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Introduction

Despite the increase of research and awareness in delirium it remains underdiagnosed, protean, difficult to manager and more difficult to comprehend.

Objectives/Aims

To find the clinical diagnosed rates of delirium, the possible aetiologies to describe treatment (psychotropics) and to investigate the reasons of referrals to Old age psychiatric team in relation to delirium in a general medical hospital.

Methods

Retrospective study of medical records of inpatients admitted to Sligo Regional Hospital during a 6 month time

Results

156 files had a documentation of delirium (time prevalence 2%).

Mean age of the sample was 82 years old (SD=7.2), 66 (42%) were male.

69 (44.2%) of the total sample had a previous history of dementia, 57 (36.5%) had a previous history of delirium. In 62 (40%) the cause was infection while in 4 no specific cause was indentified.

90 (58%) referred to liaison service but only in the 26 (28.9%) the reason for referral was 'acute confusion' or 'delirium' while in a majority of referrals the reason was one of the affective disorders and more often depression. There were not any significant differences between delirium subtypes and referrals ($\chi^2=3.868$, df:3, p=0.28). Examination of the amount of antipsychotics prescribed pre during and after delirium shows that there was a significant increase of antipsychotics during the delirium ($\chi^2=17.512$, df:8, p=0.025) decrease of z-medication, ($\chi^2=20.114$, df:4, p<0.001) while benzodiazepines and antidepressants remained same.

Conclusions

Delirium is often misdiagnosed and unrecognized in hospital settings, however when is indentified the pharmacological management is rather optimal