Delirium: Delay in Psychiatry Liaison Referral in a General Hospital – Case Study

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Objectives

Characterization of elderly inpatients diagnosed with *Delirium*; *Delirium* subtype as a potential factor associated with delay in psychiatry referral.

Background and Aims

Delirium is extremely common in hospitalized older adults.

The first two key features involve disturbances in **attention** and **cognition** (memory, disorientation, language), and patients may experience a number of other disturbing symptoms (hallucinations, delusions, agitation).

Why is so important identifying and treating *Delirium* in an early phase?

Older patients with *Delirium* are more likely than other populations to develop hospital-acquired infections, pressure ulcers, and immobility and nutritional issues, as well as to have increased health care costs, longer hospital stays, and long-term care following discharge.

Can *Delirium* motor subtypes may play an important role in the diagnose and *Delirium* intervention?

Hypoactive *Delirium* is associated with a poorer prognosis, potentially because it is less frequently recognized

Hyperactive *Delirium* usually is easier to diagnose

Results

Study population

82 elderly inpatients diagnosed with *Delirium*
Age ≥ 65 years old
Mean age 80.6 years
52.4% female and 47.6% male

The majority of patients were hospitalized with **infectious diseases**, mainly pneumonia, sepsis and urinary tract infection.

Although according to the literature the hyperactive subtype represents only 25% of cases, this was the most common subtype in the population evaluated (71%).

Hypoactive *Delirium* is associated with a poorer prognosis... **potentially because it is harder to recognize ?**

Material and Methods

Observational-descriptive study of elderly patients (age > 65 years old) admitted to Hospital de São José during the year 2017, assessed by Liaison Psychiatry (n=236 patients).

Our convenience sample included **82 patients** diagnosed with *Delirium*. We evaluated:

- Motor subtype (hyperactive, hypoactive and mixed subtype);
- Mean duration of delay in psychiatry referral.

Conclusion

Even though there are several variables that should be considered, physicians may fail to identify patients with *Delirium* in the early phase, **mainly hypoactive subtype**, this may lead to underrecognition and delay in therapeutic intervention.

Efforts should be made to improve knowledge about *Delirium* early detection for a better patient outcome.

Bibliography:

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