

Dazed with delirium, Jessica tried to explain but her stories changed

By [Stuart Layt](#)

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Jessica Mee was at her Brisbane home when she fell over.

What happened next would see her spend weeks in hospital as doctors tried to figure out what was causing her onset of delirium.

Delirium is a sudden breakdown of a person's mental abilities, resulting in symptoms ranging from confusion and loss of memory to violent anger.



After suffering the effects of delirium, Jessica Mee couldn't tell doctors exactly how she had fallen down - because her story kept changing, husband Patrick says.

It affects up to one in five older people who present to a hospital emergency department, and is often mistaken for dementia, although its causes are very different.

In Ms Mee's case, her husband Patrick took her to hospital, however doctors in the emergency department initially had trouble diagnosing the 77-year-old.

"The emergency people checked her out for concussion, but she couldn't tell them how she had fallen over. Every time they asked her, she gave a different story," he said.

They kept Ms Mee in the hospital overnight for observation, with plans to release her the next morning, but after being examined by her doctor, Prince Charles Hospital geriatrician Dr Eamonn Eeles, they rushed her into the Cognitive Assessment and Management Unit.

"So Jess went into the CAMS unit on the 27th or 28th of May, and she was in there for seven weeks," Mr Mee said.

"Dr Eeles knew she had early-stage dementia, but that's not what was causing this, they had no idea at the start what was causing it."

For Ms Mee, that time in the hospital is a blur.

"It took me two weeks to recognise where I was," she said.

"I don't think I opened my eyes for the first day."

Although delirium can be triggered by dementia, it is actually unrelated, and can have multiple causes within a single patient, including a sudden onset of infection or an unexpected clash of medication.

Because of this, it can be vital for doctors to find out the underlying cause, as it may need to be addressed straight away.

Dr Eeles said a problem delirium posed for doctors, especially doctors without much experience with the condition, was it could present in a variety of ways and have multiple causes.

"The brain is an innocent bystander in this case, it's usually a reflection of multiple medical things that are going wrong [with a patient]," he said.

"But we're not very good at picking up those things, so we thought it was time to find a way to assist doctors to better identify the underlying causes of delirium."

Dr Eeles and the team at Prince Charles Hospital have developed a custom-made app to assist emergency department doctors to diagnose delirium and what might be causing it.

"It's meant to basically serve as a geriatrician in your pocket," he said.

"We developed an algorithm that could help junior doctors with a variety of presentations delirium has, and direct them to the most likely ones."

The app has taken a few years to develop, and Dr Eeles hopes it can be rolled out to other hospitals.

"It doesn't matter if you diagnose delirium or not - if you can't identify the underlying causes then the delirium will continue regardless," he said.

“We’re doing some final testing on the app and then we anticipate in the the next two or three months we’ll be able to say it’s fully validated.”

In Ms Mee’s case, it was eventually revealed that an aggressive urinary tract infection caused her delirium episode.

“My friends were really great, they came to visit me a lot over that time,” she said.



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