

Aim:

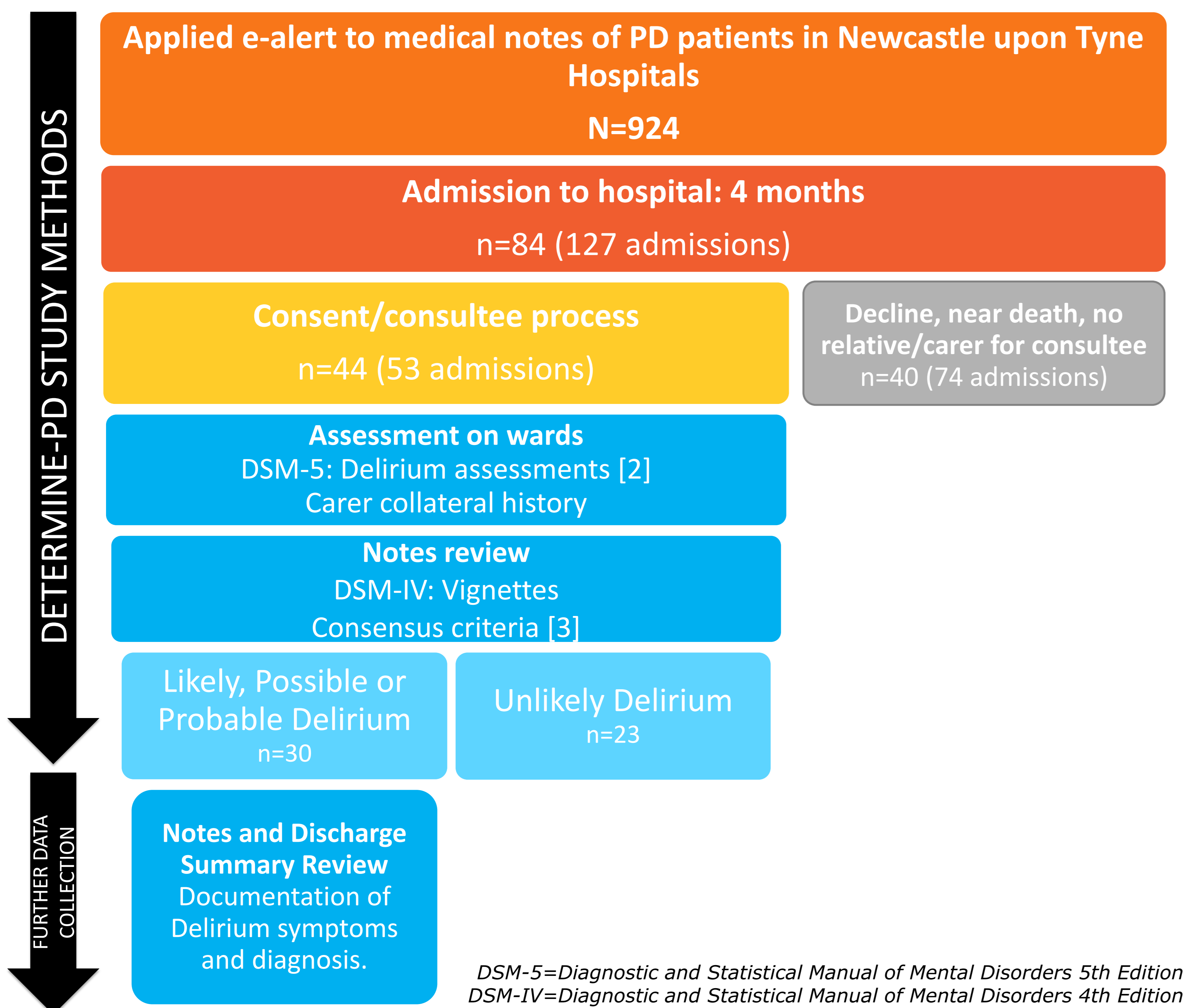
To evaluate the documentation of symptoms and diagnoses of delirium in medical notes of inpatients with Parkinson's disease (PD). We hypothesized that medical notes reporting will be lower than diagnoses and symptoms recorded in a research setting, and it will be more likely that there will also be no diagnosis. Furthermore, that the most likely form of delirium to be missed will be hypoactive delirium.

Background

- Parkinson's disease is a neurological condition defined by the presence of motor symptoms (tremor, rigidity and bradykinesia); non-motor features are common, including memory problems and hallucinations.
- Delirium is a neuropsychiatric syndrome characterised by altered level of consciousness, confusion and impaired attention, and is a risk factor for developing dementia.
- Patients with PD may be at increased risk of developing delirium but delirium is commonly missed.

Methods

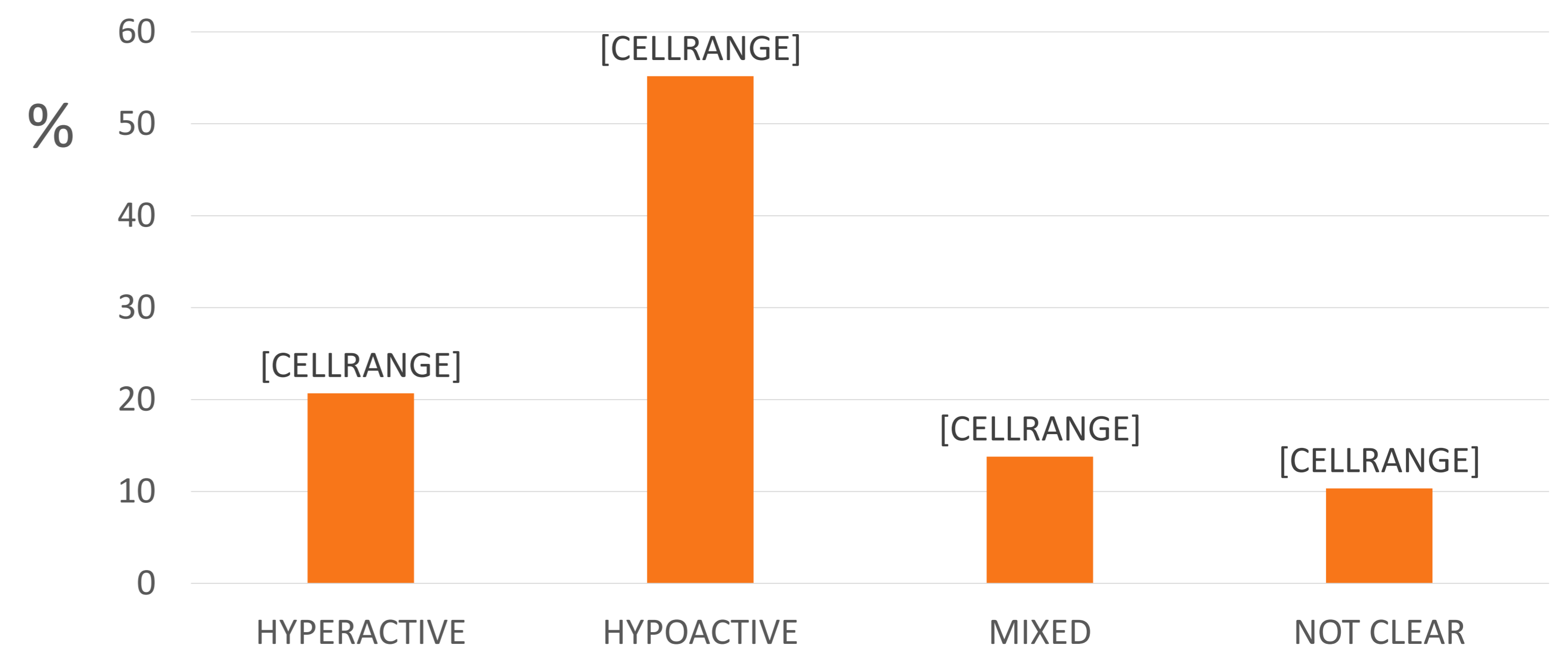
Figure 1 Flowchart of methods



Results

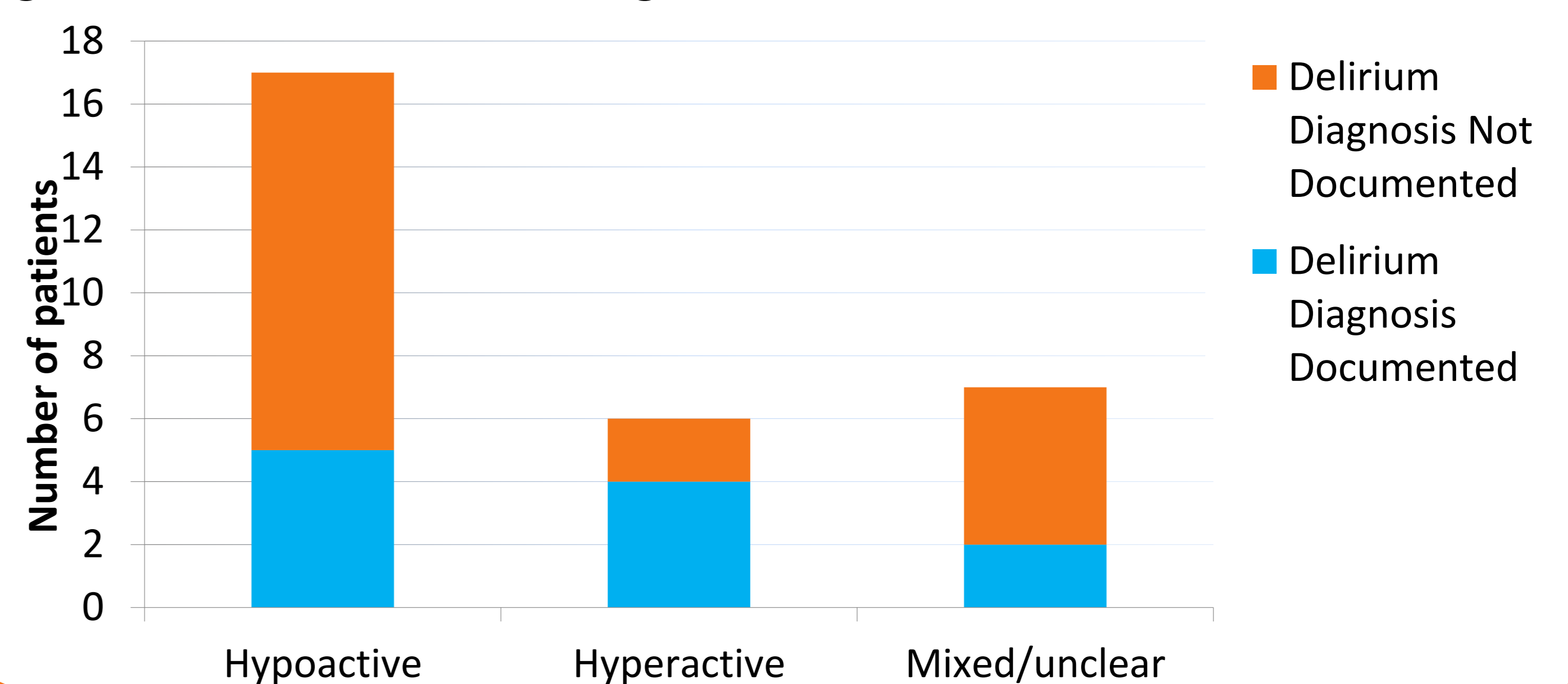
- Thirty (56.6%) admissions had likely, possible or probable delirium during their inpatient stay using the research assessment or clinical vignettes (Fig 2).

Figure 2 Types of Delirium



- **Delirium symptoms** were documented in 24 (75%) admissions (Fig 3), the most common symptom documented was confusion (including 'disorientation', 'cognitive impairment' and collateral reports of confusion), n=21 (88%)
- For 11 patients the resolution of symptoms was documented and length of delirium ranged from 1- 15 days (median 3 days), accounting for a median of 28.6% of their total hospital admission.
- **Delirium diagnosis** was documented for 11 (37.9%) patients.
- Time from documentation of symptoms to that of diagnosis ranged from within 24 hours to 7 days (mean 1.6±4.4 days).
- Older patients were significantly more likely to be diagnosed with delirium (p=0.027) but no associations between baseline cognitive impairment and diagnosis of delirium were found ($\chi^2=1.0$, p=0.79).
- Of patients with hypoactive delirium, only 29% (n=5) had a diagnosis documented, compared with 66% (n=4) in hyperactive delirium (p= 0.234, Fig 3).
- Discharge summaries included the diagnosis of delirium in only 3 (11.5%) admissions and a relevant follow-up plan in only 2 (7.7%).

Figure 3. Documentation of Diagnosis



Conclusions

Delirium is common in PD patients, however documentation of delirium is poor.

Documentation of symptoms is more common, but frequently failed to lead to a formal diagnosis.

These results highlight the need for continued education about delirium symptomatology and diagnosis.

Improved documentation of diagnosis could reduce the impact on morbidity and mortality from delirium, and help identify patients at greater risk of dementia.

Future work is required to develop education and screening tools on PD and delirium.

Acknowledgements

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References

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