

Program helps reduce risk of delirium, hospital length of stay for older patients undergoing surgery

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Older patients who underwent major abdominal surgery and received an intervention that included nutritional assistance and early mobilization were less likely to experience delirium and had a shorter hospital stay, according to a study published by *JAMA Surgery*.

Older patients undergoing [abdominal surgery](#) commonly experience preventable [delirium](#), which extends their hospital length of stay (LOS). Implementing effective interventions to prevent delirium and reduce LOS is a clinical priority. Guan-Hua Huang, Ph.D., of National Chiao Tung University, Hsinchu, Taiwan, and colleagues randomly assigned 377 patients (65 years of age or older) undergoing abdominal surgery for a malignant tumor to an [intervention](#) (n = 197) or usual care (n = 180).

The intervention, modified Hospital Elder Life Program (mHELP), consisted of three protocols administered daily by a nurse: orienting communication (such as inquiring about information in the context of the present day to reinforce orientation); oral (including brushing teeth) and nutritional assistance; and [early mobilization](#). Intervention group participants received all three mHELP protocols postoperatively, in addition to usual care, as soon as they arrived in the inpatient ward and until hospital discharge.

Postoperative delirium occurred in 6.6 percent of mHELP participants vs 15.1 percent of control individuals (odds of delirium reduced by 56

percent). Intervention group participants received the mHELP for a median of 7 days, and they had a median LOS that was two days shorter (12 vs 14 days).

Several limitations of the study are noted in the article, including that data on postoperative complications were not collected, which are important risk factors for delirium and might have also been affected by mHELP and contributed to the study findings.

"The key to the effectiveness of the 3 mHELP components is their consistent and daily application, with high adherence rates. Medical centers that want to advance postoperative care for [older patients](#) might consider mHELP as a highly effective starting point for delirium prevention," the authors write.

More information: *JAMA Surgery* (2017).
jamanetwork.com/journals/jamasurg/article/2017.1083

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