

Elderly hospital patients with delirium more likely to die within a year

November 9 2011, By Laura Kennedy



Hospital patients over 65 who are referred for a psychiatric consultation and found to have delirium are more likely than those without delirium to die within one year following diagnosis, according to a new study published in the journal *General Hospital Psychiatry*.

“Clinical physicians should pay close attention to delirious [patients](#),” says lead author Jian-An Su, M.D., a psychiatrist at Chang Gung Memorial [Hospital](#) in Taiwan. “Early psychiatric consultation could decrease mortality.”

[Delirium](#) is a sudden change in mental status associated with physical illness and related medications. A delirious patient may experience bouts of confusion, lethargy, agitation, or hallucinations alternating with

periods of lucidity.

The new study is based on records for more than 600 patients over 65 years of age examined by psychiatrists in a Taiwanese hospital between 2002 and 2006. Of these, 172 were diagnosed with delirium. The researchers later reviewed state records to find out how many of the patients had subsequently died. The findings were compared to those for a similar group of patients who had not experienced delirium.

Elderly inpatients who were diagnosed with delirium had significantly higher death rates than other patients in the first year after delirium onset, found the authors. The results held regardless of patients' gender, physical illnesses, or treatment with antipsychotic medications.

In the elderly, delirium is often characterized by “quiet” symptoms, such as confusion and lethargy. “These patients are frequently overlooked, under-diagnosed, or misdiagnosed as having depression, dementia, or severe illness,” note the authors.

“Primary physicians -- whether intensivists, hospitalists, surgical teams, or others -- must first be attuned to a patient's behavior and cognitions in order to request a psychiatric consultation for a complete evaluation,” says Ian Cook, M.D., of the Resnick Neuropsychiatric Hospital at the University of California, Los Angeles.

Cook suggests that a brief series of questions such as, “Can you tell me the name of where we are? What day is it? Why are you here in the hospital?” could help attending physicians recognize patients with delirium more consistently, along with observing behaviors such as agitation or excessive sleepiness. Many resources on delirium also advise family members to alert providers immediately if their loved one displays sudden changes in mental status while in the hospital.

More information: Tsai, M-C. et al. [Three-year mortality of delirium among elderly inpatients in consultation–liaison service](#). *General Hospital Psychiatry* In Press.

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