

# Identification and Management of Delirium

## In Patients Referred to the Crises Resolution and Home Treatment Team within Coventry and Warwickshire Partnership Trust: a Service Evaluation.

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### 1 Introduction

- Coventry and Warwickshire Partnership Trust provides Mental Health Services for a population of around 850,000 patients in Coventry, North and South Warwickshire and Rugby.
- The Crises Resolution and Home Treatment Team (CRHTT) is an acute service offering 24 hour domiciliary assessment and treatment.
- Delirium is a disorder characterised by disturbed consciousness, cognitive function or perception which has acute onset and a fluctuating course.<sup>1</sup>
- Delirium is highly prevalent in community settings<sup>2</sup>
- NICE Guidelines suggest use of Confusion Assessment Method (CAM) for diagnosing delirium.
- This project aims to inform the trust about patient characteristics, the quality of assessment patients are receiving and to review patient outcomes.

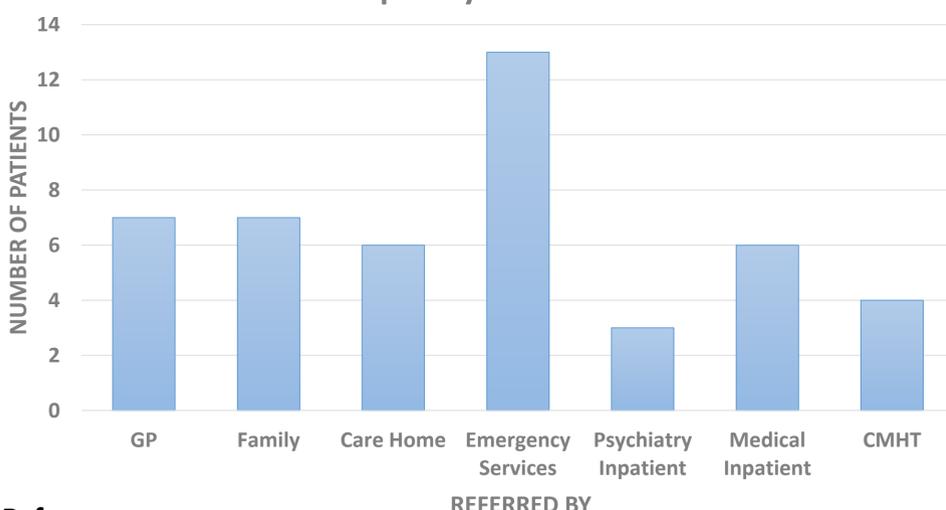
### 2 Methods

- Records of patients over the age of 65 referred to the crises team within the last 6 months were collected.
- 57 patients were found to have the term "delirium" in their notes.
- 11 patients were excluded as the word "delirium" was found to be in the context of it being ruled out e.g. "no evidence of delirium".
- 46 patients were included for detailed review.
- Anonymised results were recorded in the excel spreadsheet, then exported to SPSS. We ran descriptive statistics to provide frequency results.

### 3 Results

- The most frequent route of referral (28%) was via emergency services. The next most common was by the GP or family members (15%).
- 24 (52.2%) patients had cognitive impairment; 16 (34.8%) had a diagnosis of dementia.
- 72% of patients had an acute illness at the time of referral: Of these, 54% had a UTI. 38% had a chest infection.
- Over half the patients had a history of psychiatric illness.
- 61% of patients were assessed within 24 hours of their referral.
- 5 patients were cognitively screened using MMSE, ACE or basic orientation to time and place.
- No use of Confusion Assessment Method was recorded.
- 94% of notes made no distinction between hypoactive, hyperactive and mixed delirium.
- Staff extensively assessed infection as a potential cause for delirium. Other potential causes were not routinely assessed or managed.
- 54% of patients seen by CRHTT altered their long term living situation to obtain increased care provision.
- 86% of patients seen with delirium required further psychiatric input (57% ongoing at time of review)

#### Frequency of Referral Route



#### Patient Outcomes

##### Change in Living Situation

Yes	25 (54.3)
No	21 (45.7)

##### Residence at Discharge

No Change	21 (45.7)
Inpatient	9 (19.6)
Care Home	13 (28.3)
Supported Living	2 (4.3)
Increased Care Hours	1 (2.2)

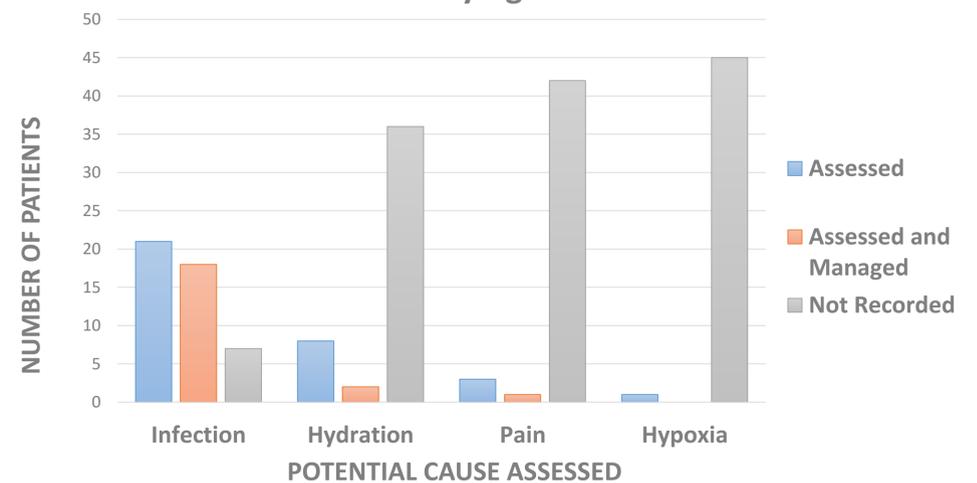
##### Continued Involvement with Psychiatry

Yes	39 (85.8)
No	7 (15.2)

##### Still Under Psychiatry

Yes	26 (56.5)
No	20 (43.5)

#### Underlying Cause



### 4 Discussion

- The most frequent route of referral was via emergency services; the system for escalating care in a crisis may be insufficient.
- GPs are better placed to manage the physical health problems underlying delirium. Currently no system for GPs to access psychiatric expertise of CRHTT for support. This may contribute to high referral rates.
- CAM is not used, despite NICE guidelines.
- Causes of delirium other than infection were rarely assessed. This may suggest lack of knowledge amongst staff.
- This project reflects the literature; patients with delirium have extended involvement with healthcare providers and have increased care needs.<sup>3</sup>
- This service evaluation had a small sample size, reducing its generalisability.
- Inclusion criteria required the word delirium to be recorded in the notes. Delirium is frequently misreported using general terms such as "acute confusional state"<sup>4</sup>. This service evaluation likely underestimates the number of patients experiencing delirium. Further studies should widen the inclusion criteria to incorporate these terms.

### 5 Conclusions

- High numbers of referral from emergency services suggest more interdisciplinary working and stronger links with primary care are needed.
- Causes of delirium other than infection are overlooked.
- The Confusion Assessment Method is not being utilised.
- Education for staff regarding causes of delirium and training in the use of CAM has potential to improve patient outcome, which are currently poor.<sup>5</sup>

#### References

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