

# ICU delirium tied to higher death risk, study says

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Researchers recommend monitoring patients' mental state.

(HealthDay)—Intensive care unit patients who develop delirium have a higher risk of death, longer hospital stays and are more likely to have mental impairment after leaving the hospital, a large review finds.

Delirium includes confusion, inattention, hallucinations and sometimes agitation. It is more common among the elderly, [patients](#) with preexisting mental impairments and the terminally ill, the study authors said.

"The concern about ICU delirium is relatively recent; the first landmark ICU studies about it were published in 2001 and since then it is proving to be a very important and challenging matter in health care," study co-author Dr. Jorge Salluh, of the D'Or Institute for Research and Education in Brazil, said in an institute news release.

"Delirium can happen due to multiple causes, even if the patient's

disease isn't neurological. If you have pneumonia, for example, and you go to the ICU you might have delirium and also worse outcomes," he explained.

The researchers analyzed 42 studies that included a total of more than 16,500 ICU patients. The 32 percent of patients with delirium were twice as likely to die during hospitalization as those without delirium, the study authors found.

Patients with delirium stayed in the [intensive care unit](#) 1.4 days longer and required mechanical ventilation to breathe 1.8 days longer than those without delirium, according to the study, published May 31 in the journal *BMJ*.

The study findings are "a strong signal that all [critically ill patients](#) must be screened and monitored for delirium," study co-author Dr. Robert Stevens, of Johns Hopkins University School of Medicine in Baltimore, said in the news release.

"Now we hope to see comprehensive efforts to decrease the burden of delirium via prevention and therapeutic interventions," he added.

There are a number of ways to prevent [delirium](#). They include "rational use" of sedation and anesthesia, less reliance on tranquilizers, proper sleep, and early use of mobility and occupational therapy in the ICU, the researchers said.

**More information:** The U.S. National Library of Medicine has more about [delirium](#).

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