Abstract and bibliography of completed research

The prognosis of delirium and sub-syndromal delirium in older medical inpatients

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THE PROGNOSIS OF DELIRIUM AND SUB-SYNDROMAL DELIRIUM IN OLDER MEDICAL INPATIENTS


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Delirium occurs in 15-20% of older medical inpatients. The primary objective of this study was to determine the prognostic significance of delirium among older medical inpatients for cognitive and functional status during the 12 months after hospital admission. Medical admissions aged 65 and over from the emergency department to the medical services were screened for delirium during the first week in hospital. Two cohorts were enrolled: 1) patients with prevalent or incident delirium (n = 243), and 2) patients without delirium, but similar in age and cognitive impairment (n = 118). Patients were followed 2, 6, and 12 months after hospital admission. Baseline measures included delirium (Confusion Assessment Method), Delirium Index (DI), dementia (IQCODE), current physical function and cognitive status [Barthel Index (BI), Mini-mental State Exam (MMSE)] and premorbid instrumental activities of daily living (IADL), comorbidity, and physiological and clinical severity of illness. Outcomes, measured at follow-up, included survival, MMSE, BI, and IADL scales, length of hospital stay, and admission to a long term care facility. The results of this study have been reported in many different publications; study data have also been used for several secondary analyses. In brief, delirium in this population was associated with increased rates of cognitive and functional decline, post-discharge institutionalization and death. Patients with subsyndromal delirium had outcomes intermediate between those with full delirium and those with no delirium.

Bibliography (includes publications on secondary analyses using data collected in the study).


