

Delirium – Et Al

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Delirium vs Excited Delirium

- Delirium is a medical term
- “Excited Delirium” is not
 - Confusion in terminology

Essential Features of Delirium

- Disturbance of consciousness
 - Reduced clarity of awareness of the environment
 - Impairment of attention
 - Essentially a clouding of consciousness

Features con't

- Changes in Cognition
 - Disorientation, especially for time
 - Memory – problems in retaining what is said (a warning may mean nothing)
 - Language

Features con't

- Perceptual Disturbance
 - Illusion
 - Hallucinations
 - Misinterpretations

Features con't

- Fluctuating Intensity
 - Day / night
 - Level of excitement

Causes of Delirium

- General medical condition
- Substance Intoxication
- Substance Withdrawal
- Combinations

Differentiation

- Acute Schizophrenic episodes
- Mania
- Agitated Dementia
 - Differentiation may not be possible in an acute situation in the community
 - Observation alone insufficient for diagnosis
 - Need at least some interaction
 - Need collateral data

“Excited Delirium”

- Not a medical term
- Referred to mostly by coroners and the police
- No clinical evidence of a separate entity
- Symptoms and behaviors the same as in many other conditions
- No known specific pathology

Features of “Excited Delirium”

- Bizarre, purposeless, and violent behavior
- Attraction to glass and other inanimate objects
- Hyperactivity
- Incoherent shouting/screaming/animal like noises
- Failure to recognize police presence
- Extreme aggression
- Paranoia
- Unbelievable strength that may be far beyond the normal range of strength for a person

Features of “Excited Delirium” con’t

- Apparent imperviousness to pain including injury sustained during a violent outburst
- No response to pain mediated methods of restraint
- Able to offer effective resistance against multiple officers
- Very hot skin
- Profuse sweating or skin extremely dry for the level of exertion

Notes: no reference to central feature of Delirium – a misnomer
all of these features may be found in; medical Delirium
from any cause, acute severely agitated Schizophrenia, acute
mania

“Excited Delirium” as a cause of death

- No evidence it is a clinical entity in the first place
- No specific pathology post mortem

Deaths occur in temporal proximity to -

- CEWs
- Use of forceful restraint
- Pepper spray
- Deaths occur predominantly in the most physically compromised

Compromised By What?

- General health
- Specific illness
- Intoxication
- Level of exhaustion

Risk

- Risk / Benefit
- Risk – two elements
 - Frequency
 - Severity
- A continuing process

Priorities

- Urgent need for research
- Central registry of interventions
- Protocols for intervention
- At least restricted use of CEW pending more information
- Development of specialized intervention teams
 - Police + Mental Health personnel