

Delirium: A Sudden Brain Failure

Malaz Boustani, MD, MPH

Chief Innovation & Implementation Officer Center for Health Innovation & Implementation Science Indiana Clinical Translational Science Institute Indiana University School of Medicine

mboustan@iu.edu

https://www.linkedin.com/in/malaz-boustani-1233672/







Objectives

- Increase your awareness of Delirium impact:
 - Mortality
 - Institutionalization
 - Alzheimer Disease and other related Dementias
- Empower you to prevent Delirium:
 - During sudden Medical Illness
 - After Surgery





The Story of Dr. MB

- 82 yr old, dentist living with his wife at home
 - Independent in Basic ADL and iADL,
 - some concern of memory, walk 30 minutes per day
 - No chronic medical conditions and no drugs
- 4 weeks of cough and 1 wk of SOB and Leg swelling
 - Hospitalization #1
 - Acute Heart Failure with PE, Atrial Fibrillation and ICU stay
 - Hospitalization #2 within one week
 - Delirium induced agitation due to dehydration, GI bleed, and infection
- 90 days post hospitalization:
 - Delirium resolved
 - Alzheimer disease diagnosis
 - Wife stress with at least one panic attack
 - Fall with facial bruise







Delirium, Ask AARP?

- A sudden change in thinking and behavior that most commonly affects older adults following medical illness or surgery.
- Its symptoms come and go quickly and can vary wildly, including confusion, personality changes, hallucinations, diet and sleep disruptions, and rambling speech.
- Affecting as many as half of all Americans 65 and older following a hospital admission.
 - ~80% in the ICU
 - ~50% after Hip fracture
 - ~20% during general hospitalization or after surgery

Preserving Your Brain Health During Illness or Surgery: GCBH Recommendations to Prevent and Treat Delirium GlobalCouncilonBrainHealth.org For more brain health tips see StayingSharp.org • DOI: https://doi.org/10.26419/pia.00101.002





Main Messages

- Delirium impact:
 - 9% Death within 30 days of hospitalization (More than heart attack)
 - 30% Institutionalization after hospitalization
 - Two to five times the odd of Alzheimer Disease and other related Dementias
- One third of delirium cases are preventable after:
 - Medical Illness
 - After Surgery

AARP, 2020; Inouye et al, 2013; Khan et al, 2012; Boustani et al, 2010





Predisposing Risk Factors

- Dementia or pre-existing cognitive impairment
- History of delirium
- Functional impairment
- Sensory impairment
 - Vision impairment
 - Hearing impairment
- Comorbidity/severity of illness
- Depression
- History of transient ischemia/stroke
- Alcohol abuse







Precipitating Risk Factors

- Medications
 - Polypharmacy
 - Psychoactive medication use
 - Sedative-hypnotic use
- Use of physical restraints
- Use of bladder catheter
- Physiologic and metabolic abnormalities
 - Elevated BUN/creatine ratio
 - Abnormal sodium, glucose, or potassium
 - Metabolic acidosis

- Infection
- Any iatrogenic event
- Major surgery
- Trauma or urgent admission









AARP Tips for Delirium Prevention

- Ask for delirium risk screening before undergoing elective surgeries.
- "Prehab" for any planned hospitalizations; prepare as if you were training for a sports event (exercise, diet and good sleep).
- Bring a list of your current medications and supplements.
- Bring hearing aids, eyeglasses, and dentures.
- Ask friends and family to stay with you 24/7.
- Get exposure to sunlight during the day.
- Close the door to your room, use earplugs, a sleep mask or bring a familiar pillow or blanket to sleep better.
- Don't make important financial or other decisions until fully recovered.

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AARP Tips for Caregivers

- Seek medical help if you notice if your loved one is "just not themselves."
- Assist in orienting your loved one to know the day and time.
- Question healthcare providers about medications being used; some common medications increase risk of delirium.
- Help your loved one to get out of bed and moving.
- Prepare to assist after leaving the hospital because brain fog can last a long time.

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Resources

- Center for Information and Implementation Science
- Preserving Your Brain Health During Illness or Surgery
- Delirium Harms Brain Health
- Global Council on Brain Health
- Staying Sharp
- Delirium in Elderly People
- Impact and recognition of cognitive impairment among hospitalized elders
- Delirium in Hospitalized Patients: a Systematic Evidence Review



