Delirium evaluation across Europe

EDA-EUGMS Symposium - Improving Delirium Care: An Opportunity for Geriatrics.
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CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report,

But I am an EAMA board member.....
What is a good (or satisfactory) standard for delirium evaluation (and management) on a national level?

- **Knowledge**
  - Undergraduate and postgraduate education of doctors, nurses and others involved in (acute) care for older patients

- **Skills**
  - Clinical practice, use of guidelines, routines and use of assessment tools.
  - Communication skills

- **Attitudes**
  - Age- and dementia friendly health services on macro, meso and micro level
Methods

• Literature search

• Look at the EUGMS and UEMS web-sites

• Look at the National Geriatrics Societies web sites

• Survey – FB members of the EUGMS

• Ask people I know......
LANGUAGES
KNOWLEDGE – Education

Doctors

Information from EUGMS and UEMS websites and literature search
Not easy to find information about other specialities

Nurses

Not easy to get an overview....... Many nursing schools have teaching about delirium

Others

Not easy to find.....
Undergraduate Curriculum in Geriatric Medicine

Graduates should be able to:
Describe the pathophysiology, diagnosis, assessment, management and preventive strategies for common geriatric syndromes in older people, including:

- Chronic pain
- **Dementia and delirium**
- Elder abuse: physical, psychological, financial and sexual
- Falls and movement disorders
- Hearing and vision disorders
- Malnutrition and sarcopenia
- Pressure ulcers
- Urinary and faecal incontinence

Could we assume that all countries with university chairs in geriatric medicine are following this recommendation?

No university chairs: Estonia, Greece, Luxembourg, Malta and Slovenia
Postgraduate education: Geriatric Medicine

• 31 European countries.
• Geriatric medicine is recognized as an independent postgraduate specialty in 61.3 % (19/31)
• .. as a subspecialty in 29.0 % (9/31)
• In 5 of the 31 countries geriatric medicine is not recognized at all.

• An European curriculum for postgraduate training in Geriatric Medicine will soon be published.....DELIRIUM is included

European postgraduate training in geriatric medicine: data of a systematic international survey. Singler K 2015
SKILLS – Clinical practice; use of guidelines, routines and assessment tools

• DELIRIUM; Guidelines for assessment and management published on National Geriatrics Society websites

• DELIRIUM ASSESSMENT: CAM or 4AT available in your language (www.the4at.com)
COMMUNICATION SKILLS

• Information about communication skills among health professionals is difficult to obtain

• Communication with people in a delirious state is particularly challenging

• Clear, concise and ensuring communication

• Improvement of communication skills should undoubtedly be a priority and included in training of health personnel.
DELIRIUM evaluation in different settings
Situation in Europe; delirium specialists

• A high level of responses mainly from just six European countries (United Kingdom, Netherlands, Italy, Spain, and Switzerland).

• The lower rate of responses from other countries might reflect our inability to reach providers with an interest in delirium.

• ..or it may simply reflect an increased level of interest in delirium in these particular countries.

• Most were geriatricians, internists and intensivists, some nurses and psychiatrists.

• Most had got their training in delirium evaluation from postgraduate education and congresses.

Consensus and variations in opinions on delirium care: a survey of European delirium specialists.
Morandi A et al. 2013
IN ITALY – different health professionals:

• Most responders were doctors (n = 322/800), followed by nurses (n = 225/500), psychologists (n = 51/100), and physiotherapists (n = 30/100).

• **Doctors and psychologists correctly defined delirium**, while nurses and physiotherapists did not.

• The most frequently used diagnostic tools were the **Confusion Assessment Method (CAM)** and the Diagnostic and Statistical Manual of Mental Disorders-IV.

• **Delirium intensity was rarely assessed.**

• Hypoactive delirium was generally managed with non-pharmacological approaches, while hyperactive delirium with a combination of non-pharmacological and pharmacological approaches.

• **Possible causes of delirium were under-assessed by half of doctors and by the majority of other professionals.**
ATTITUDES: A dementia friendly hospital

1. Identify a leadership structure within NHS Boards to drive and monitor improvements
2. Develop the workforce in line with Promoting Excellence
3. Plan and prepare for admission and discharge
4. Develop and embed person-centred assessment and care planning
5. Promote a rights-based and anti-discriminatory culture
6. Develop a safe and therapeutic environment
7. Use evidence-based screening and assessment tools for diagnosis
8. Work as equal partners with families, friends and carers
9. Minimise and respond appropriately to stress and distress
10. Evidence the impact of changes against patient experience and outcomes

Diakonhjemmet Hospital, Oslo 2017
My suggestions: Improvement of DELIRIUM evaluation and management across Europe

• PROMOTE GERIATRIC MEDICINE IN ALL EUROPEAN COUNTRIES:
  • UNIVERSITY CHAIRS
  • APPROVED SPESIALITY

• EDUCATION
  • Under- and postgraduate for doctors, nurses and others
  • Knowledge, skills and attitudes
  • Delirium in all relevant curriculums

• NATIONAL GUIDELINES

• ASSESSMENT TOOLS FOR ALL - IN ALL EUROPEAN LANGUAGES

• RECOMMENDATION OF QUALITY INDICATORS
“A REMINDER THAT DELIRIUM IS A MEDICAL EMERGENCY”
Recommend this book for your students!
WELCOME TO OSLO!

....MY HOMETOWN!

THANK YOU FOR YOUR ATTENTION!