

Delirium

facts and figures

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24th November 2015



Overview

- What is delirium
- Why is it important
- How to diagnose delirium
- How to manage delirium

What is delirium?

A neuropsychiatric syndrome

DSM-IV:

- A. Disturbance of consciousness
- B. Change in cognition
- C. Acute
- D. Physiological precipitant

Cognitive decompensation under stress conditions

Normal function



Range of abnormalities
of level of arousal



Range of abnormalities
of cognition:
quantifiable



'Untestable' with most
cognitive tests



Coma



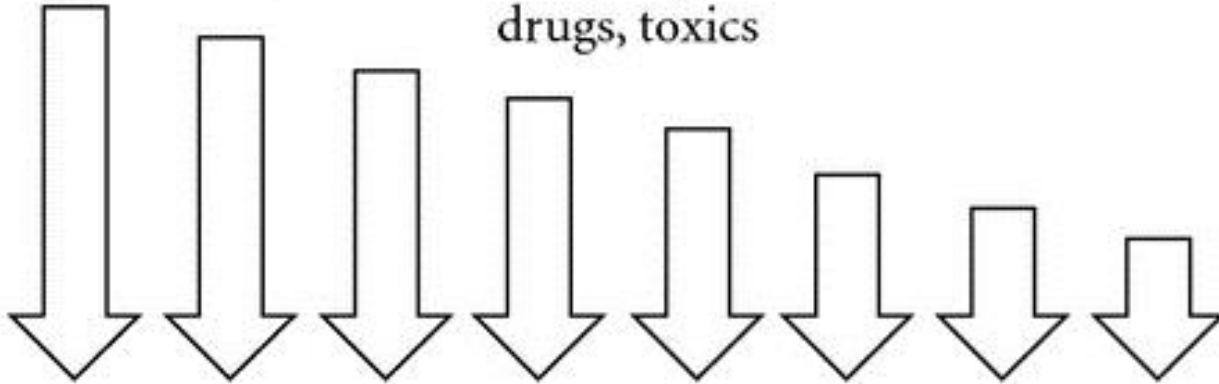
Range of delirium severity



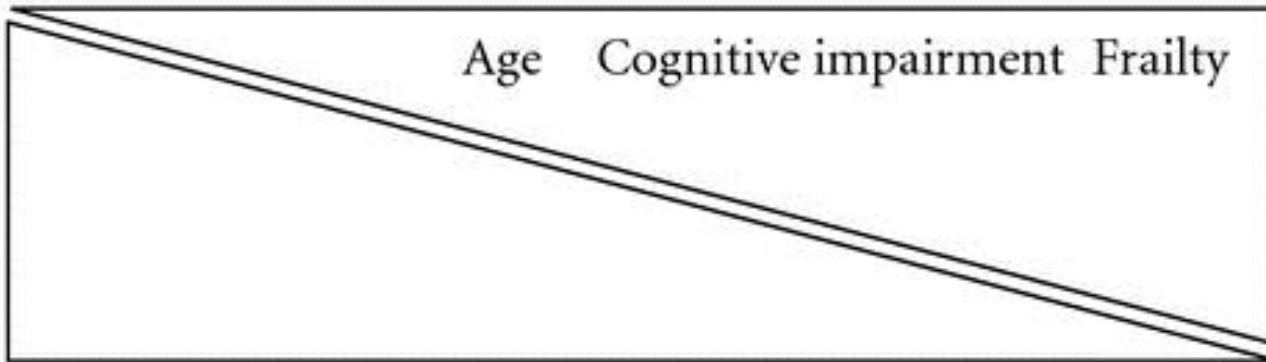
Precipitating factors

Acute medical or surgical conditions
drugs, toxics

Insult intensity



Protective factors



Predisposing factors

Age Cognitive impairment Frailty



Delirium

Subtype

Hyperactive

Wandering, aggressive
Hyper-alert, agitated
Strong
Difficult to reason with

Pulling at lines

Easily recognised
Often medicated

Mixed

Hypoactive

Quiet, bewildered
Sleepy, inattentive

“off-legs”

Highest mortality
– HR 1.6

Most often
unrecognised

More common

Why does delirium matter?

Why delirium matters

Common

15% hospital

Serious

20% mortality

Marker for dementia

60% underlying

Costly

£13k / admission

Distressing

Diagnosis and management

Action plan

- Diagnose
- Precipitating and predisposing
- Optimise environment
- Treat specific symptoms

Initial approach

[1] Assess arousal

[2] Test cognition

[3] Acute onset and/or fluctuating course?

Screening tests

- Confusion Assessment Method
- 4 “A”s Test
- Nursing Delirium Screening Scale
- Delirium Observational Screening Scale
- Recognising Acute Delirium As Routine

Causes

Precipitants

- Infections
- Drugs (on/off)
- Specific organ failures
- Pain
- Bladder
- Bowels

Predisposing

- Dementia
- Frailty
- Mobility

Management

	Prevent	Treat
Pharmacological	+ / (-)	(+) / -
Non-pharmacological	+	(+) / -