The Hearing Aid Podcasts

Episode 2 Show Notes
Delirium - Supportive Measures

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Presented by: Dr Jo Preston & Dr Iain Wilkinson

Core Faculty: Adam Buckler & Pam Trangmar

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Learning Objectives

Knowledge:

- To be able to define and explain delirium
- To be able to suggest multi-component interventions for the management of delirium

Skills:

- To use the 4AT and/or CAM test for the assessment of delirium

Attitudes:

- To treat older adults with delirium as people with an acute medical problem

Definitions:

Formal / Scientific Definition:

> Delirium (sometimes called 'acute confusional state') is a common clinical syndrome characterised by disturbed consciousness, cognitive function or perception, which has an acute onset and fluctuating course. It usually develops over 1–2 days. It is a serious condition that is associated with poor outcomes. However, it can be prevented and treated if dealt with urgently.
>
> *NICE Guidance CG103*

Practical Definition:

> Any acute change in normal cognitive state for that person. It is a temporary and reversible state. It can be both HYPERactive (restless, agitated with poor concentration) and HYPOactive (withdrawn, quiet and sleepy).

Key Points from Discussion

Delirium is common with 20-30% of medical inpatients, and 50% of orthogeriatric patients post-operatively, developing delirium at some point.

The causes of HYPERactive and HYPOactive delirium are the same. Often people will experience both.

Stability of postoperative delirium psychomotor subtypes in individuals with hip fracture. Albrecht et al. JAGS 2015 pubmed

Recognising delirium is vital to be able to manage it. Two useful tools are the short CAM and the 4AT:

CAM - Confusion Assessment Method
Needs both 1+2 to be present

1. Acute onset and fluctuating course?
2. Is there evidence of inattention?

AND either 3 or 4 to be present also

3. Disorganised thinking?
4. Altered level of consciousness?

Clarifying confusion: the confusion assessment method. Inouye et al. Annals of Internal Medicine 1990. pubmed

The 4AT

Alertness	0 - Normal 0 - Mildly Sleepy 4 - Clearly Abnormal	**Attention** (Months of year backwards)	0 - 7 months correctly 1 - starts but <7 named 2 - untestable
AMT4 (Age, DOB, Place, Year)	0 - No mistakes 1 - 1 mistake 2 - 2 or more mistakes	**Acute or fluctuating course**	0 - No 4 - Yes

http://www.the4at.com/

Validation of the 4AT, a new instrument for rapid delirium screening: a study in 234 hospitalised older people. Age & Ageing 2014 by Bellalli et al. pubmed

Alongside treating the underlying cause for delirium, there is evidence for the use of multicomponent interventions in reducing delirium by a third and the benefits are seen within the first couple of days.

A Multicomponent Intervention to Prevent Delirium in Hospitalized Older Patients. Inouye et al. NEJM 1999
pubmed & NICE Guidance CG103

By definition, multicomponent interventions require attention to many elements of care which require time and skill to deliver. A paper looking at financial modelling for ways to deliver this found that even though it took longer to deliver, it was cost effective when balanced against the benefits.

Cost effectiveness of multi-component interventions to prevent delirium in older people admitted to medical wards. Akunne, Murthy & Young. Age & Ageing 2012 pubmed

Medications are commonly contribute to the development of delirium, often due to their effects on the brain. In particular, the neurotransmitter acetylcholine is affected by many medications that have anti-cholinergic properties. Some drugs do this more than others and so a drug review is essential in those presenting with confusion. The Anti-Cholinergic Burden (ACB) is a useful aid for this.

From agingbraincare.org

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Check out our cool infographic *A sip of the MDTea episode 2* summarising 5 key points on *delirium.* It's made for sharing!

Curriculum Mapping:

This episode covers the following areas (n.b not all areas are covered in detail in this single episode):

Curriculum	Area	
NHS Knowledge Skills Framework	Suitable to support staff at the following levels: ● Personal and People Development: Levels 1-3 ● Service Improvement: Level 1 - 2	
Foundation curriculum	**Section** 1.3 1.4 2.1 7.9 10.1 10.3 10.4	**Title** Continuity of care Team working Patient as centre of care Interactions with different specialities and other professions Long-term conditions Nutrition Discharge planning
Core Medical Training	Team working and patient safety Management of long term conditions and promoting self-care Communication with colleagues and cooperation Evidence and guidelines Geriatric Medicine	
GPVTS program	Section 2.03 The GP in the Wider Professional Environment ● Core Competence: Managing medical complexity Section 3.05 - Managing older adults ● Core Competence: Managing medical complexity ● Core Competence: Working with colleagues and in teams ● Core Competence: Practising holistically and promoting health	
ANP (Draws from KSF)	Section 6 Section 7 Section 10	