

# Integrated Literature Review of Delirium in Elderly Patients

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## Integrate Literature Review of Delirium on the Elders

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### Abstract

Delirium is a common problem for elderly hospitalized patients and those transferred from one place to another. The risk of delirium increases considerably with age. This article provides an integrated review of the literature on delirium in elderly patients; on the basis of this review, the characteristics of elderly delirium can be defined as follows: acute confusion with fluctuating changes in consciousness, orientation, attention, perceptions, emotion, thinking, sleeping patterns, and behaviors, which could develop and disappear in a short period. The related factors of elderly delirium include demographic and physical factors, as well as cognitive, functional, psychosocial, and other factors. Furthermore, scales for assessing elderly delirium include the short portable mental status questionnaire, mini-mental status examination, Confusion Assessment Method-ICU (CAM-ICU), delirium observation screening scale, NEECHAM Confusion Scale, Groningen Frailty Indicator, and Hasegawa's Dementia Scale-Revised. Although the CAM-ICU has the least items and affords the fastest assessment, it lacks the items to measure orientation, perceptions, emotions, sleeping patterns, and behaviors, which are the characteristics of elderly delirium identified in the integrated literature review. Based on the literature review findings, the authors recommend that future studies should develop a comprehensive delirium assessment scale for elderly patients, including the related factors and defining characteristics, thus enabling health care professionals to care for and manage delirium problems effectively and efficiently. Moreover, the authors suggest developing an assessment scale to distinguish between the three problems (delirium, dementia, and depression) and reduce misdiagnosis rates, which would result in reduced hospitalization times, death rates, cost to the health care system, and patients being transferred to nursing homes.©

# Introduction

- ▶ Delirium is a common problem for elderly hospitalized patients for relocation
- ▶ The prevalence of delirium is 1%–2% in aged 65 years and older
- ▶ Aged older than 85 years rising to 10%
- ▶ The prevalence of delirium superimposed on dementia ranged from 22% to 89% of hospitalized and community populations aged 65 years and older with dementia

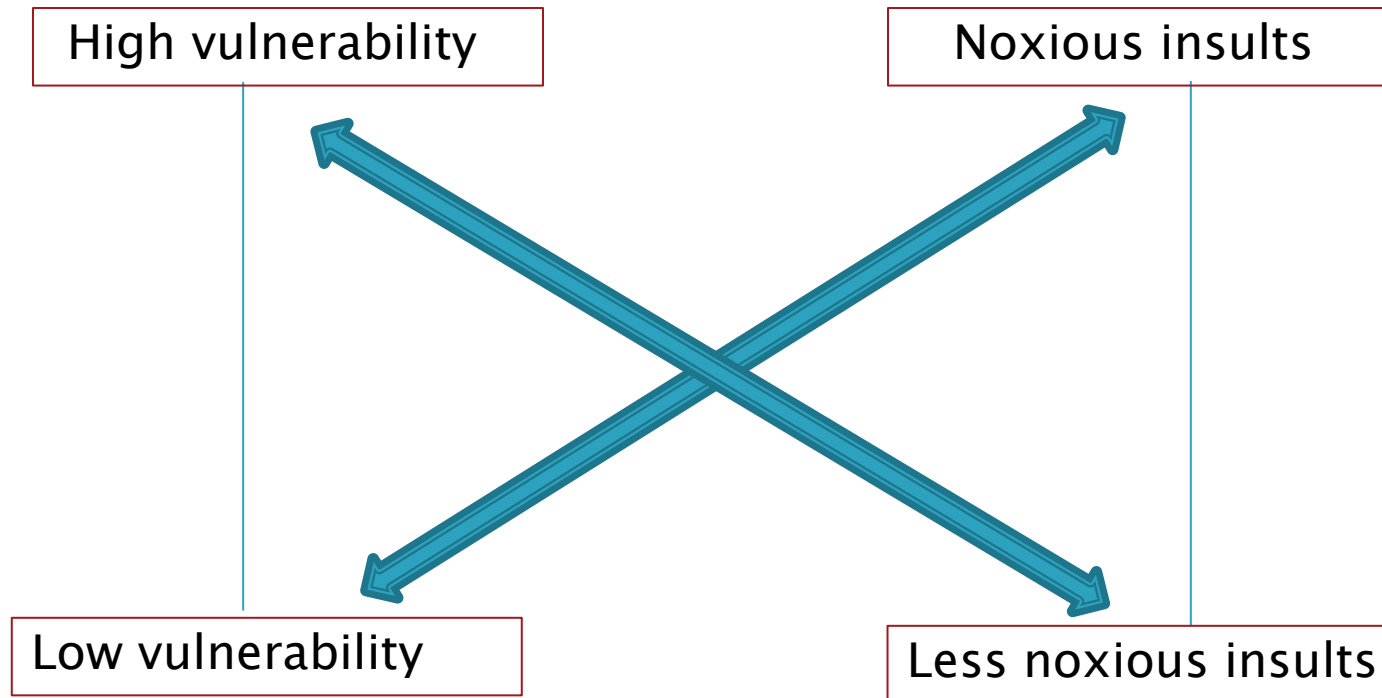
# Problems

- ▶ 65% of doctors and 43% nurses could not identify the delirium problems of hospitalized elderly people
  - ▶ Factors contributing to the under-recognition of delirium by registered nurses
  - ▶ Inadequate delirium education
  - ▶ Communication barriers
  - ▶ Inadequate use of delirium assessment tools
  - ▶ Lack of conceptual understanding of delirium
  - ▶ The similarity of delirium and dementia
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# Model of Delirium in elderly people

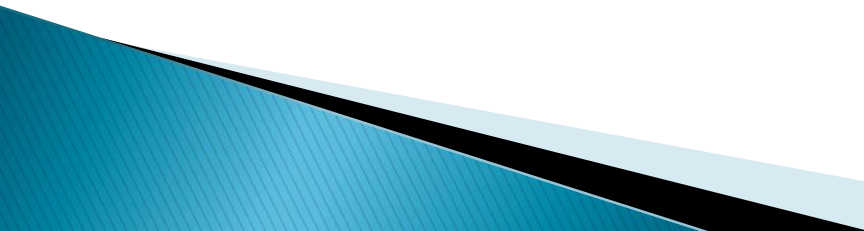
Predisposing factors

Precipitating factors



- ▶ Modified from Lnouye SK., Westendorp RG., Saczynski, JS. Delirium in elderly people. Lancet, 2013.

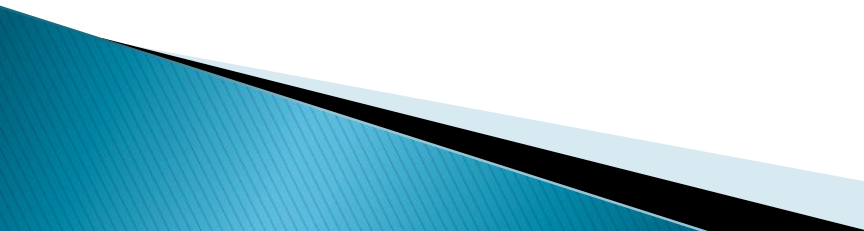
# Definitions of the characteristics of elderly delirium

- ▶ Characterized by acute confusion with changes in perception, attention, cognitions sensation in complex mental status
  - ▶ Mental status of the patient is suddenly changed to be insensitive toward time, paces and individuals
  - ▶ **Four types of delirium**, overacted (irritable and aggressive), low reacted (delayed response and low psychomotor), combined (both symptoms), unspecific
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# Definitions of the characteristics of elderly delirium

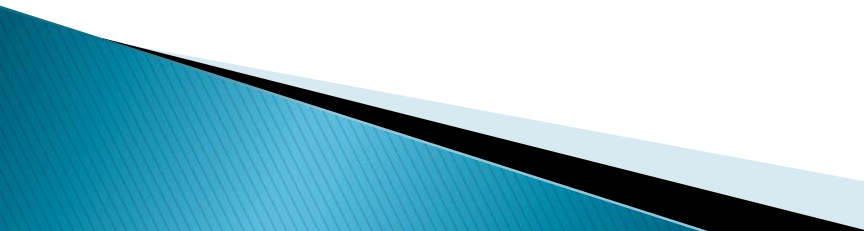
- ▶ Delirium occurs in a short period accompanied by daily changes in cognitive behavior and psychological symptoms, such as **inattention short memory, insomnia sleep disturbances, irritable behavior, delusion, and illusion**
- ▶ The fluctuating process of consciousness, cognition, memory orientation and verbalization lasting from a few hours to a few days

# Related factors of elderly delirium

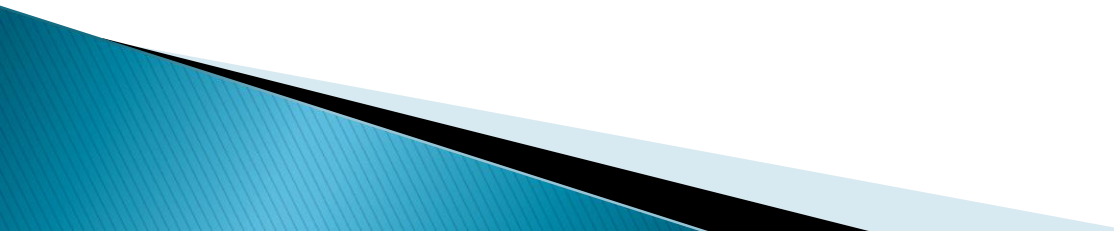
- ▶ **Demographic**
  - ▶ **Physical factors – 3–5% hip and knee surgeries would experience acute confusion or delirium for a specific period**
  - ▶ **Cognitive**
  - ▶ **Functional**
  - ▶ **psychosocial**
- 



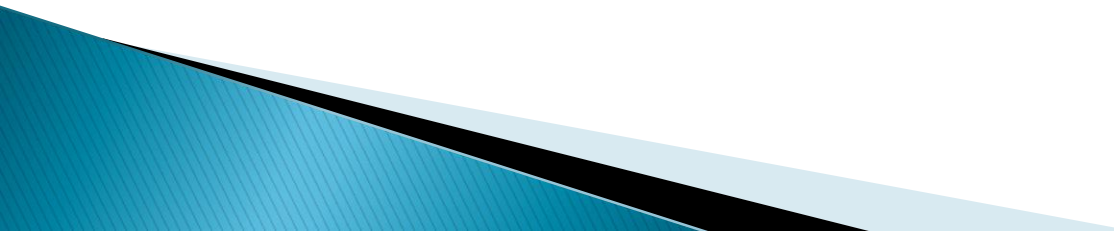
# Assessment scales of elderly delirium

- ▶ **Medical diagnosis systems– DSM–III–R, DSM–IV, DSM–IV–TR**
  - ▶ **Cognitive assessment – The short portable mental status questionnaire (SPMSQ), the mini–mental status examination (MMSE), DOS scale, NEECHAM**
  - ▶ **The confusion assessment method– ICU (CAM–ICU), the Groningen frailty indicator (GFI), Hasegawa’s dementia scale–revised (HDS–R)**
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# Consequences of elderly delirium

- ▶ **Post surgery complications**
  - ▶ **Decreased physical and cognitive functions,**
  - ▶ **Accidental falls,**
  - ▶ **Longer hospitalization,**
  - ▶ **Increased payment for hospitalization,**
  - ▶ **Increase the incidence of illness patients dependence and death rates**
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# **The recommend in the future**

- ▶ **The recommend in the future research study**
  - ▶ **The recommend in the future clinical care**
  - ▶ **The recommend in the delirium education**
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# Thanks for your attention

