Confusion and Delirium: Psychiatric Evaluation for Consult Liaison Clinicians

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Introduction: The terms "confusion," "delirium," "encephalopathy" and "altered mental status (AMS)" are often used interchangeably when describing a patient who has undergone a rapid cognitive change and is unable to think and concentrate normally. Psychiatrists are often asked to evaluate and treat acute confusion in patients who are medically ill. This fact sheet outlines a quick and systematic approach to assessment. For information focused specifically on the elderly, see our fact sheet, "How to Evaluate Confusion in the Elderly."

Clinical Assessment

- History: Review the medical record and discuss with caregivers and family members. Did the symptoms emerge recently or do they represent a longstanding condition like dementia? Were there any recent triggers, like health complications, initiation of new medications, or other medical conditions? When you read the nursing notes, is there evidence of fluctuating confusion, eg., worsening in the evening?
- Medical assessment: Review the chart for the medical work-up, which will usually clearly delineate acute medical illnesses that may be causing delirium, such as infections, cardiac issues, respiratory failure, acute renal injury, and alcohol withdrawal.
- Psychiatric Assessment:
    - Observation. Spend a minute simply observing the patient before asking questions. Delirious patients may be rambling incoherently, struggling against restraints, attempting to pull out IV lines, and picking at the air as if hallucinating. Other times, the patient may be quietly delirious, providing few clues on simple observation.
    - Interview
        - *Attentional impairment*. Introduce yourself and engage in normal conversation. A delirious patient will quickly demonstrate distractibility, eg, their gaze may drift away and they will not be able to concentrate long enough to provide a complete answer to questions.
        - *Cognitive impairment*. Do some formal assessment, using either the MMSE or the MOCA. However, delirious patients may lack the attention required to complete this testing. Common deficits are orientation, 3 word recall and tests of concentration such as spelling "World" backwards or reciting the months backwards.
        - *Hallucinations and delusions*. Both visual and auditory hallucinations (or simply misperceptions) are common; a tip off is when your patient is looking all around the room. Delusions may be vague and somewhat paranoid, like believing they are being harmed.
- Standardized tool: The Confusion Assessment Method (CAM) is a highly sensitive rating tool for diagnosing delirium. Although it was created for non-psychiatrically trained clinicians, it is helpful for psychiatrists as well, especially those earlier in their career. See separate fact sheet on the CAM.

Treatment

Medical Interventions

- For infections, start with antibiotics.
- If medications are the issue, adjust doses or consider alternatives.
- For metabolic issues, focus on hydration and correcting electrolytes.
- For vitamin or hormone levels: administer appropriate supplements or hormones to correct the deficiencies.
- Give these recommendations to the hospitalist team:
  - Keep the patient's environment well-lit during the day and dark at night to help regulate sleep-wake cycles.
  - Watch for unmanaged pain as this can contribute to delirium.

- Use calendars and clocks to assist with orientation and provide cognitively stimulating activities, like word search puzzles and art therapy. Facilitate visits from friends and family to support social interaction.
- Encourage the patient to move and ensure walking aids are within reach.
- If the patient needs hearing aids, glasses, or dentures, make sure they are available.

Psychiatric management

- If psychiatric conditions are at the root, focus on managing the underlying disorder, be it bipolar mania, major depressive disorder with psychotic features, or severe anxiety.
- Use antipsychotics or benzodiazepines cautiously as they can sometimes worsen AMS.
- Enhance sleep with night-time medications such as melatonin (1-5 mg), ramelteon (8 mg), and trazodone (25-50 mg).