

Study provides roadmap for delirium risks, prevention, treatment, prognosis and research

September 18 2012

Delirium, a common acute condition with significant short- and long-term effects on cognition and function, should be identified as an indicator of poor long-term prognosis, prompting immediate and effective management strategies, according to the authors of a new systematic evidence review.

"[Delirium](#) is extremely common among [older adults](#) in intensive care units and is not uncommon in other hospital units and in nursing homes, but too often it's ignored or accepted as inevitable. Delirium significantly increases risk of developing dementia and triples likelihood of death. It can't be ignored," said Regenstrief Institute investigator Babar A. Khan, M.D., M.S., assistant professor of medicine at the Indiana University School of Medicine and an Indiana University Center for Aging Research scientist, the first author of the review.

The authors reviewed 45 years of research encompassing 585 studies to provide a roadmap for the identification of risks, prevention and treatment options as well as [prognoses](#) related to delirium.

"As an [intensive care unit](#) physician, I have seen that about 80 percent of ICU patients who need mechanical assistance to breathe develop delirium," Dr. Khan said. "That's because in addition to being on a respirator, they have multiple risk factors that can predispose and precipitate delirium, including but not limited to serious illness,

restraints and pre-existing cognitive impairment."

According to the American Delirium Society, more than 7 million hospitalized Americans suffer from delirium each year, and more than 60 percent of delirium cases are not recognized or treated.

"Having delirium prolongs the length of a hospital stay, increases the risk of post-hospitalization transfer to a nursing home, increases the risk of death and may lead to permanent [brain damage](#)," said Regenstrief Institute investigator Malaz Boustani, M.D., MPH, associate professor of medicine at IU School of Medicine and associate director of the IU Center for Aging Research. Dr. Boustani, senior author of the new study, is medical director of the Wishard Healthy Aging Brain Center and president of the American Delirium Society.

How to lower the likelihood of delirium and increase recognition of cases that occur? Drs. Khan and Boustani recommend eliminating restraints, treating depression, ensuring that patients have access to eyeglasses and hearing aids, and prescribing classes of antipsychotics that do not negatively affect the aging brain. They and the other study authors note the need for a more sensitive screening tool for delirium, especially when administered by a non-expert.

"Delirium in Hospitalized Patients: Implications of Current Evidence on Clinical Practice and Future Avenues for Research—A [Systematic Evidence](#) Review" was published in the September issue of *Journal of Hospital Medicine*. In addition to presenting evidence for clinical practice, it identifies areas for future delirium research.

Provided by Indiana University School of Medicine

Citation: Study provides roadmap for delirium risks, prevention, treatment, prognosis and

research (2012, September 18) retrieved 9 May 2024 from
<https://medicalxpress.com/news/2012-09-roadmap-delirium-treatment-prognosis.html>

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