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Assessment of Delirium

Delirium is a mental disorder characterized by disturbances in consciousness, orientation, memory, thought, perception, and behavior, of acute onset and fluctuating course. It occurs in hyperactive, hypoactive, or mixed forms, in up to 50% of elderly hospital inpatients, many with pre-existing dementia, and appears to be independently associated with significant increases in functional disability, length of hospital stay, rates of admission to long-term care institutions, rates of death, and healthcare costs. High-risk settings for delirium include the hospital, intensive care, emergency, postoperative, institutional, and terminal care settings.

Despite advances on the pathophysiology and recognition of delirium, its detection relies on individual clinical expertise, a high index of suspicion and repeated cognitive testing of high-risk patients. Delirium diagnosis remains a clearly underresearched area; particularly, more work is required to adapt cognitive screening tools for use by nonclinicians, to develop cost-effective biochemical and molecular diagnostic techniques and to assess the effects of divulging updated consensus guidelines. Predisposing factors are believed to have multiplicative effects and include dementia, advanced age and male gender.

For screening high-risk, elderly hospitalized patients, the NEECHAM Confusion Scale and the Delirium Observation Screening Scale are recommended. The Confusion Assessment Method is the best diagnostic tool and the Delirium Rating Scale shows best results in screening symptom severity. For ICU patients the CAM-ICU is recommended. The MDAS is well tested in cancer patients.

The gold standard of treatment is to treat the underlying cause of delirium and use high-potency antipsychotics such as haloperidol to target the behavioral disturbances. Atypical antipsychotic medications demonstrate similar rates of efficacy as haloperidol for the treatment of delirium in the elderly patient, with a lower rate of extrapyramidal side effects. There is limited evidence of true efficacy, since no double-blind placebo trials exists

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