Delirium superimposed on dementia (DSD) is common in older adults. Unlike dementia in which mental status changes occur gradually over an extended time, mental status changes associated with delirium occur suddenly. Delirium is frequently a sign of an underlying illness or health problem that requires a medical evaluation. Failure to recognize delirium early contributes to adverse outcomes for older adults; mortality increases by 11% for every 48 hours of delirium. Family members, who provide care for more than 75% of older adults with AD, are most likely to recognize mental status changes early but often attribute cognitive changes to aging or to the dementia.

The aims of this study were to describe family caregivers' knowledge of delirium and preferred modalities for receipt of delirium information.

A descriptive, cross-sectional design was used and data collected from 132 family caregivers in two areas of the Midwest. The Family Caregiver Delirium Knowledge Questionnaire (CDKQ) was mailed to one sample with a response rate of 19.2% and placed online for the another sample with a response rate of 13.4%. The mean age of family caregivers was 60.88 years (range 21-94) and average education level was 15.51 years (range 5-24). The majority (84.8%) were white and female (81.1%).

Approximately 55.7% indicated that they knew about delirium but their average score of 11.58 out of 19 (SD=3.63) on the CDKQ indicated that family caregivers did not have adequate knowledge of delirium. If their older adult family member developed sudden confusion, 44.7% of family caregivers reported they would wait a week to see if it resolved; 35.1% would not call a doctor. Family caregivers who were over 65 years of age scored lower in the CDKQ than those less than 65 years. Surprisingly 77.7% of the total sample expressed interest in receiving information about delirium. The preferred modalities for receipt of information were Internet (57.7%), newsletter (54.5%), in-person class (39%), and telephone discussion (12.2%). Family caregivers with more than high school education were more likely to prefer an internet intervention. Those over 65 years of age were more likely to prefer telephone discussion. There were no differences by age or education for in-person class or newsletter preferences. The findings suggest that family caregivers need information about delirium and that age and education are important factors to consider in designing educational interventions on delirium for family caregivers.