

DELIRIUM: NEED FOR A CULTURAL CHANGE

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Delirium (known as acute confusional state) is a common neuropsychiatric disorder with significant clinical outcomes. It is a clinical syndrome characterized by clouding of consciousness with cognitive dysfunction and perceptual disturbances of acute onset with a fluctuating course. It develops over 1 or 2 days posing management challenges related to behavioural disturbances. Unfortunately it is under detected and goes undiagnosed in a number of cases and is one of the foremost unmet medical needs in healthcare. However it can be prevented and treated if dealt with urgently with potential cost savings^[1].

Delirium is a common condition in elderly and its association with dementia^[2] is very well documented. The healthcare innovations and improvements around the world have had a significant impact on the longevity, thereby changing the contours of the population pyramid. For example, the data from the general register office for Scotland^[3], UK shows that the country is growing older in the next twenty five years with significant increase in the over 65 age group population. The developing world is fast catching up with the demographic change, raising the need for a better understanding of delirium.

It's time to act.....

One in eight hospital in patients^[4] are affected with delirium with prevalence increasing in different hospital settings, highest being in the Intensive care. It is also common in surgical settings as well as in long term care. Delirium can be sub typed into hyperactive, hypoactive and mixed groups. Hyperactive delirium is characterised by hyper arousal and related agitation and aggression. It is well detected due to the nature of the behavioural issues and the related challenges it poses. The most common subtype where diagnosis is missed is hypoactive delirium, where the person is more withdrawn socially and emotionally with poor engagement in rehabilitation. At times it is misdiagnosed as depression and is inappropriately

managed with antidepressant medications. Delirium is frequently mistaken with a number of psychiatric disorders which share similar psychopathology, raising the need to spread awareness through appropriate education for healthcare professionals from various disciplines.

Delirium is associated with important outcomes^[5]. There is a significant burden related to this condition with regards to prolonging the length of hospital stay^[1], increasing mortality¹ and morbidity rates.

It is associated with increased risk of developing dementia as well as increases the vulnerability in relation to falls, bedsores and hospital acquired infections. Institutionalization^[1] in long term care is extremely high with delirium, thereby adding to the burden of related costs. Complaints, staff stress and inappropriate use of psychotropic medications are the other consequences which need to be addressed.

Early screening of delirium is critical to these outcomes and so is the need for robust screening methods to improve detection rates. Confusion assessment method is the gold standard screening instrument for delirium and subsequently validated screening scales such as 4AT test^[6] have become more popular for the brevity as well as the ease of its use. More importantly there is a need to validate these instruments in local languages in India to fully exploit their potential. In addition to screening, healthcare settings need a strategic plan in investigating and managing these patients appropriately. One of such initiatives is the 'TIME bundle'^[7] which is being implemented by Healthcare improvement Scotland to further improve the outcomes in Scotland, UK with regular hospital inspections. Involving the carers in the management of delirium is vital and a delirium leaflet^[8] written in simple local language goes a long way in improving the understanding of the service user as well as the carers.

Delirium is everyone's problem.....

Education and spreading awareness of delirium is the key to success. Traditional lectures to all disciplines including medical, nursing and as well as allied health professionals is a way forward. Extending these sessions to primary care health professionals as well as paramedics is extremely important. Resources from the

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Scottish delirium association website^[9] are very helpful. Education and quality improvement work should go hand in hand and it pays huge dividends in embedding the strategic plan in addressing issues related to delirium. The most innovative way of spreading the word across is through social media such as having a dedicated Facebook page and a professional twitter account on delirium to provide a powerful platform for sharing information locally as well as globally.

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To affect such potential qualitative and quantitative outcomes, delirium associations have sprouted across the globe in Europe, America and Scotland, UK. These are groups of like minded clinicians from various disciplines who are passionate about delirium. I would like to conclude by saying that delirium is everyone's problem and it's high time we come up with an Indian Delirium Association working in tandem with local associations in every state including Telangana and Andhra Pradesh to bring about a cultural change in improving the quality of care.

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