Delirium

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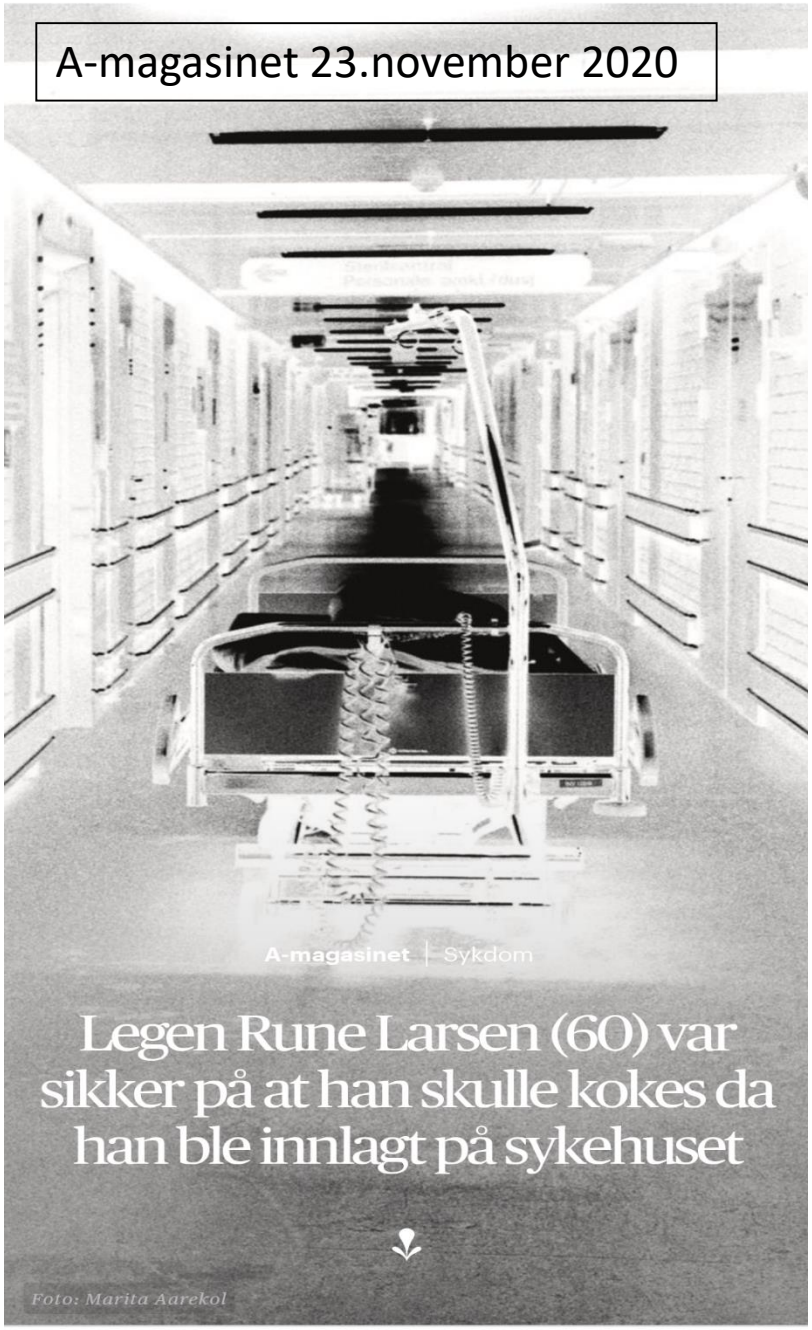
AKERSHUS UNIVERSITETSSYKEHUS

A-magasinet 23.november 2020



SPECIAL ARTICLE

acta Anaesthesiologica Scandinavica

Just a little delirium- A report from the other side

Rune Arild Larsen

Acta Anaesthesiol Scand. 2019

Disposisjon

- Kva er delirium?
- Kor vanleg er delirium?
- Risikofaktorer
- Korleis er delirium og demens knytta saman?
- Korleis handtere delirium?
- Kva skjer i hjernen ved delirium (og korleis finne ut av det)?

1 Kva er delirium?

DSM-5 criteria for delirium

A	A disturbance in attention (i.e., reduced ability to direct, focus, sustain, and shift attention) and awareness (reduced orientation to the environment).	Attention Awareness
B	The disturbance develops over a short period of time (usually hours to a few days), represents a change from baseline attention and awareness, and tends to fluctuate in severity during the course of a day.	Acute change Fluctuate
C	An additional disturbance in cognition (e.g. memory deficit, disorientation, language, visuospatial ability, or perception).	Disturbance in cognition
D	The disturbances in Criteria A and C are not better explained by a pre-existing, established or evolving neurocognitive disorder and do not occur in the context of a severely reduced level of arousal, such as coma.	Not «only» dementia
E	There is evidence from the history, physical examination or laboratory findings that the disturbance is a direct physiological consequence of another medical condition, substance intoxication or withdrawal, or exposure to a toxin, or is due to multiple etiologies	A direct consequense of another medical condition

2 Kor vanleg er delirium?

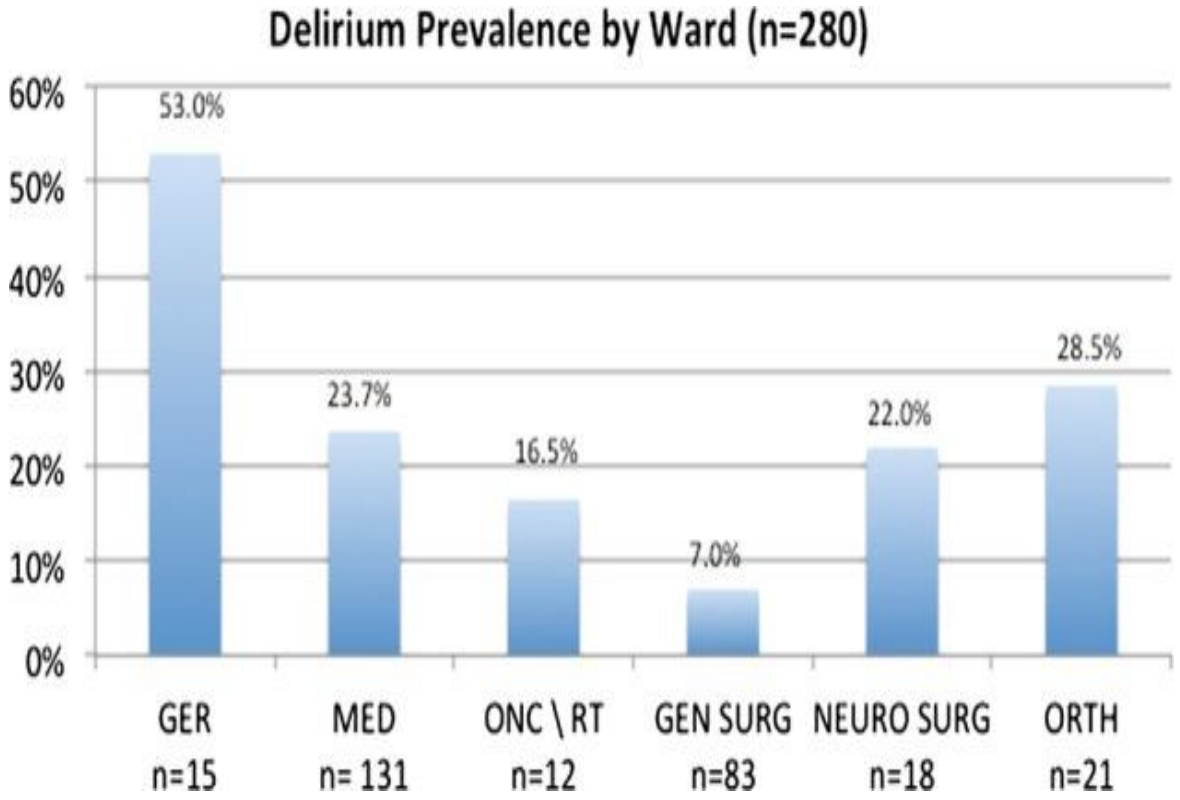
BMJ open
accessible medical research

Delirium in an adult acute hospital population: predictors, prevalence and detection

-Cork University Hospital, Irland: 407 acute adult inpatients beds

-15th of May 2010 were all patients assessed for delirium

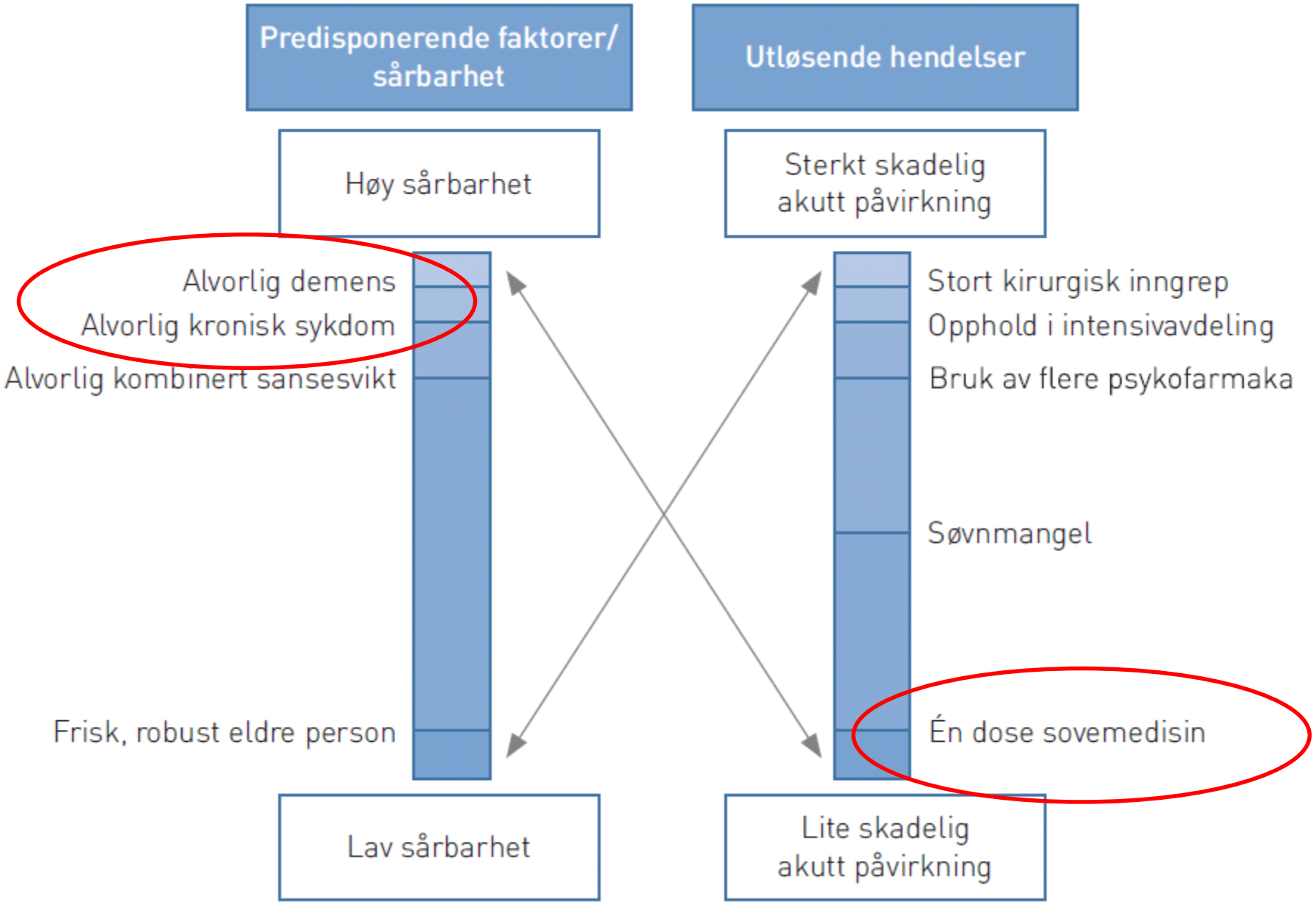
-19,6 % had delirium



Only 43,6% had delirium or one of its synonyms documented in the case notes!!

Ryan DJ, BMJ Open. 2013 Jan 7;3

3 Risikofaktorer



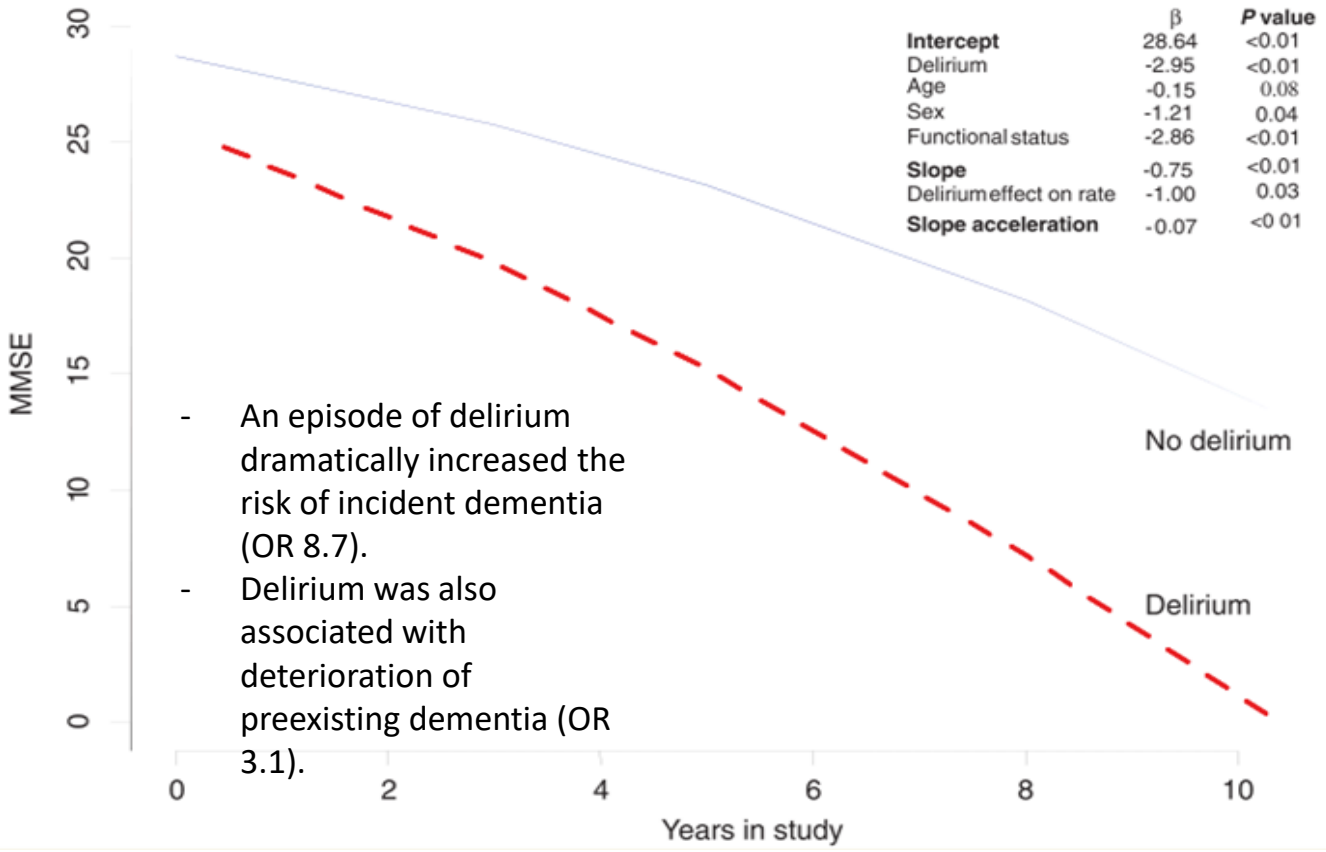
Neerland, Watne, Wyller. Tidsskr Nor Legeforen 2013

4 Korleis er delirium og demens knytta saman?

1 2 3 4

BRAIN
A JOURNAL OF NEUROLOGY

Delirium is a strong risk factor for dementia in the oldest-old: a population-based cohort study



- An episode of delirium dramatically increased the risk of incident dementia (OR 8.7).
- Delirium was also associated with deterioration of preexisting dementia (OR 3.1).

Davis; Brain 2012

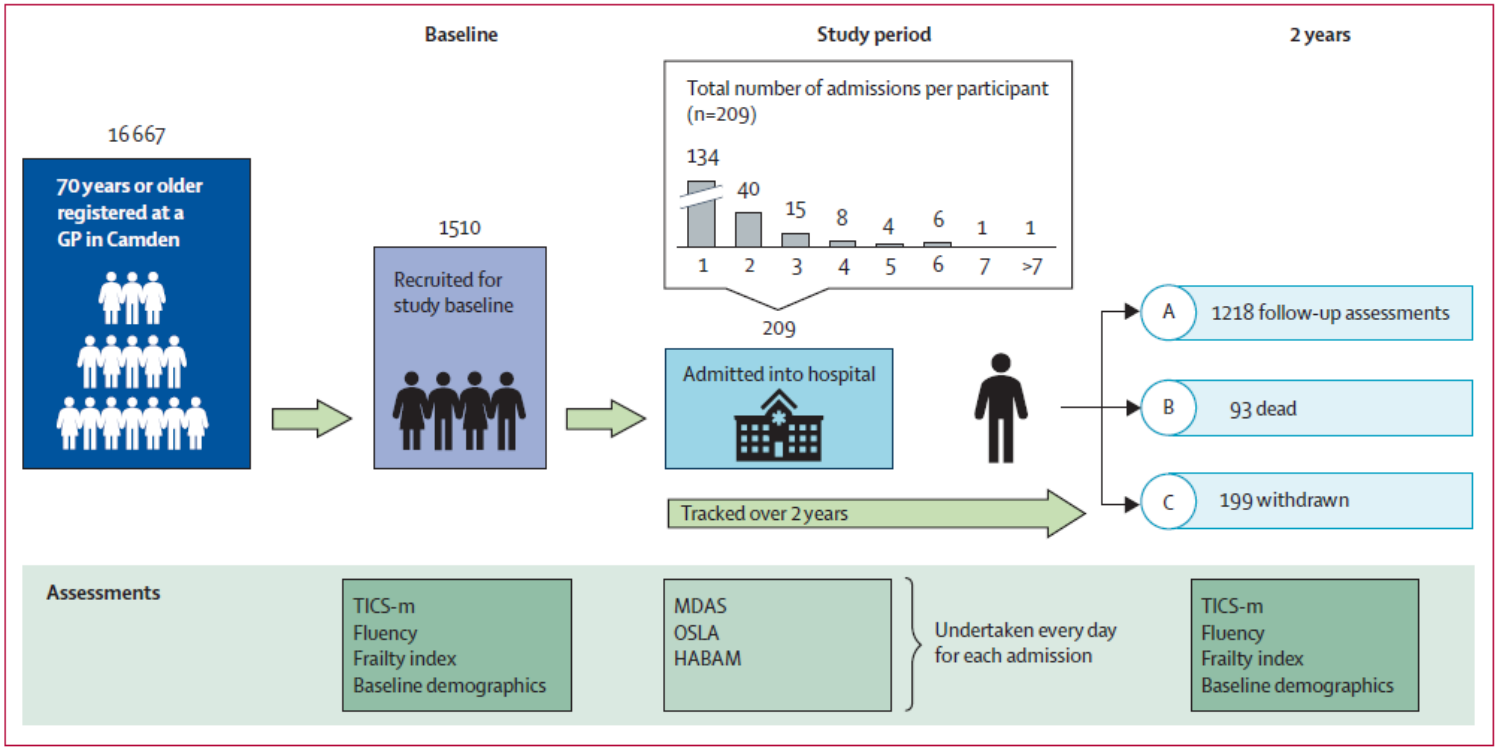


Figure 1: **Infographic showing patient recruitment and study timeline**
GP=general practitioner. HABAM=Hierarchical Assessment of Balance and Mobility. MDAS=Memorial Delirium Assessment Scale. OSLA=Observational Scale of Level of Arousal. TICS-m=modified Telephone Interview for Cognitive Status.

Tsui, Lancet Healthy Longev 2022

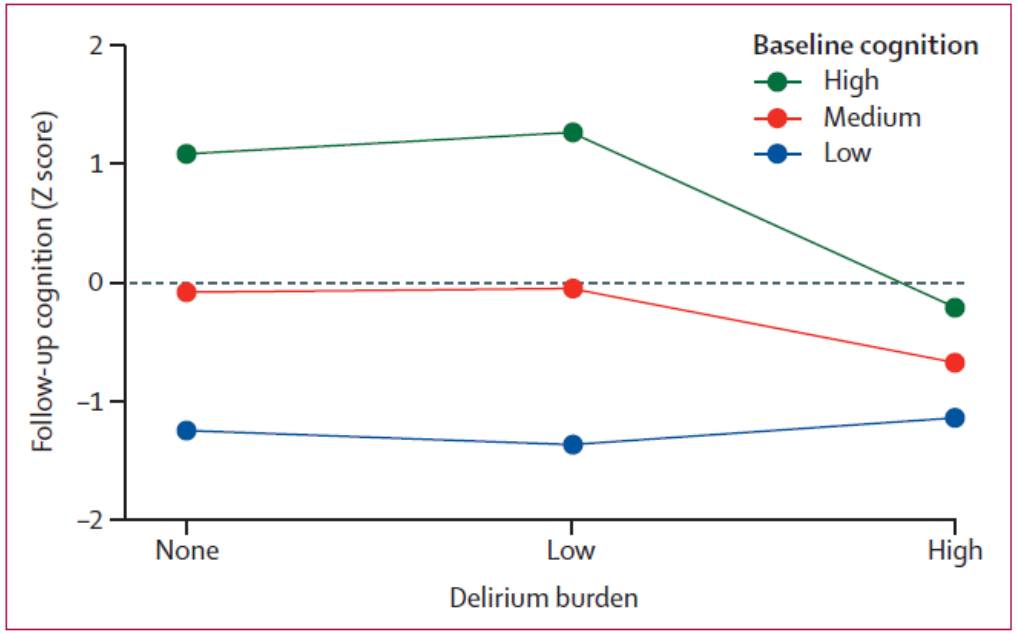


Figure 3: Association between delirium burden and follow-up cognition by baseline cognition

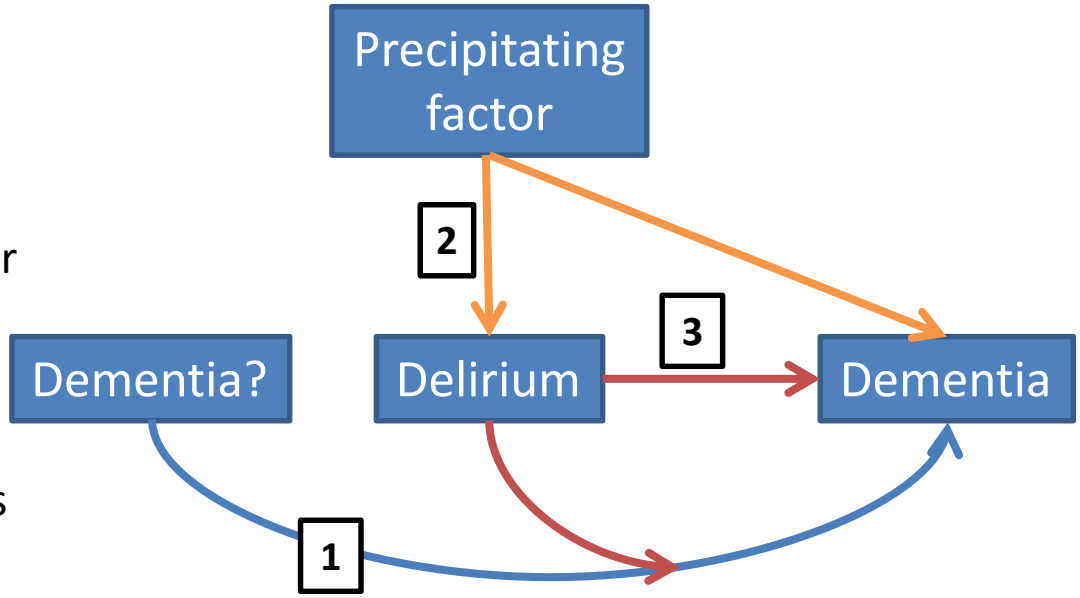
Tsui, Lancet Healthy Longev 2022

Potential mechanisms for how delirium could lead to dementia

1. Delirium unmasks unrecognised or preclinical dementia
    - Dementia pathology responsible for further decline

2. Common shared precipitating factor
    - Sepsis, surgery, drugs

3. Delirium independently contributes to dementia
    - Pathophysiology unknown



Inspired by Fong 2015

5 Korleis handtere delirium?

Strong evidence supporting **preventing** delirium without drugs

- **Multi-component interventions are the best and most effective strategy** to prevent delirium in hospitalized patients

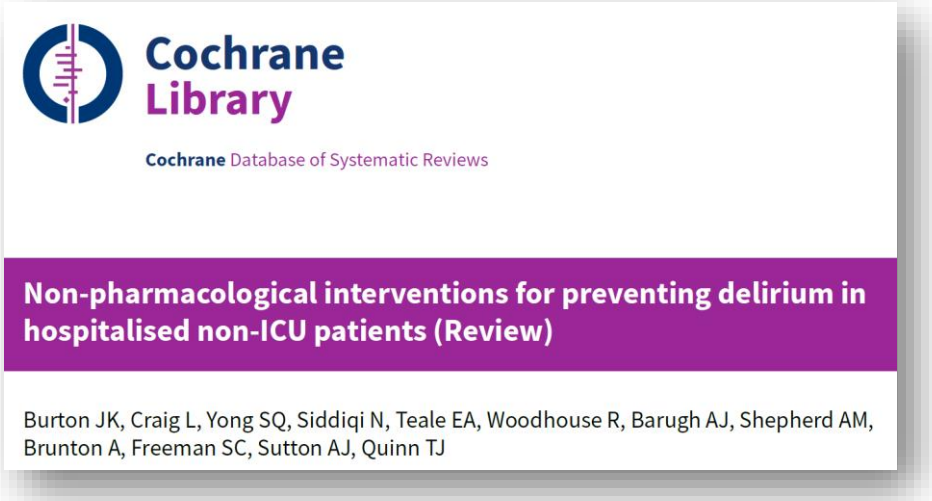
↓ delirium 30-50%

↓ fall 60%

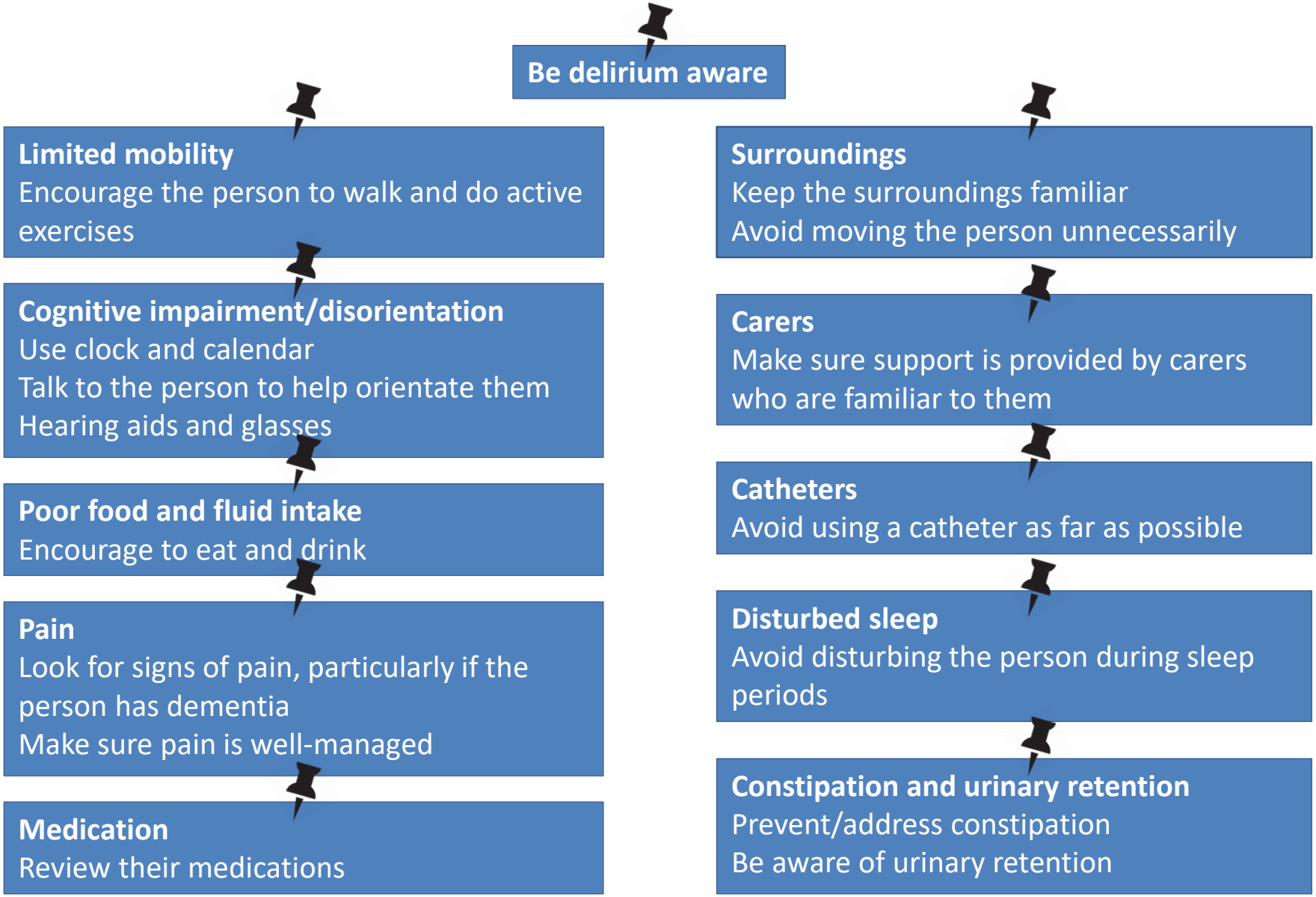
Young, 2010

Hshieh, 2015

Burton, 2021



- **Treatment** of delirium without drugs is less documented



NICE guidelines, Young 2010
American Geriatrics Society Expert Panel on Postoperative Delirium in Older, Adults, 2015

Medikament	Dosering			
	Esther Oh, **JAMA** 2017	Fagprosedyre, h**elsebiblioteket.no**	Metodebok OUS **Ullevål (oppdatert 2019)**	**Scottish** Delirium Association
Haloperidol = Haldol	0.25- 0.5 mg Kan gjentas hvert 30.min, maks 3-5 mg/24t	0.5-1 mg p.o./i.m Lavere dosering for de skrøpeligste	0.5 – 1 mg p.o eller i.m. max 2 mg /døgn. Til eldre og pasienter med demens kan 0.25 - 0.5 mg være tilstrekkelig første døgn.	0.5 - 1mg po, max 2mg/24t 0.5 mg IM, max 2mg/24
Olanzapine = Zyprexa	2.5 - 5 mg x 2	5-10 mg vesp p.o./i.m		
Risperidone = Risperdal	0.5 - 1 mg x 2	0.25 - 0.5 mg x2	0.25 - 1 mg x2 p.o.	
Quetiapine = Seroquel	12.5 – 25 mg x 2	50-100 mg / døgn p.o	Kan vurderes hos pas m/ LBD/Mb Park. 25–100 mg/d fordelt på to doser	
Dersom antipsykotika er kontraindisert (parkinsonisme, LBD) - alternativer				
Lorazepam = Temesta				0.5-1mg po, max 2mg/24t
Midazolam				2.5 mg IM max 7.5mg/24t
Heminevrin		300-600 mg vesp	(300 - 600 mg vesp)	
Melatonin/ ramelteon	3-5 /8mg ves	?		


World Delirium Awareness Day
15 March 2023
#WDAD2023