



*Spreading Knowledge – Improving Outcomes*

# **Definition, Etiology, and Outcomes of Delirium**

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# Delirium

Complex clinical syndrome  
Not a disease but rather a constellation of symptoms



Acute Change  
of Fluctuating  
Course of  
Mental Status



Inattention



Disorganized  
thinking



Altered Level  
of  
Consciousness

In some institutions, considered a medical emergency



# Delirium Is ...



**Common**

80% medical ICU patients



**Unrecognized**

60% of cases missed by physicians & nurses



**Expensive**

> \$164 billion per year nationally – 2020



**Preventable**

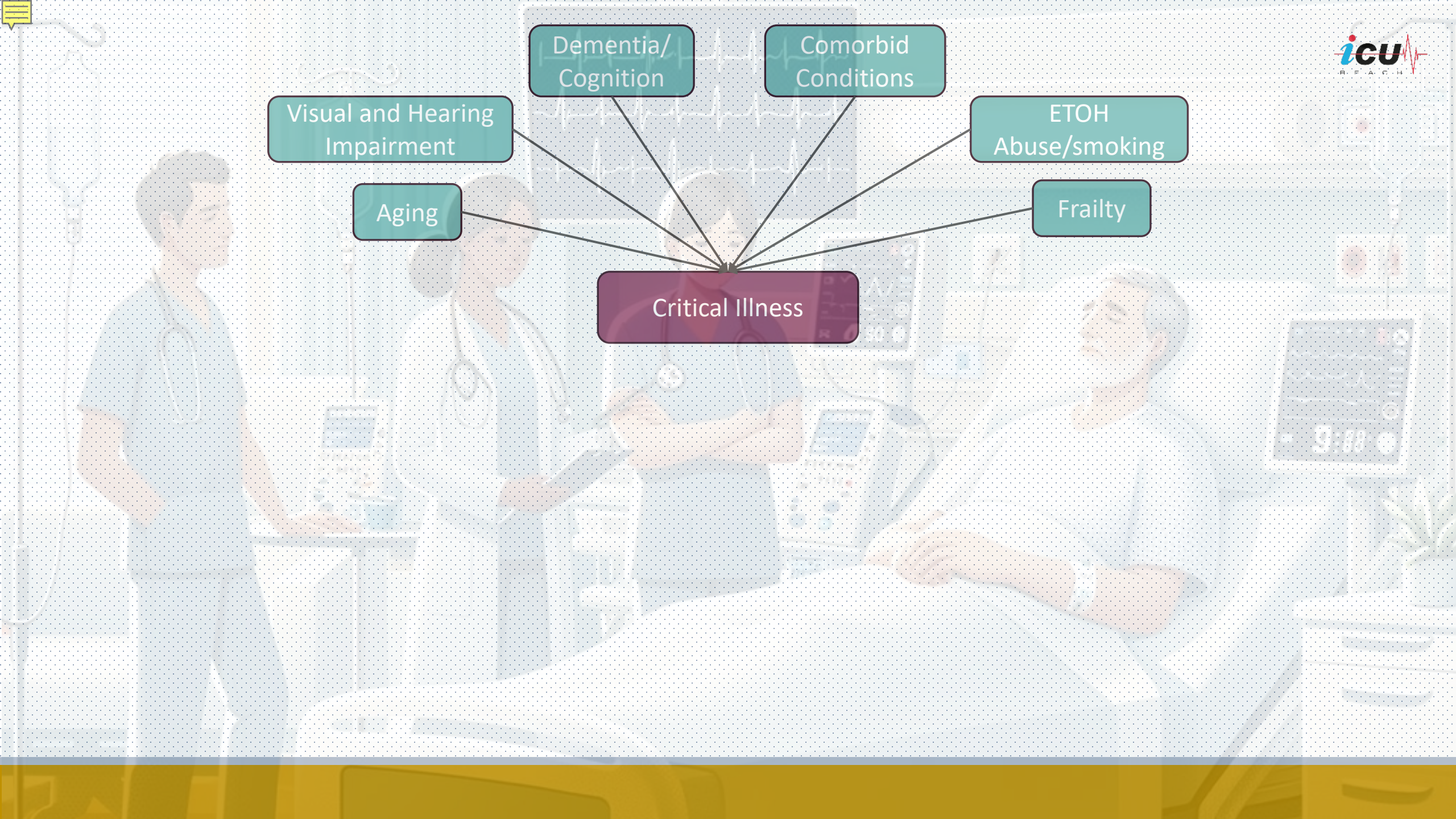
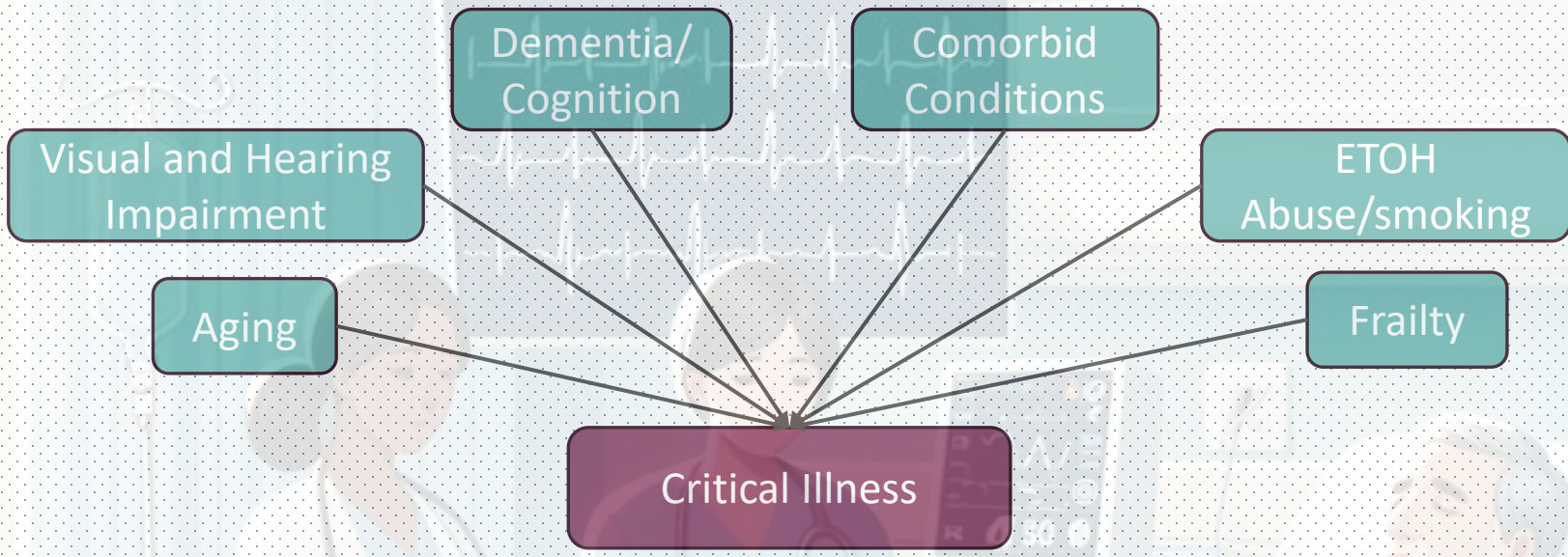
30 – 40% of cases preventable

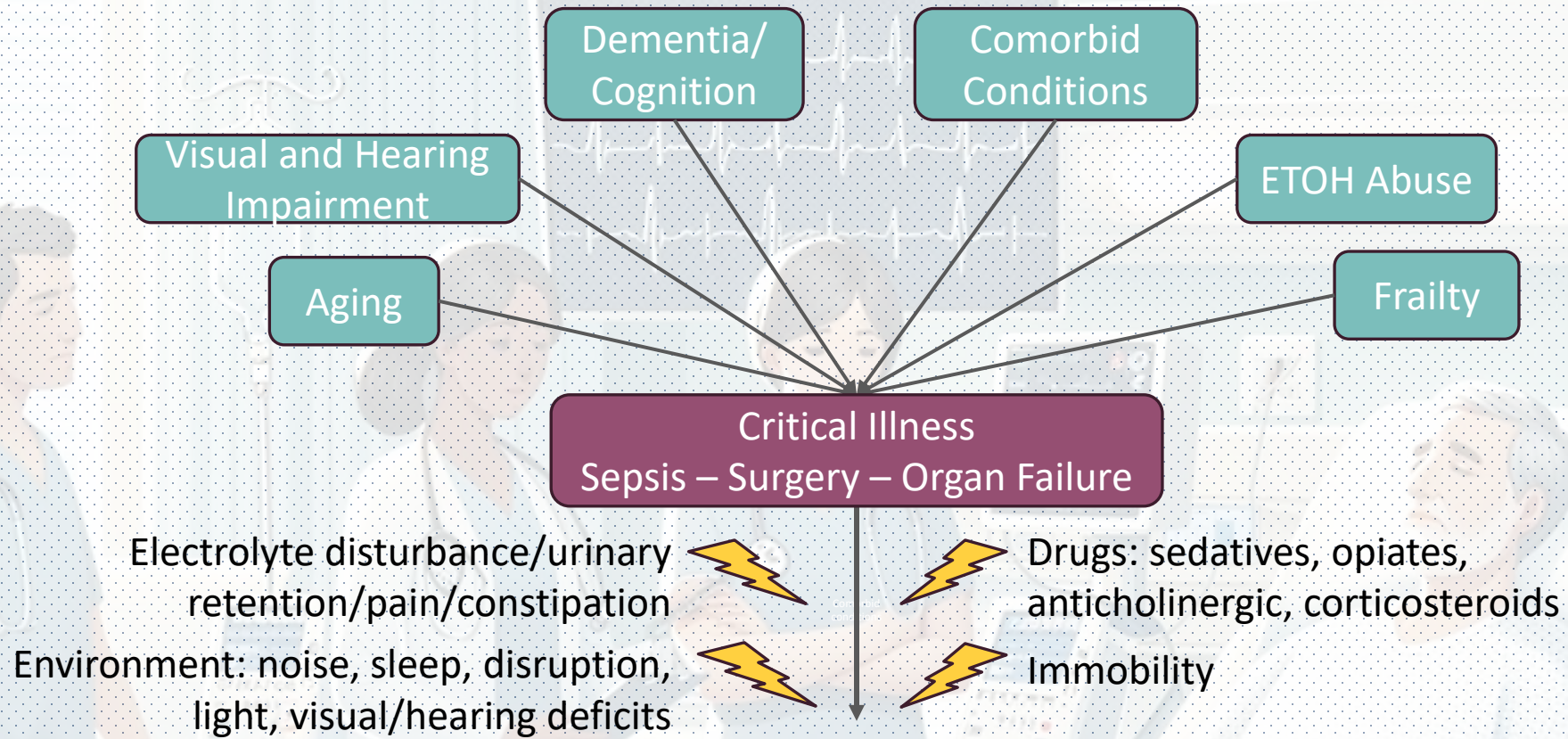



# Delirium vs Dementia

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	Delirium	Dementia
Onset	<b>Acute, rapid</b>	Slow, gradual
Course	Fluctuating	Progressive, permanent changes
Duration	Days to Months	Chronicity
Symptoms	<b>Inattention</b> , hallucinations, paranoia	Can see hallucinations, paranoia but often occurs in later stages
Long Term	Opportunity for reversibility	Permanent changes







**Medications  
Associated  
with Increased  
Risk of  
Delirium in the  
ICU**

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Benzodiazepines

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Opioids, especially morphine

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Epidural analgesia

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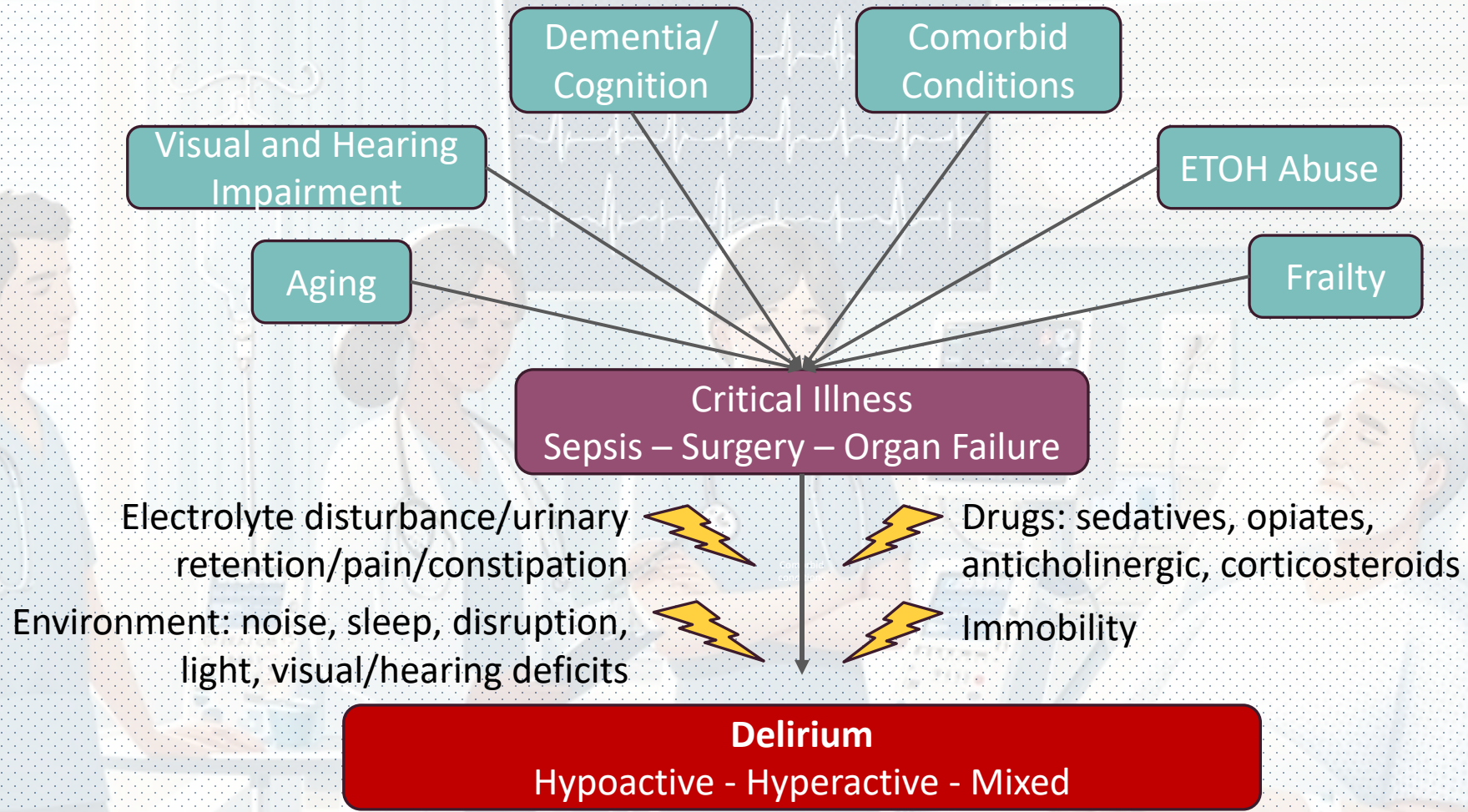
Sedation with propofol?

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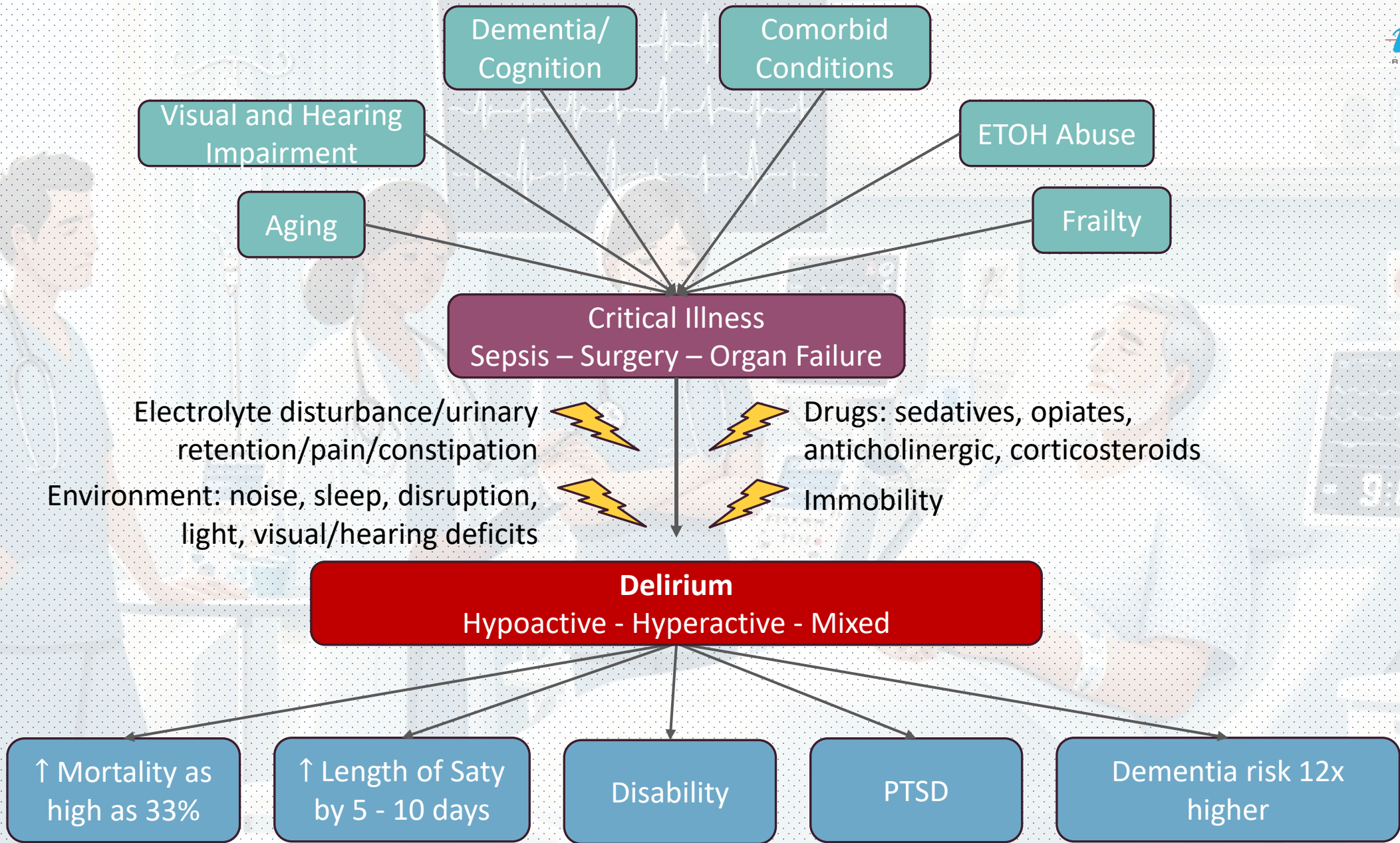
Anticholinergics

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Systemic corticosteroids







Electrolyte disturbance/urinary retention/pain/constipation

Environment: noise, sleep, disruption, light, visual/hearing deficits



Drugs: sedatives, opiates, anticholinergic, corticosteroids



Immobility

### Delirium

Hypoactive - Hyperactive - Mixed

↑ Mortality as high as 33%

↑ Length of Stay by 5 - 10 days

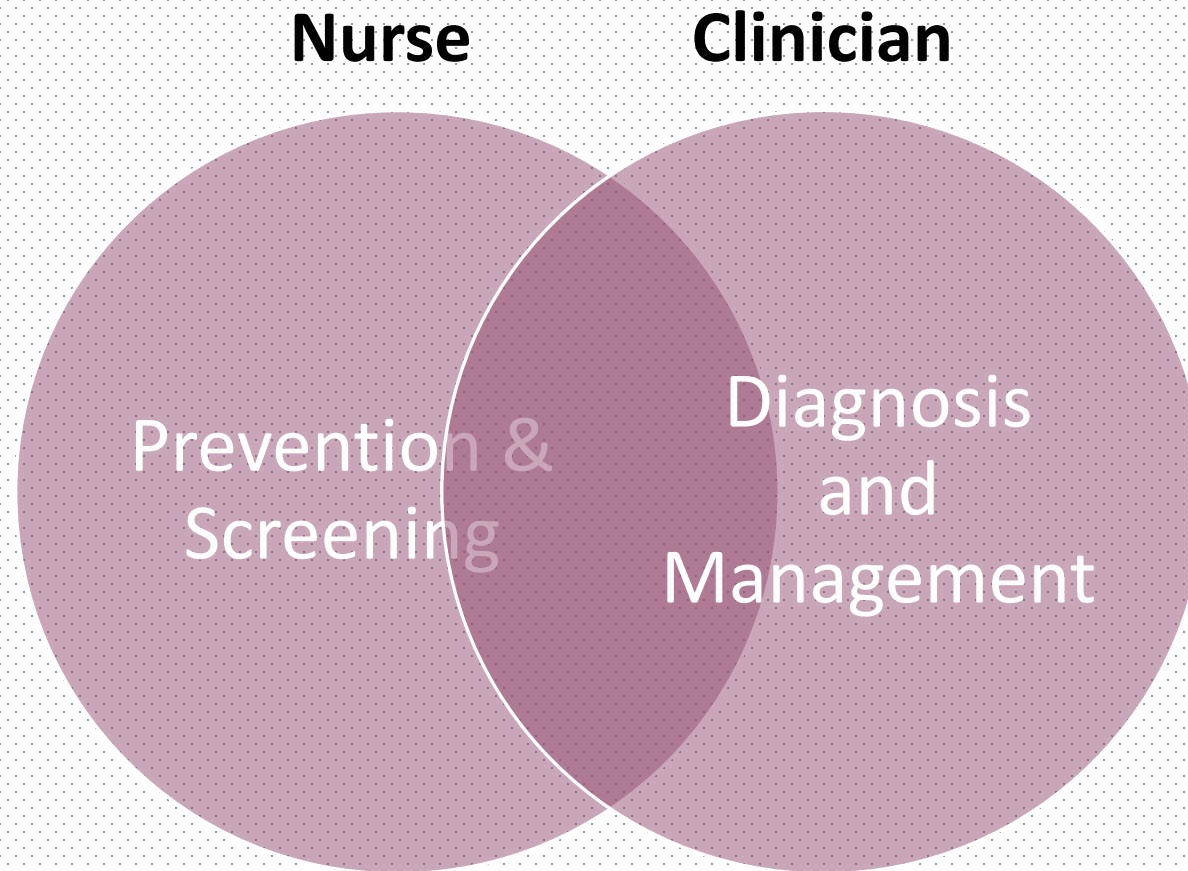
Disability

PTSD

Dementia risk 12x higher

# It Takes Two!

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There is ALWAYS a reason, a physiological cause & often multifactorial