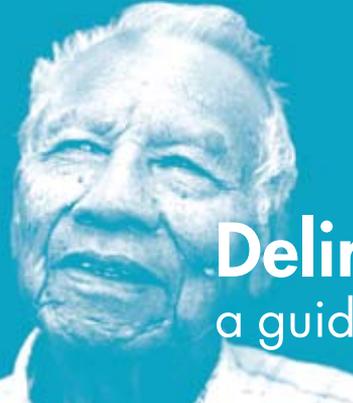




Canadian Coalition for Seniors' Mental Health



Delirium in Older Adults: a guide for seniors and their families



Based on the Canadian Coalition for Seniors' Mental Health (CCSMH) *National Guidelines for Seniors' Mental Health: The Assessment and Treatment of Delirium*.

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Disclaimer: This guide is intended for information purposes only and is not intended to be interpreted or used as a standard of medical practice.

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A full list of references is available at www.ccsmh.ca

Introduction

We're very glad you picked up this booklet. Canadians are not only living longer, but also staying healthy and independent longer than ever before. We want all older adults – and their family members – to have high quality information about health issues that might affect them. We believe that with this information, older adults will be empowered to make informed decisions about their health care and build effective relationships with their health care providers.

What is the Canadian Coalition for Seniors' Mental Health?

The Canadian Coalition for Seniors' Mental Health (CCSMH) started in 2002 to **promote the mental health of seniors by connecting people, ideas and resources**. Members of the CCSMH are organizations and individuals who represent seniors, family members and informal caregivers, health care professionals, researchers and policy makers.

In 2006, the CCSMH created the first set of national guidelines on seniors' mental health based on the most current research. These guidelines were written for health care professionals who work with older adults. They recommend ways to improve the assessment, prevention, treatment and management of key mental health problems for older adults: mental health issues in long-term care homes, depression, suicide and delirium. This booklet is part of a series that covers the same topics for seniors, their family members and others who care about them.

The CCSMH will happily provide these resources on request. Call 416-785-2500, ext. 6331 or visit www.ccsmh.ca to download them at no cost.

Mental health problems are NOT a normal part of aging

Many people think that mental health problems are just a normal part of aging. This simply isn't true. Difficulties with mood, thinking and behaviour are not an inevitable part of aging. Nor are they signs of personal weakness. They are usually signs that something is wrong that requires attention from a health care professional.

Some people may argue that there is no point investigating these problems in older adults because these problems can't be fixed. Some problems associated with aging cannot be cured *yet*, but there is still a lot that can be done. Mental health problems can be treated.

Older adults experiencing changes in their mood, thinking and behaviour may not be aware of the changes that are taking place, may misunderstand the nature of the changes that are occurring, or may be ashamed of the idea that they're developing "mental health problems." Family members may misunderstand and think that these changes are normal parts of aging, aspects of their relative's personality or signs of personal weakness and may not know how best to help.

We hope this guide will help inform older adults and their families about what they can do if they have mental health concerns.



Who should use this guide?

This guide will help older adults who are concerned about delirium. It will also help family members and others who care about them. The guide gives information about the causes and symptoms of delirium. It also describes what to do if you, or someone you care about, is experiencing delirium.

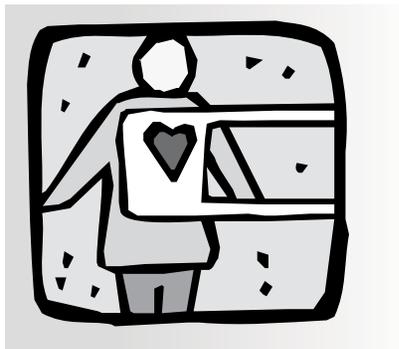
Definitions

Ageism is a way of thinking about older people based on negative attitudes and stereotypes about aging. Ageism can lead to age discrimination – treating people in an unequal fashion because of their age. Age discrimination can negatively affect older adults in all aspects of life.

Mental health is the capacity of each person to feel, think and act in ways that allow them to enjoy life and deal with all the challenges they face.

The terms “**seniors**” and “**older adults**” are used in this guide to refer to individuals over the age of 65.

Stigma is defined as a mark of shame or disgrace. It often involves stereotypes, hurtful words and discrimination. Stigma around mental health is often based on society’s misunderstanding and lack of knowledge about mental health problems. Many people living with mental health problems say that society’s negative reactions to them can be worse than the illness itself. Because of the stigma of mental health problems, many people don’t seek – or receive – the health care they need.



Delirium is a confusional state. This means that people with delirium are disoriented, with an altered level of consciousness and trouble understanding the environment. Delirium develops *quickly* over a period of hours or days. The symptoms of delirium may come and go and are often worse at night. Delirium is a medical emergency caused by difficulties in brain functioning.

All three of these conditions can occur at the same time. It helps to understand the differences between these conditions so that you can identify them and get the proper help right away.

Dementia is an illness characterized by the loss of intellectual abilities that is severe enough to interfere with a person’s ability to function. Dementia results in changes in the way the person thinks, feels and behaves, along with memory impairment. It tends to develop slowly over a period of months or years and progresses over time. Alzheimer’s disease is an example of dementia.

Depression can cause people to feel persistently low in spirits and lose interest in things that used to give them pleasure. This is sometimes triggered by stressful events in a person’s life that impact their state of mind, their health, or their ability to connect with other people. However, sometimes it can happen for no apparent reason. When a person is severely (i.e. clinically) depressed, the chemicals in his or her brain may be out of balance. Other symptoms often include sleep and appetite changes and anxiety.

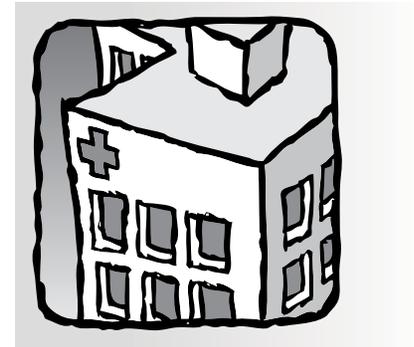
What is delirium?

- **Delirium is a confusional state that develops quickly** (over a period of hours or days). It causes dramatic changes in a person's thinking, behaviour and mood. The symptoms of delirium may come and go during the day and are often worse at night. A person may seem clear one minute and mixed up the next.
- **Delirium is a medical emergency that needs to be treated quickly.** It is usually caused by an illness or a reaction to medications. Some environmental factors (like not using eyeglasses or hearing aids if they're needed) can also contribute to the development of delirium.
- **Delirium is a serious condition that is more common among older people.** If the underlying cause is not diagnosed or treated quickly, the risk of permanent disability or death is high.
- **Delirium is very common with older adults who are in the hospital.** At the hospital, older adults are medically ill, having operations and going on new medications. All of these things put older adults at a higher risk of delirium.
- Delirium can be frightening for an older person and their family. But there is good news:
 - It **can often be prevented.**
 - It **can often be reversed** with proper assessment and early treatment.
 - It is **usually temporary.** It can last from a few days to several weeks or months, though it can take even longer to recover.

- **Delirium is often not recognized or is misdiagnosed** as another condition, such as dementia or depression. Health care providers may not consider the possibility of delirium. It can also be difficult for health care providers to diagnose delirium. They often don't know enough about the way an older person usually thinks or acts to recognize sudden changes. Family members and other caregivers can provide important observations to help health care providers recognize delirium and treat it.

You are not alone!

Did you know that delirium is much more common in older adults than in younger people? Nearly half of the seniors admitted into an acute care setting experience an episode of delirium. It sometimes happens after having surgery. It is especially common after hip surgery. A significant number of residents in nursing homes and similar settings will develop delirium at some point.



What are the symptoms of delirium in older adults?

As a family member, you are in the best position to notice changes in the behaviour and mental state of your relative. You may notice them – over a short period of time – doing things that they wouldn't normally do. With delirium, symptoms appear suddenly, over the course of hours, days or weeks (not months or years).

Some symptoms are easier to recognize than others. If you notice any of these symptoms, make a note and see a health care professional right away. Older people with delirium may suddenly:

- Be restless and anxious
- Seem agitated and hostile
- Be angry or aggressive
- Hear voices or see people or things that do not exist
- Be afraid and believe that others are trying to harm them
- Not know where they are
- Be unable to concentrate
- Slur their speech
- Not make any sense
- Lose bladder control
- Not get up and walk as well
- Have vivid dreams or nightmares
- Seem drowsy, have trouble staying awake, drift in and out of sleep*
- Sleep during the day and be awake at night*
- Withdraw completely*
- Be inactive and quiet*
- Respond slowly to questions*

*Delirium often isn't recognized in older adults with these "quiet" symptoms. Sometimes they are misdiagnosed and treated for depression.

What causes delirium in older adults?

Delirium is usually caused by a combination of factors. Getting older is one of the risk factors for delirium. A brain that has been exposed to illness or injury is more vulnerable and is at a higher risk for delirium, especially when combined with the conditions listed below.

Mental health problems

Pre-existing dementia (like Alzheimer's disease, or vascular dementia that is caused by a stroke) is one of the most important risk factors for the development of delirium.

Depression. When a person is depressed, their physical health can suffer and they are at higher risk for medical illness.

Previous delirium. If an older person has had a delirious episode, there is a very high chance it will happen again.

Medical illness

Some medical illnesses (like stroke, cancer, diabetes or heart disease) can influence brain function in a way that makes it more vulnerable. Having more than one illness increases the chance of having delirium.

One of the best ways to prevent delirium is to stay healthy. This includes taking care of medical problems (like high blood pressure and heart disease), eating well, and staying active and engaged in life.

Surgery

Surgery is very stressful on the body. The impact of surgery and anaesthesia (the drugs used to put a person “to sleep” during the operation) is even greater for older adults. Delirium after a surgery is common in older adults. It can develop immediately after an operation or a few days later.

Use of medications

Older people are more sensitive than young people to the effects of both prescribed and over-the-counter medications. Medications that treat the older adult’s illness can cause delirium or make a delirious episode worse.

If an older adult has more than one illness, they might need many different medications. These medications might interact in a way that causes delirium.

Some commonly used medications that can contribute to delirium are: sleeping pills, pain medications, certain antidepressants and tranquilizers, and drugs used to treat abdominal symptoms, epilepsy and Parkinson’s disease.



Poor nutrition and not getting enough water

Older people may not get the nutrition they need because of:

- Depression, which can make a person lose their appetite
- A swallowing problem
- Dentures that don’t fit comfortably
- An inability to eat on their own
- An inability to shop for food or afford good food
- Drinking alcohol, coffee or tea, which can decrease a person’s appetite



Dehydration is a loss of water in the body. It can be caused by:

- Not drinking enough water or juices
- Drinking coffee, tea or alcohol
- Regular use of laxatives

Use of alcohol and drugs

Even small amounts of alcohol can cause changes in a person’s thinking, mood and behaviour. The risk is greater if the person uses sleeping pills or tranquilizers at the same time as alcohol.

A regular drinker who suddenly stops drinking may have withdrawal symptoms, including delirium, immediately or after a few days.

Physical health problems

Physical health problems can increase a person's risk of delirium. These can include:

- Fever
- Low blood pressure
- Pain
- Infections, especially bladder and kidney infections, shingles, pneumonia and the flu
- Constipation
- Retention of urine by the bladder
- Not being able to see or hear well
- Some types of disability
- Being inactive

If the older adult uses eyeglasses, hearing aids or other adaptive equipment to help them see or hear, these should be used to avoid sensory deprivation.

The older person's environment

Living in an institution away from familiar people, places and routines can be disorienting.

A noisy room, too many visitors or other distractions can cause a person to become over-stimulated and agitated. On the other hand, a lack of physical or mental stimulation can cause a person to experience sensory deprivation or feel isolated, which can contribute to delirium.



How is delirium detected?

Members of the health care team can help detect, diagnose and treat delirium. If delirium is suspected, the appropriate member of the health care team will:

- Do a complete physical exam and order some lab tests.
- Review the person's behaviour, thinking and mood.
- Update their medical history and find out if the person has any of the risk factors for delirium (page 8).
- Assess the person's ability to understand what is happening and make decisions about their treatment.
- If the health care provider believes the person has delirium, he or she will find out what type of delirium they have and develop a treatment plan.



Because delirium can come and go during the day, and since many older people will not be able to provide an accurate history, the health care provider may need family members to help with the assessment. Bringing a completed information sheet (page 14) with you when you meet with the health care provider will be extremely useful.

What should I do if I suspect my family member has delirium?

If you notice any new, sudden changes in your family member's mood, thinking or behaviour, make note of the changes and get medical help right away.

You may find it helpful to fill out the form on the next page and take it with you to the health care provider. They may also want to know about:

- Recent surgeries
- Patterns of drinking alcohol or using drugs
- When the delirium started and what has been happening since it started
- Any current psychiatric disorders and symptoms
- Any infections, sores, fever or pain
- Use of hearing aids, eyeglasses or other assistive devices
- Any changes in eating or drinking
- Difficulties going to the bathroom
- Your family member's marital status, where they live, and any transitions, suffering or losses they may be dealing with



Medical info about my family member

If you have noticed rapid changes in your relative's thinking, behaviour or mood, get them to the health care provider quickly. It might be helpful to take this information with you.

Current symptoms:

- | | |
|---|---|
| <input type="checkbox"/> More distractable | <input type="checkbox"/> Restless and upset |
| <input type="checkbox"/> Slurred speech | <input type="checkbox"/> Not making sense |
| <input type="checkbox"/> Seeing or hearing things that aren't there | <input type="checkbox"/> Doesn't know where he/she is |
| <input type="checkbox"/> Mixing up days and nights | <input type="checkbox"/> Sleepy, then alert |
| <input type="checkbox"/> Cannot concentrate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Difficulty staying awake | _____ |

Is there a known history of:

- Dementia Yes No Not sure
- Depression Yes No Not sure
- Delirium Yes No Not sure
- Cognitive difficulty Yes No Not sure
- Confusion Yes No Not sure

Doctor's name: _____

Doctor's phone number: _____

Pharmacy: _____

Pharmacy phone number: _____



List all medications (prescribed, over-the-counter, and any herbal remedies). Please note which medications were recently started or stopped.

Circle one

1. _____ started / stopped
2. _____ started / stopped
3. _____ started / stopped
4. _____ started / stopped
5. _____ started / stopped

Describe your family member's behaviour, before you noticed the recent changes:

Thinking ability: Describe their attention level, memory, concentration and problem-solving abilities.

Daily routines: How do they go about their housekeeping, meal preparation, and other daily tasks?

Communicating: How do they usually relate to others? Do they use the telephone, a computer, write letters?

Mood: Describe their character. Are they easy-going or a worrier? Optimistic or pessimistic? Happy or sad?

Sleep habits: Describe their usual patterns and things that help them sleep.

If the person has a dementia, please describe the abilities *before* the beginning of delirium symptoms.

Adapted from "Delirium in the Older Person: A Medical Emergency / My family member is not usually like this" Vancouver Island Health Authority.

How is delirium treated and managed?

Since delirium is considered a medical emergency, it is critical that the person gets medical attention. Ideally, many different health care providers will work together to treat delirium. Effective treatment and clinical management of an older person with delirium includes:

- Being calm, supportive and non-confrontational
- Figuring out what the cause(s) are and treating them. This might include:
 - Making sure the person is hydrated
 - Taking care of pain
 - Helping the person sleep
 - Providing hearing aids or eyeglasses (if needed)
- 24-hour monitoring of the person's behaviour, mood and thinking
- Making sure the person is safe and preventing common complications (like falls and adverse drug effects)
- Easing the person's distress and managing behavioural problems

Physical restraints should only be used as a last resort since they can cause serious problems. If they're needed because the older adult is a danger to themselves or others, the least restrictive type should be used first and they should be used for the shortest amount of time possible.

- Promoting meaningful activities to get the older adult moving and encouraging them to take care of themselves. This helps the person stay independent and may boost their self-esteem.

The older person should be involved in their own care as much as possible.

- Adjusting the older adult’s environment. A quiet space with appropriate lighting is helpful. Having clocks, calendars and familiar objects from home can also help orient them. Where possible it’s best to avoid room transfers.

What about medications?

In addition to the treatments listed above, medication may, in some cases, be necessary to control the agitation that can accompany delirium. Medication may also be needed to treat the underlying causes of delirium. The health care provider would carefully assess the older person and their symptoms to develop a medication plan that meets their individual needs. The health care provider would then closely monitor the effects of the medication.



What can I do to help my family member?

No matter where your family member is being treated, you can help re-orient, calm, assist, protect and support them. In hospitals and other health care facilities, you can work with staff to help ensure effective communication and advocate for your family member. This is especially important if there is a language barrier or if there are other cultural considerations.

You can work with the health care provider(s) to find the best ways to help your family member in a health care setting or at home. Here are some suggestions:

Stay with the older person when possible, especially at night.

Sometimes people think that their family member is “out of it” and wonder if it’s even worth visiting. You may be tempted not to visit, but the delirious older adult really needs their family’s support. A visit can help the person calm down, and talking with them can help orient them.

Bring familiar things from home to help orient and calm your relative: family pictures, sleepwear, religious images, and objects from the bedside.

If you can’t stay with your family member, consider the use of a private-duty nurse who has experience caring for older adults with delirium.

Be reassuring. Convey an attitude of warmth, calmness and kind firmness. Acknowledge their emotions. Tell them that they are experiencing a delirium. Let them know that you understand that they are experiencing problems and that they may be frightened.

Talk with your family member. It can be difficult to have “normal” conversations when your family member is delirious. Here are tips that might help:

- Speak softly, but don’t whisper. Always talk to the person face-to-face.
- Give information that will help orient your relative. Use their name and tell them who you are. Let them know when you are leaving and when you are coming back. Remind them where they are, what the date is and why they are in the hospital.
- Talk about things that are familiar or of interest to them, like hobbies or family activities.
- Give explanations or instructions clearly and slowly. Try to keep things short and simple. Give the person time to absorb the information and respond. Repeat if necessary.
- It’s best not to talk about abstract ideas. Your family member probably won’t understand what you’re talking about and might feel frustrated.
- Listen carefully. Be respectful. Even if the person isn’t making sense, you can still provide emotional support.

- Don’t argue about their irrational beliefs. What the person is seeing and hearing is real to them. Avoid confrontation, even when they say or do inappropriate things.
- A delirious person may not recognize you or may say things that are very hurtful. Although it’s hard, try not to take it personally.
- If you are worried about their safety, try distracting your relative with another topic of conversation or activity.
- Avoid rapid movements and keep your hands in sight whenever possible. This will help reduce any fear they may have about your intended actions.
- Once the delirium has passed, don’t remind your relative of how they acted when they were delirious. They might feel embarrassed or upset about things they said or did. If their memories of the delirious episode are traumatic, they may need more support.

Ensure their space is safe. Remove potentially harmful objects and unfamiliar equipment or devices.

Proper lighting can help keep a person from feeling disoriented and having an accident, like a fall.

Installing an alarm system on the door would alert family members if your relative wandered outside at night.

Make eyeglasses, hearing aids and dentures available.

Sensory deprivation is a common cause of delirium. Not being able to see or hear properly can be stressful. Encourage your relative to use their eyeglasses or hearing aids. Make sure the eyeglasses are clean and the hearing aid works (make sure it has fresh batteries). Having their dentures will also make it much easier for your family member to enjoy healthy food.

Note: If your relative is in a health care setting, check with your health care provider before giving these to your relative directly.

Stick to a regular routine.

Encourage your relative to take care of themselves to the extent that they can.

Keep your family member engaged. If they're agitated, distract them if you can from whatever they're upset about.

Encourage them to eat and drink. If they find it difficult to eat or drink, ask your health care provider for specific strategies or tools.

Older adults need plenty of rest. Here are some tips that can help a person prepare for a good night's sleep:

- a five-minute, slow-stroke back massage
- a warm drink of the person's choice
- relaxation tapes, classical music, nature sounds, or their favourite music
- a comfortable pillow and a warm blanket

Make the space as comfortable as possible.

The older adult's environment can improve delirium or make it worse. Pay attention to triggers and be flexible in your approach:

- Make sure your family member has a clock, calendar and/or chart of the day's schedule to help orient them.
- Ensure proper lighting. A room with a window can provide pleasant natural light. Brighter light can make it easier to see things clearly and communicate. Lower light can promote rest and sleep at night.
- Control noise.
- Bring your relative books, magazines, or music that they might enjoy.



Issues of capacity and consent

People who are experiencing delirium might not be cognitively capable of making decisions for themselves. This may be a permanent or temporary condition, because capacity may fluctuate with delirium.

Under these circumstances, family members are often conflicted. They want to ensure that their family member is taken care of while preserving their family member's right for autonomy. One of the important issues for family members to sort out is what to do if their older relative doesn't understand their own health care needs and requires someone else to make decisions for them. Ideally, it's best for families to have this conversation before anyone becomes ill.

Since legislation varies from province-to-province, it's best for you to learn about the laws concerning substitute decision-making in your province or territory. The most commonly used legal standards for capacity include some combination of the following:

- A person's ability to **communicate a decision**
- A person's ability to **understand the information that is needed to make a decision**
- A person's ability to **appreciate the consequences of their decision**

The law also varies from province-to-province with respect to who can be a substitute decision-maker and what their legal obligations are. If you're in the position of being a substitute decision-maker, you need to educate yourself about these legal requirements.

Health care professionals with skills and expertise in issues related to capacity and adjustment to illness can also help you and your family.

How can I work with the health care team?

- A person's language abilities, literacy level, religious and cultural background can affect their perceptions, their interaction with health care providers and their access to treatment. Limited English proficiency can be a barrier to treatment. Inform your health care team of any language barriers and/or cultural considerations that could influence the health care of your relative.
- You might want to consider appointing one family member to act as the person who will communicate with the health care team. Many phone calls and requests for information from several different family members can be confusing.
- Seek out and introduce yourself to the nurses in charge on your relative's hospital unit. These are the people who arrange the day-to-day care of your relative. They can tell you what tests have been scheduled, what drugs your relative is receiving, and what the possible side effects are.
- Be an advocate for your relative. If you notice sudden changes in your relative's mood, thinking or behaviour, tell a health care provider right away. Don't be afraid to ask questions about the treatment that is being provided or recommended.
- Ask the nurse in charge for the name of the doctor treating your older relative. Find out how to contact the doctor. The doctor will explain the medical problem for which drugs have been prescribed and tests ordered.



- Ask the nurse to contact the attending physician to make an appointment for you to discuss your relative's condition. If the geriatric team is involved, a nurse and/or physician from the team may be available to discuss the care of your relative with you.
- Communication is a two-way street. Family members can provide the health care provider with important information about the older adult. Don't be afraid to ask members of the health care team for more information about delirium and tips on how to help your family member.
- Set up regular doctor's appointments and home visits for treatment, monitoring and follow-up.

Adapted from *Information for Patients and Families: Delirium (acute confusion)*, Alberta Health Services (formerly Capital Health Edmonton Area).

TIP! Ask your health care provider about specific ways you can help prevent delirium.

Will my family member recover from delirium?

Many older people with delirium recover fully. Sometimes, delirium goes away in a few days, but sometimes the symptoms can last for weeks or months.

The cause of the delirium can affect how long it takes a person to recover. For example, if a simple infection is the cause of the delirium, taking an antibiotic may resolve the delirium very quickly. On the other hand, if the cause is a severe illness, the recovery may take longer.

On occasion, some older people do not recover fully from delirium. Memory problems and personality changes may stay. They may require continued monitoring and ongoing interventions. Talk with your health care provider about the need for any ongoing support and follow-up for your relative.

If an older person has had a delirious episode, there is a very high chance it will happen again. Family members and other caregivers continue to play an important role. By knowing about the causes and symptoms of delirium, family members can help detect early changes and tell health care providers right away.



A final note about living well & aging well

Health and wellbeing is a journey, from birth, through childhood, and into old age. Many different things impact our mental and physical health – our age, genetics, lifestyle, and access to health services – and that’s just for starters. We can’t control everything, but we can make choices at every stage of our lives to protect and improve our mental and physical health.

Here is a list of things you can do at any age to live well:

- Eat healthy foods in healthy amounts
- Be physically and mentally active
- Get rest
- Manage your stress
- Don’t smoke
- If you drink alcohol, drink only in moderation
- Get involved with things that interest you
- Spend time with people – family, friends and members of your community
- Follow the advice of your health care team
- Ask for help when you need it



Some of these things might be easier for you to do than others. Talk about your health care goals with family, friends and caregivers. They can help you find new and creative ways to reach your goals. You might inspire them to protect and improve their health too.



If you are caring for a family member, caring for yourself is one of the most important things you can do. When your needs are taken care of, the person you care for will benefit too.

Additional resources

In addition to this family guide, the **Canadian Coalition for Seniors' Mental Health (CCSMH)** has produced three other booklets for seniors and their family members on the topics of mental health issues in long-term care homes, depression and suicide prevention. These booklets were based on the CCSMH national guidelines for seniors' mental health that were created for health professionals.

Phone: 416-785-2500 ext. 6331

Website: www.ccsmh.ca

Alberta Caregiver College website has a section on Delirium (Acute Confusion) for caregivers of older adults. It has an audio feature so that you can also listen to the information.

Phone: 780-735-7912

Website: www.caregivercollege.org (click on "Topics" to find the "Delirium (Acute Confusion)" button)

The **Canadian Mental Health Association (CMHA)** is a nation-wide, charitable organization that promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness. To locate a CMHA office near you, contact the head office in Ottawa or visit the CMHA website.

Phone: 613-745-7750

Website: www.cmha.ca

The **Canadian Mental Health Association, Ontario branch** has produced a helpful fact sheet called "Seniors and Delirium."

Phone: 416-977-5580 (toll free in Ontario 1-800-875-6213)

Website: www.ontario.cmha.ca/seniors.asp?cID=5803

The Hospital Elder Life Program (HELP): For Older Adults & Caregivers is a website that provides information about recognizing delirium. A special section of the website is for family and friends caring for older adults.

Website: <http://elderlife.med.yale.edu/public/patient-family.php>

Vancouver Island Health Authority (VIHA) is a network of hospitals, clinics, centres, health units and residential facilities. They have produced a number of highly-acclaimed resources on delirium:

- Delirium in the older person: A medical emergency (DVD)
- Delirium in the older person: Family Guide (DVD)
- Delirium in the older person: A medical emergency / "My family member is not usually like this" (brochure)

Phone: 250-370-8204 (to order a copy of the DVDs)

Website: www.viha.ca/mhas/resources/delirium/

(information accurate at time of printing)

Local resources

Use this area to record contact information for organizations and support services in your region.

The CCSMH would like to acknowledge the continued dedication of its Steering Committee members:

Canadian Academy of Geriatric Psychiatry (chair)

Alzheimer Society of Canada

Canadian Association of Social Workers

Canadian Caregiver Coalition

Canadian Geriatrics Society

Canadian Healthcare Association

Canadian Mental Health Association

Canadian Nurses Association

Canadian Pensioners Concerned

Canadian Psychological Association

Canadian Society of Consultant Pharmacists

College of Family Physicians of Canada

Public Health Agency of Canada (advisory)



Canadian Coalition for Seniors' Mental Health



The mission of the **Canadian Coalition for Seniors' Mental Health** is to promote the mental health of seniors by connecting people, ideas and resources.

To find out more about the CCSMH, visit **www.ccsmh.ca** or call 416-785-2500 ext. 6331.

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