

Delirium, muscle weakness among overlooked symptoms of sepsis

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Delirium, muscle weakness and other neurological complications of sepsis often are overlooked and poorly understood, according to a study published in the journal *Current Neurology and Neurosciences Reports*.

Seizures, strokes, neuromuscular disorders and encephalopathy (brain disease) are among the complications that often escape necessary investigation, "largely due to other ongoing systemic derangements requiring much attention," report neurologists Rochelle Sweis, DO, Jorge Ortiz, MD, and José Biller, MD, of Loyola University Medical Center and Loyola University Chicago Stritch School of Medicine.

Sepsis is the 11th leading cause of death in the United States and it's responsible for 7 percent of all childhood deaths. Incidence is highest among infants and the elderly, African Americans and males. Common risk factors include chronic diseases such as cancer or diabetes and use of immune-suppressing drugs. Genetic factors also play a role, according to the article.

Central nervous system complications of [sepsis](#) include stroke, seizures and delirium. Delirium can be hyperactive (agitation, pulling out lines, hallucinating, etc.) or the opposite, hypoactive (sluggishness, drowsiness, inattention, etc.) When associated with sepsis, delirium is known as sepsis-associated encephalopathy (SAE), acute brain dysfunction or sepsis-associated delirium.

SAE is a life-threatening, yet reversible deterioration of mental status

due to underlying sepsis and/or other contributing factors, including sedation, antimicrobial treatment and pre-existing psychiatric conditions, the authors write.

"The first manifestation of SAE is an acute change in mental status, ranging from inattention, disorientation, agitation, somnolence, stupor and coma," the authors write.

There is no specific treatment for SAE. Physicians instead should focus on treating the underlying infectious disease process, the authors write.

Peripheral nervous system complications of sepsis include two conditions, critical illness polyneuropathy and critical illness myopathy, which cause [muscle weakness](#) and inability to wean from a ventilator.

"Because neurocognitive decline and prolonged physical disability are risks of severe sepsis, early attention and analysis are imperative," the authors conclude. "Further studies are needed to assess which collective therapies should be utilized in the most vulnerable patients with [severe sepsis](#) to prevent cognitive and physical disability and predict which early interventions will impact outcome."

More information: Rochelle Sweis et al. Neurology of Sepsis, *Current Neurology and Neuroscience Reports* (2016). [DOI: 10.1007/s11910-016-0623-z](#)

Provided by Loyola University Health System

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