The frequency of missed delirium in patients referred to palliative care in a comprehensive cancer centre

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Abstract: **Context:** Delirium is one of the most common neuropsychiatric complications in advanced cancer patients with a frequency of up to 85% before death. It is associated with adverse clinical outcomes such as increased morbidity and mortality as well as significant family and patient distress. **Objective:** to determine the frequency of missed delirium (MD) and identify factors associated with MD. **Methods:** 771 consecutive palliative care inpatient consults were retrospectively reviewed from August 1, 2009 to Jan 31, 2010. Demographics, Memorial Delirium Assessment Scale (MDAS), Edmonton Symptom Assessment Scale (ESAS), primary referral symptom, Eastern Cooperative Oncology Group (ECOG), and physician diagnosis of delirium were collected along with delirium etiology, subtype, and reversibility. Delirium was diagnosed with a MDAS score of $\geq$7 or by a palliative medicine specialist using DSM-IV TR Criteria. MD was reported in those patients found to have delirium by the palliative medicine specialists but were referred by the primary team for other reasons besides delirium. **Results:** 252 (33%) had a diagnosis of delirium by the palliative medicine specialists. 153 (61%) were missed by the primary referring team. Pain was the most common referral symptom. Hypoactive delirium was the most common subtype of delirium in MD (63%). Opioid-related delirium was the most common etiology of MD (31%). Patients referred for pain were more likely to have MD (odds ratio =2.57, p=0.0109). Of the 82 patients with delirium that was reversed, 67% had a diagnosis of MD.

Conclusion: Sixty-one percent of patients with a diagnosis of delirium by a palliative care specialist were missed by the primary referring team. Patients with MD were frequently referred for pain. Universal screening of cancer patients for delirium is recommended.
Strengths: For a study in palliative medicine this is a pretty good sized study >700 patients over a period of six months. Used more than one known scale/measuring system (ESAS, for ex) as a guide for capturing delirium characteristics in the charts reviewed
Weaknesses: Restrospective. Only a single centre is reviewed. There was no blinding. Due to the limitations of the study, they were not able to identify significant predictors of missed delirium in cancer patients referred to palliative care other than pain.
Relevance to Palliative Care: Since this service is a specialized one, I feel the patient population referred to in this study is representative of patients we see here. We need to be on the look out for delirium whenever a new patient comes to us. No blind trusting of the specialist who referred our patient to us. Despite the terminal nature of our patients delirium is often reversible and if treated can lead to a better outcome for the patient and their family.