

**P0334**

Long-term cognitive outcome of delirium in elderly hip-surgery patients

J.F. de Jonghe<sup>1</sup>, M.G. Kat<sup>1</sup>, R. Vreeswijk<sup>1</sup>, T. van der Ploeg<sup>1</sup>, W.A. van Gool<sup>2</sup>, P. Eikelenboom<sup>2,3</sup>, C.J. Kalisvaart<sup>1</sup>. <sup>1</sup>Medical Center Alkmaar, Alkmaar, The Netherlands <sup>2</sup>Amsterdam Medical Center, University of Amsterdam, Amsterdam, The Netherlands <sup>3</sup>Vrije University, Amsterdam, The Netherlands

**Background and Aims:** To study the long term effects of delirium in elderly hip-surgery patients on cognitive outcome.

**Methods:** Prospective matched controlled cohort study. Medical school-affiliated general hospital in Alkmaar, The Netherlands.

Hip-surgery patients (n=112) aged 70 and older who participated in a controlled clinical trial of haloperidol prophylaxis for delirium, were followed for an average of 30 months after discharge. Patients with a diagnosis of dementia or mild cognitive impairment (MCI) were identified based on psychiatric interviews. Proportions of patients with dementia or MCI were compared across patients who had postoperative delirium and selected control patients matched for preoperatively assessed risk factors who had not developed delirium during hospitalization. Other outcomes were mortality rate and rate of institutionalization.

**Results:** During follow-up 54.9% of delirium patients had died compared to 34.1% controls (relative risk = 1.5, 95% CI = 1.04-2.1). Dementia or MCI was diagnosed in 77.8% of the surviving patients with postoperative delirium and in 40.1% of control patients (relative risk = 2.7, 95% CI = 1.2-5.8). Group differences for rate of institutionalization were not significant.

**Conclusion:** The risk of dementia or MCI at follow-up is more than doubled in elderly hip-surgery patients with postoperative delirium compared with patients without delirium.

**P0335**

Effects of impairments in executive functions and semantics on speech disorganisation in schizophrenia

M. Fadgyas Stanculete, I. Miclutia, R. Macrea. *University of Medicine and Pharmacy Iuliu Hatieganu Cluj Napoca, Department of Psychiatry, Cluj Napoca, Romania*

**Background and Aims:** Semantic knowledge (long-established knowledge about objects, facts, and word meanings) is known to be impaired in schizophrenia. It has been hypothesized that language disorder in schizophrenia is linked both to executive and semantic dysfunctions.

**Methods:** To examine this hypothesis we assessed 32 patients with schizophrenia (with and without formal thought disorder) and 30 matched normal controls. We compared the performances obtained by the two groups on the tests that evaluate executive functions (WCST) and semantic knowledge (Pyramids and Palm Tree Test). Test of verbal fluency were also applied.

**Results:** Patients generally performed at a lower level than controls. Patient with thought disorder performed at a lower level on tests sensitive to executive dysfunction and semantic impairments.

**Conclusion:** The results provide support for a dysexecutive hypothesis of formal thought disorder in schizophrenia and semantic processing.

**P0336**

The management of delirium in the general hospital and the role of consultation-liaison psychiatrists

P. Goulia, C. Mantas, K. Kotsi, V. Mavreas, T. Hyphantis. *Psychiatric Department, University Hospital of Ioannina, Ioannina, Greece*

**Objective:** Despite its high prevalence and association with increased morbidity, mortality and health services utilization, delirium is often under-recognized and under-treated in general hospitals.

**Methods:** We report our experience of consultation in the treatment of medical patients with delirium in a General Hospital.

**Results:** During the last 12 months our department has accepted 93 requests for consultation with patients diagnosed as having delirium, which represents a percentage of 9,59% of the total requests for psychiatric assessment. The mean duration of the symptoms was 2 days prior to the request for consultation. The main symptoms that were reported were agitation and delusions even when other important symptoms such as disorientation and insomnia co-existed. Medication had already been administered by the physicians in 63,44 % of cases (in 69,49% haloperidol and in 30,51% a benzodiazepine had been administered). No preventive interventions had been made even in patients at high risk. It is noteworthy that 9,67 % were physically restrained before consultation. Laboratory tests for the investigation of the disorder were performed only in 12,9 % . The duration of hospitalization was prolonged from 3 to 8 days because of the delirium.

**Conclusions:** Although delirium is a common condition in patients admitted to General Hospitals, preventive interventions are lacking, the diagnosis is often delayed and the treatment is inadequate. The role of Consultation-Liaison Psychiatrists is not only to treat the patients' delirium but also to inform and educate the physicians and the hospital staff of other disciplines about the management of the syndrome.

**P0337**

Mortality after delirium in elderly hip-surgery patients. A 2 years follow-up study

M.G. Kat<sup>1</sup>, J.F. de Jonghe<sup>1</sup>, R. Vreeswijk<sup>1</sup>, T. van der Ploeg<sup>1</sup>, W.A. van Gool<sup>2</sup>, P. Eikelenboom<sup>2,3</sup>, C.J. Kalisvaart<sup>1</sup>. <sup>1</sup>Medical Center Alkmaar, Alkmaar, The Netherlands <sup>2</sup>Amsterdam Medical Center, Amsterdam, The Netherlands <sup>3</sup>Vrije University, Amsterdam, The Netherlands

**Background and Aims:** To study the long term effects of delirium in elderly hip-surgery patients on cognitive mortality.

**Methods:** This is a prospective study. Medical school-affiliated general hospital in Alkmaar, The Netherlands. Participants (n=603) from the €Haloperidol Prophylaxis for Elderly Hip-Surgery Patients at Risk for Delirium. A Randomized Placebo-Controlled Study (Kalisvaart et al., 2005). Patients with and without post-operative delirium were followed for 2 years. Mortality risk associated with delirium was estimated using a Cox proportional hazards regression model; the outcome was time to death.

**Results:** A total of 75/603 patients (12.4%) died during the study period (table 1). Incidence of delirium was higher in patients who died compared with those who survived (HR 2.16, CI 1.30-3.58). They were more often at risk for delirium as indicated by higher rates of cognitive impairment and visual impairment.

**Conclusion:** Delirium after hip-surgery and delirium risk factors are associated with long-term follow-up mortality.