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A Longitudinal Study of Delirium Motor Subtypes in Elderly Hip Surgery Patients: Frequency and Determinants.

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Introduction: Delirium is a common neuropsychiatric syndrome with considerable heterogeneity that includes a variety of clinical (motor) subtypes. Because delirium is typically highly fluctuating, understanding the longitudinal stability of subtypes is crucial to evaluating their relevance to treatment and outcome.

Aims: to examine the changes (variability) in motor subtype profile in patients with delirium over serial assessment using the Delirium Motor Subtype Scale, and to investigate predictors of variability.

Methods: We studied motor subtype profile of patients with delirium assessed daily over a week in elderly patients undergoing hip fracture surgery. A Generalized Estimating Equations Model examined possible predictors of change in motor subtype status, including baseline variables and delirium course.

Results: We included 118 patients developing DSM-IV delirium after hip-surgery [mean age 87.0±6.5 years; range 65–102; 66% females]. At first assessment, hyperactive subtype was most common (49%), followed by hypoactive (31%) and mixed subtype (14%), with 6% of delirious patients not fulfilling criteria of any DMSS-defined motor subtype. Almost two-thirds (n=69) of these patients underwent at least one more assessment, and for these 45 (57%) remained stable in motor subtype over time, while the rest 34 (43%) underwent change. A range of baseline characteristics were not significant predictors of variability in subtype profile.

Conclusions: Motor subtype profile is typically stable for orthopaedic patients with delirium. Thus evidence from cross-sectional studies of motor subtypes can be applied to many patients with delirium. Further longitudinal studies can clarify the stability of motor subtypes across different clinical populations.