

Family members can assist in preventing post-operative delirium by as much as 16.8%

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In a study published today in *JAMA Internal Medicine*, researchers reported that training family members in delirium prevention approaches can significantly reduce the incidence of post-operative delirium by up to 16.8 percent within seven days after surgery. This is important because delirium, a sudden change in mental status, or sudden confusion often occurring after major surgery, acute illness, or hospitalization, can have serious complications such as functional and cognitive decline, prolonged hospital stays, institutionalization, and death.

Delirium prevention through multi-component intervention programs has been well-documented to be effective in up to 50 percent of cases, and greatly assists in the recovery of older adults following major surgery. The Hospital Elder Life Program (HELP), an evidence-based multi-component program that prevents delirium and reduces complications for older adult hospital patients, is currently implemented in more than 200 hospitals worldwide. HELP was created by Sharon Inouye, M.D., M.P.H., Director of the Aging Brain Center at Hebrew SeniorLife's Hinda and Arthur Marcus Institute for Aging Research and Professor of Medicine at Harvard Medical School.

HELP is often implemented by highly trained volunteers who complete targeted interventions such as walking with patients, assisting with mealtime and hydration, performing cognitively stimulating activities, and completing a non-pharmacological sleep protocol. This study is one of the first randomized controlled trials to demonstrate the success of adapting HELP protocols for non-volunteers or family members, as they

are often with vulnerable patients regularly following surgery. Adaptations of the HELP protocol are especially important in countries like China, where volunteers are not utilized in hospital settings.

The randomized controlled trial, which examined data on 281 surgical patients at a hospital in China, compared patients in the tailored, or t-HELP, group to patients receiving usual patient care and treatment. Patients in the t-HELP group received daily intervention protocols from family members as instructed by nursing staff. Patients were evaluated daily until post-operative day seven and completed a one-month phone interview follow-up assessment after discharge. Patients who received the t-HELP protocol were significantly less likely to have post-operative delirium within seven days of surgery than patients who did not receive the protocol (2.6 percent vs. 19.4 percent occurrence). The t-HELP intervention was even more effective in preventing severe delirium. Patients who received the t-HELP [protocol](#) showed greater functional and cognitive recovery one month after discharge than those patients who received usual care.

These findings show that HELP can be adapted successfully and tailored to different hospital settings, including utilizing a non-volunteer model and engaging family members in delirium prevention.

Dr. Jirong Yue, M.D., corresponding author, said, "In China, we do not utilize [hospital](#) volunteers; however, family members are typically very involved in the care of older hospitalized patients. Adapting HELP for use with family members is a beneficial way to utilize the family as a resource to improve patient outcomes."

Dr. Inouye, creator of HELP and senior author on this study, said, "HELP has proven to be effective in preventing [delirium](#) for hospitalized patients. This important study shows that HELP protocols can successfully be adapted for use with [family members](#) instead of

volunteers, creating even more potential for HELP to improve care of older adult patients around the world."

More information: Yan-Yan Wang et al. Effect of the Tailored, Family-Involved Hospital Elder Life Program on Postoperative Delirium and Function in Older Adults, *JAMA Internal Medicine* (2019). [DOI: 10.1001/jamainternmed.2019.4446](https://doi.org/10.1001/jamainternmed.2019.4446)

Provided by Hebrew SeniorLife Hinda and Arthur Marcus Institute for Aging Research

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