) cause or worsen delirium — deprescribing is often the treatment.

## National support groups & resources

- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **Alzheimer's Association (24/7 Helpline)** — alz.org — 1-800-272-3900
- **American Delirium Society** — americandeliriumsociety.org

(Organization contact details were current at the time of compilation; please verify online.)

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