Prevalence and detection of delirium in elderly emergency department patients. .

Élie M, Rousseau F, Cole, Primeau F, McCusker J, Bellavance. CMAJ 2000; 163(8):977-981.

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Abstract:

Background: Delirium is a complex medical disorder associated with high morbidity and mortality among elderly patients. The goals of our study were to determine the prevalence of delirium in emergency department (ED) patients aged 65 years and over and to determine the sensitivity and specificity of a conventional clinical assessment by an ED physician for the detection of delirium in the same population.
Methods: All elderly patients presenting to the ED in a primary acute care, university-affiliated hospital who were triaged to the observation room on a stretcher because of the severity of their illness were screened for delirium by a research psychiatrist using the Mini-Mental State Examination and the Confusion Assessment Method. The diagnosis of "delirium" or an equivalent term by the ED physician was determined by two methods: completion of a mental status checklist by the ED physician and chart review. The prevalence of delirium and the sensitivity and specificity of the ED physician's clinical assessment were calculated with their 95% confidence intervals. The demographic and clinical characteristics of patients with detected delirium and those with undetected delirium were compared.
Results: A sample of 447 patients was screened. The prevalence of delirium was 9.6% (95% confidence interval 6.9% - 12.4%). The sensitivity of the detection of delirium by the ED physician was 35.3% and the specificity, 98.5%. Most patients with delirium had neurologic or pulmonary disease, and the most patients with detected delirium had neurologic diseases.
Interpretation: Despite the relatively high prevalence of delirium in elderly Ed patients, the sensitivity of a conventional clinical assessment for this condition is low. There is a need to improve the detection of delirium by ED physicians.

Comments:

Strengths/uniqueness: This is a well designed study that overcame significant difficulties to screen for delirium in an emergency department setting. It was necessary to solve ethical problems of consent in cognitively impaired patients and enlist cooperation of clinicians in a very busy and demanding setting.

Weakness: The study itself may well have heightened physician attention to documentation and awareness of delirium. The possibility of this complicating factor and the need to inform emergency department personnel regarding the study is not explored or explained.

Relevance to Palliative Care: The study is a good example demonstrating that logistic and ethical issues of research in delirium are problematic in settings other than palliative care, and more importantly, can be solved. Aspects of this research design could be adapted to the palliative care

setting.