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**1. Aim**

- To review the referrals received by OPMH Basingstoke from March to June 2020 and find the impact of COVID on Liaison. To review especially to see if there was an increase in the number of patients being diagnosed with Delirium as a result of COVID when compared from last year.
- To Look how Liaison assessments were carried out in context of COVID- Remote or face to Face

**2. Background**

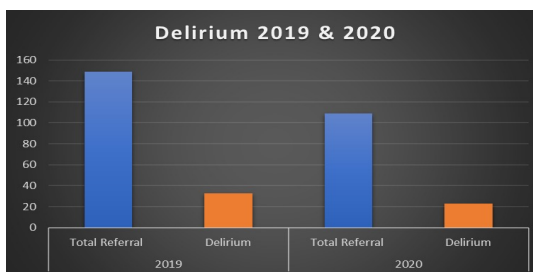
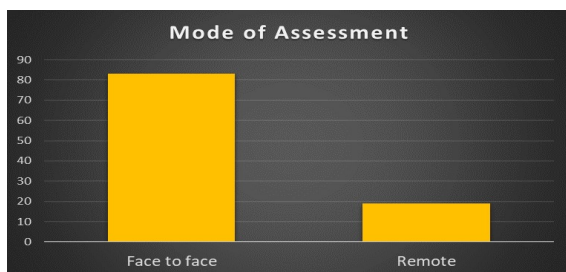
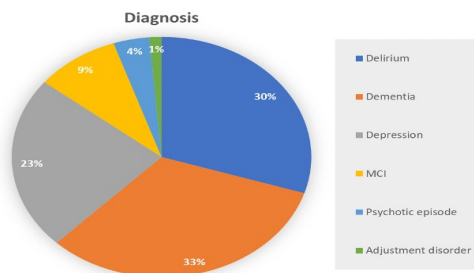
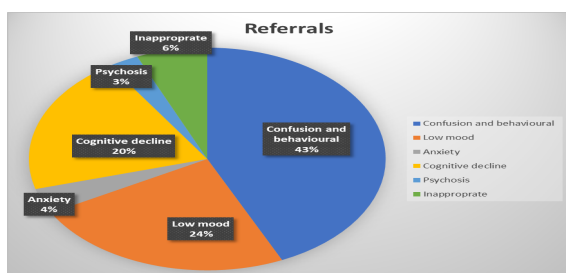
- Older people are at the greatest risk from COVID-19. If infected they may present with or develop a delirium. However, delirium is not exclusive to older people and may well be seen in any patient with severe infection, adult respiratory distress syndrome, and those requiring invasive ventilation on ICU units.
- Delirium is a well-recognised complication of respiratory illness, such as pneumonia, in older adults.
- Early studies indicate that 20–30% of COVID-19 patients will present with or develop delirium or mental status changes during the course of their hospitalisation, with rates of 60–70% in cases of severe illness at all ages.
- Despite this, there has been a concerning lack of attention paid to the implications of delirium identification and management in the public health response to this pandemic.

**3. Method**

- This was achieved by reviewing the referrals Basingstoke OPMH Liaison received from March to June 2020 and using RIO entries to check the data retrospectively.
- Data were collected about the reason for referral, Diagnosis. We also looked at whether the assessments were conducted face to face or remotely in the context of COVID.

**4. Results**

- Based on the data collected, the referrals received and the diagnosis made is as depicted in the two pie charts below.



- When compared to the data from last year in 2019 delirium constituted 33% cases and in 2020 it was slightly low at 30%.
- 81% of the assessments were conducted Face to face and 19% were carried remotely in the context of COVID-19

**5. Conclusions**

- It indicated that in contrast to our expectations the no of cases of delirium diagnosed was less compared to last year. Could be either because it has been overlooked or underdiagnosed
- There was also evidence of depression, anxiety, fatigue been diagnosed specifically linked to the lockdown brought by COVID-19.
- Delirium should be recognized as a potential feature of infection with SARS-CoV-2 and may be the only presenting symptom.
- In the case of COVID-19, older adults often do not mount the typical febrile response. It was felt that sometimes the only change was altered mental status, agitation and confusion. Thus, the risk of overlooking potential COVID-19 infections is high, without inclusion of delirium as part of the screening criteria.
- Hospitals should consider adding mental status changes to the list of testing criteria. Teaching was done along with presentation of the audit findings to highlight clinical features and management of delirium especially in context of COVID-19.
- Further research is needed to determine if delirium in COVID-19 represents a primary encephalopathy attributed to the invasion of the CNS by the virus, or a secondary encephalopathy related to systemic inflammatory response or other factors.

**References**

- [https://www.rcpsych.ac.uk/docs/default-source/members/faculties/old-age/covid-19-delirium-management-guidance.pdf?sfvrsn=2d5c6e63\\_2](https://www.rcpsych.ac.uk/docs/default-source/members/faculties/old-age/covid-19-delirium-management-guidance.pdf?sfvrsn=2d5c6e63_2)
- COVID-19: investigation and initial clinical management of possible cases Public Health England. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wncov-infection>.
- World Health Organization Clinical Management of Severe Acute Respiratory Infection when COVID-19 is Suspected (v1.2). [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected).