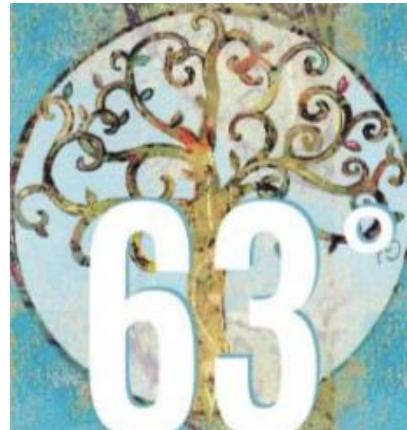
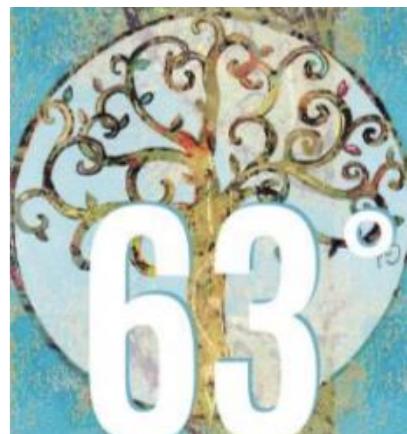
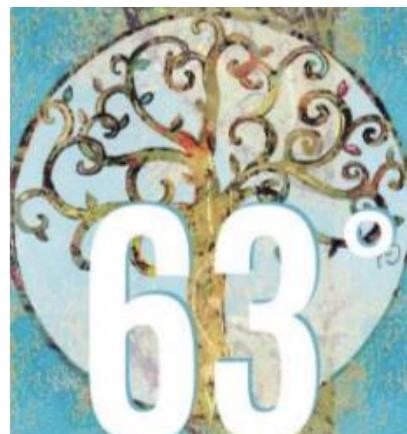


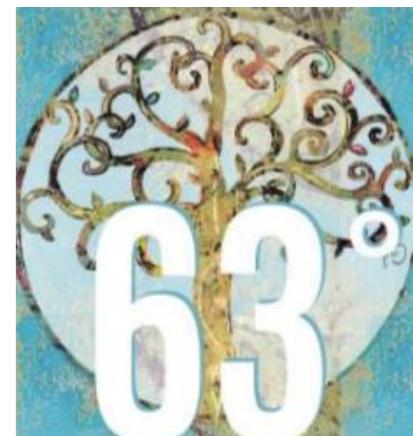
La domanda nasce spontanea....

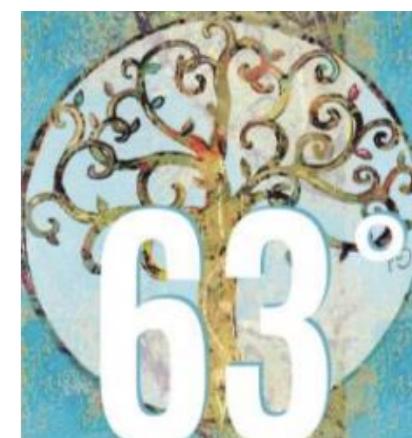










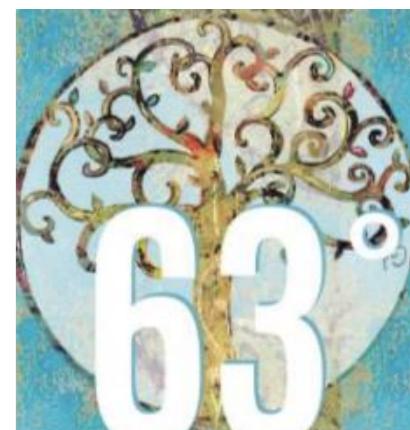


L'ospedale invecchia

Il **23.5%** degli accessi in PS ha più di 75 anni

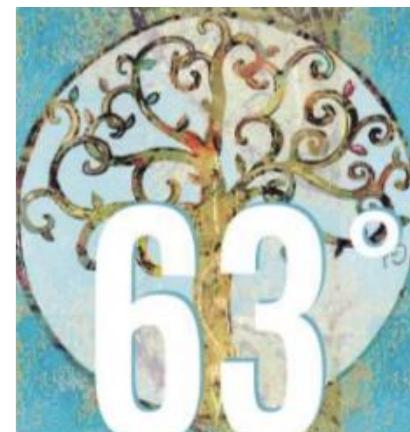
Il **51%** dei ricoverati ha più di 75 anni

Il **23%** dei ricoverati ha più di 85 anni



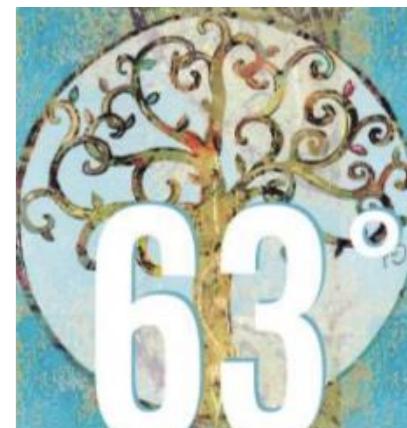
for many older people the ED is the main portal of entry to urgent care.

Clinical Medicine 2017 vol 18 n4 350-3



Emerging data from the Nuffield Trust indicate about 20% of all those aged 75+ account for 85% of bed days and 85% of readmission or deaths within 90 days of an urgent care episode.

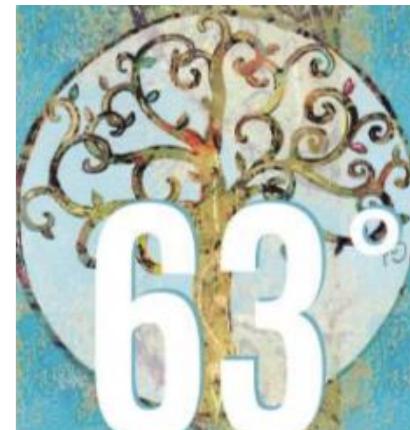
Clinical Medicine 2017 vol 18 n4 350-3

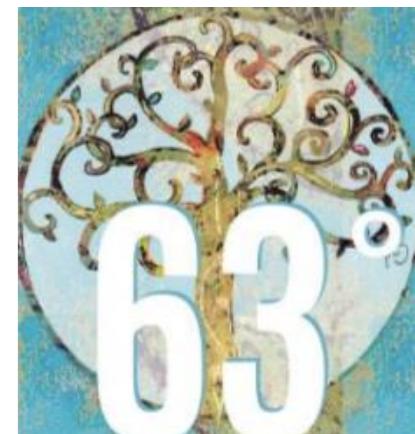


Siamo inadeguati

Hospitals are very bad places for old, frail people

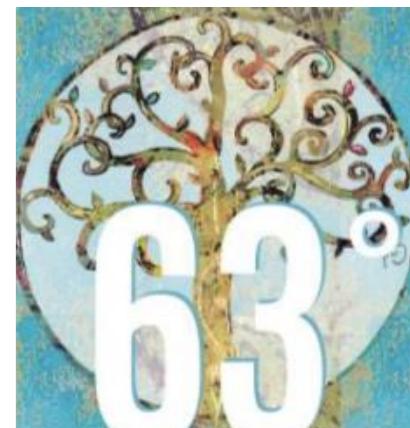
Sir David Nicholson, Chief Executive NH Commissioning Board
BMJ 2013;346:f453



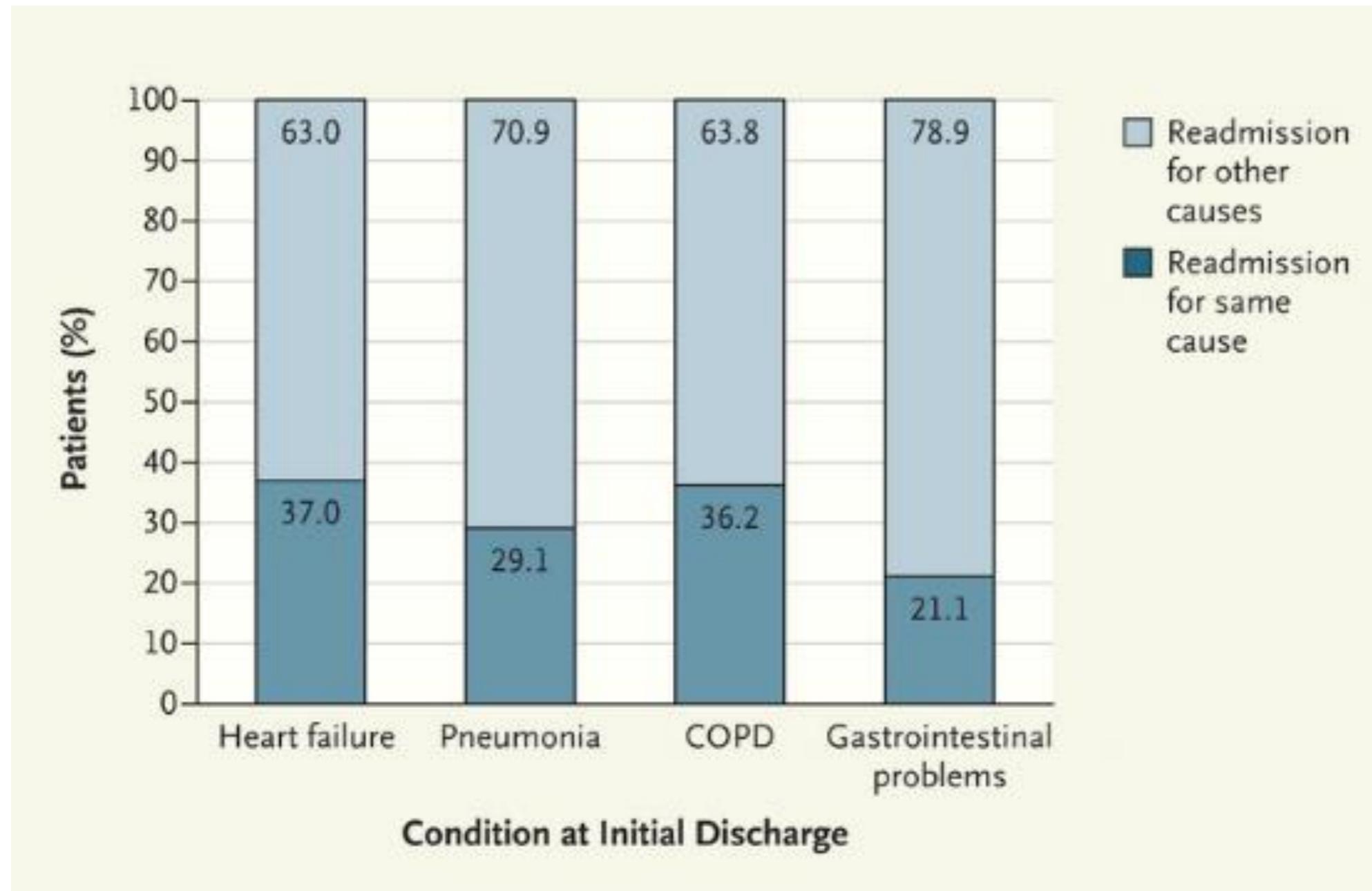


During hospitalization, patients are commonly **deprived of sleep**, experience **disruption of normal circadian rhythms**, are **nourished poorly**, have **pain and discomfort**, confront a baffling array of **mentally challenging situations**, receive **medications** that can alter cognition and physical function, and become **deconditioned by bed rest** or inactivity.

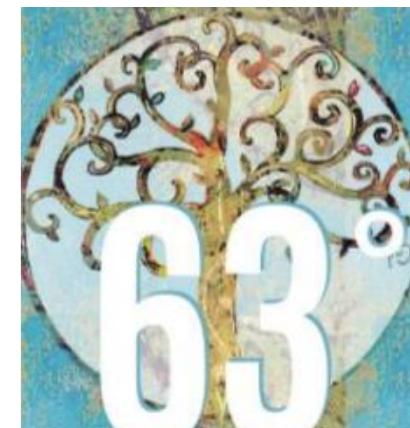
Krumholz HM, NEJM 2013 368(2):100-102



Post-Hospital Syndrome — An Acquired, Transient Condition of Generalized Risk

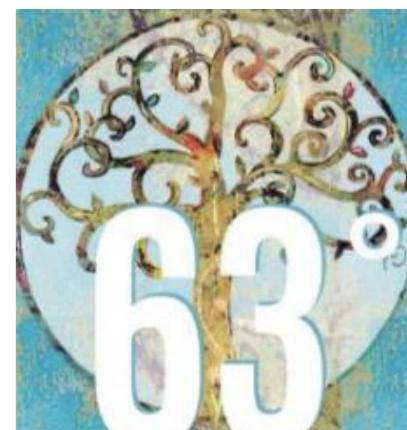


N Engl J Med 2009;360:1418-28.



ED stay of **longer than 10 hours** was
associated with greater risk of delirium
onset in hospitalized older adults

M Bo, J Am Ger Soc 2016 May 1114-1119



Finally, we need to reject the bogus distinction between the medical-diagnostic model and essential nursing care.

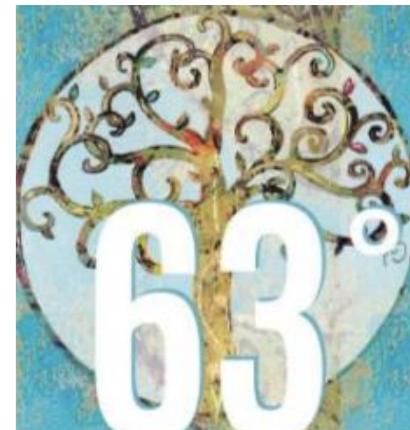
Oliver D. Clinical Medicine 2012, 12; 3: 230–34



Assessment



medical
psychological
functional ability
social circumstances
environment



Italian intersociety consensus on prevention, diagnosis, and treatment of delirium in hospitalized older persons

Giuseppe Bellelli¹ · Alessandro Morandi¹ · Marco Trabucchi¹ · Guido Caironi² ·
Daniele Coen² · Carlo Fraticelli² · Ciro Paolillo² · Carolina Prevaldi² ·
Angela Riccardi² · Gianfranco Cervellin² · Corrado Carabellese³ · Salvatore Putignano³ ·
Stefania Maggi⁴ · Antonio Cherubini⁴ · Paola Gnerre⁵ · Andrea Fontanella⁵ ·
Nicola Latronico⁶ · Concezione Tommasino⁶ · Antonio Corcione⁶ · Giovanni Ricevuti⁷ ·
Nicola Ferrara⁷ · Francesco De Filippi⁸ · Alberto Ferrari⁸ · Mario Guarino⁹ ·
Maria Pia Ruggieri⁹ · Pietro Amedeo Modesti^{10,14}  · Carlo Locatelli¹¹ ·
Patrizia Hrelia¹¹ · Marco Otto Toscano¹² · Emi Bondi¹² · Antonio Tarasconi¹³ ·
Luca Ansaloni¹³ · Francesco Perticone¹⁰

Received: 30 May 2017 / Accepted: 27 June 2017

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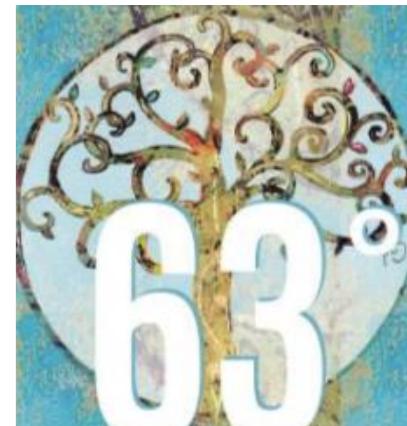


Prompt recognition and diagnosis

Elderly or frail patients, especially those with risk factors, should be **systematically evaluated** for the presence of signs or symptoms of delirium on their arrival at the hospital.

Linee di Indirizzo Intersocietarie 2017

AIP, AcEMC, AGE, EDA, EUGMS, FADOL, SIAARTI, SIGG, SIGOT, SIMEU, SIMI, SITOX, CNI-SPDC,
WSES,



Sincope cardiogena (bradicardia, BAV 1, BBdx, EAS)

Cardiopatia ischemico-ipertensiva con PM bicamerale

Infrazione VIII e IX costa con versamento pleurico (poche settimane prima)

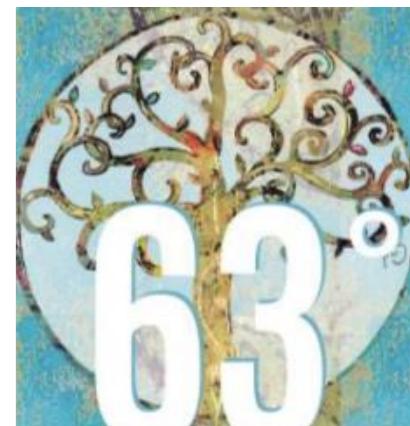
Encefalopatia mista vascolare degenerativa, demenza, parkinsonismo

DM II, panvasculopatia, dislipidemia, IRC lieve

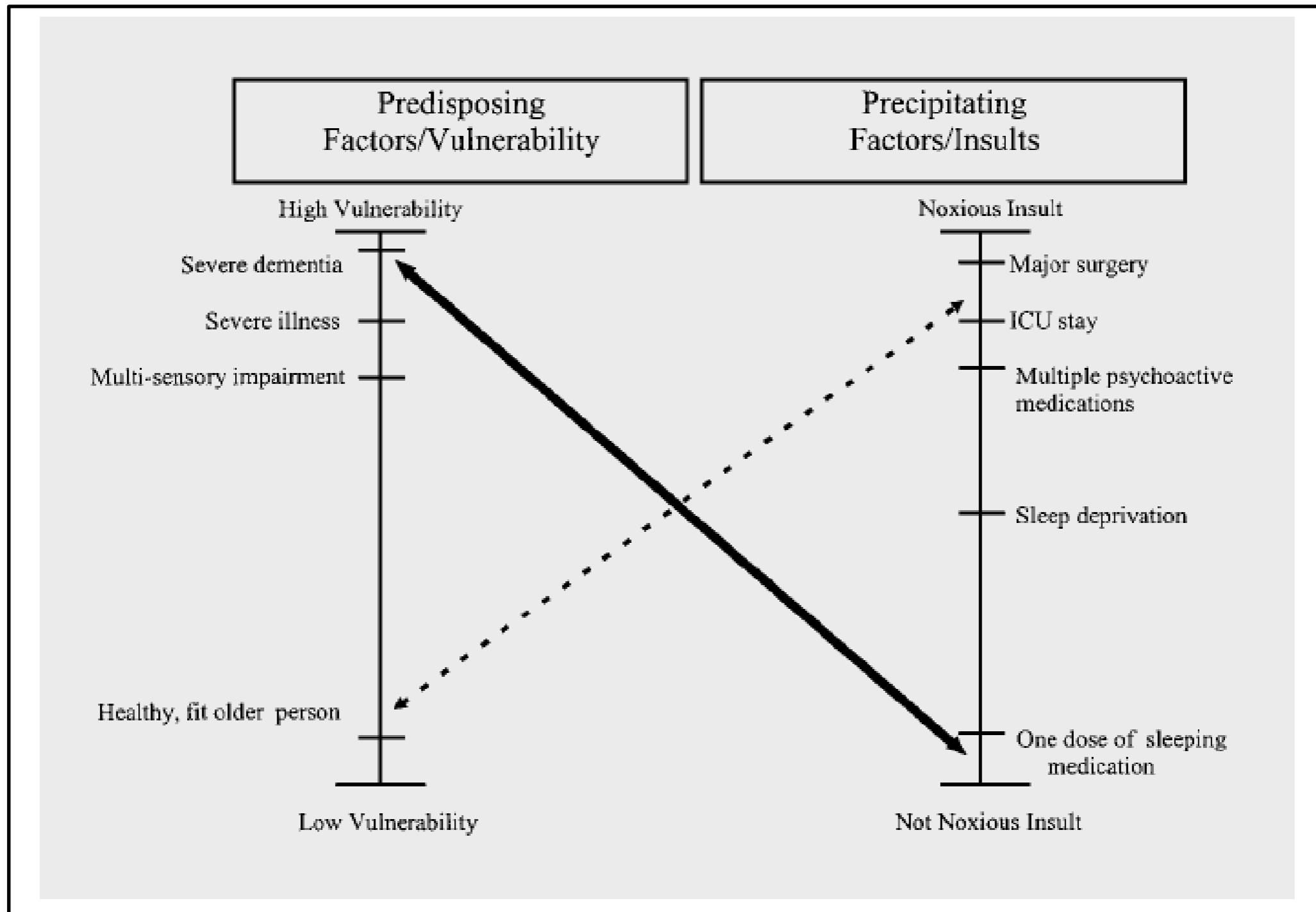
Anemia macrocitica, MGUS

BPCO, OSAS

Terapia cronica: Levodopa/carbidopa, amlodipina, ramipril, bisoprololo, trazodone, asa



Paziente fragile vs paziente robusto

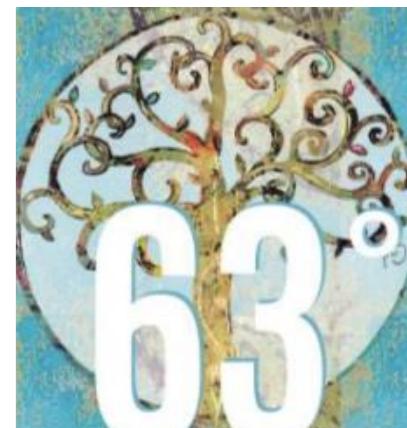


Inouye S.K., Charpentier P.A. JAMA 1996; 275: 825-57

Acute Brain Dysfunction

Health care providers who treat patients at high risk for delirium should know and use screening tools such
as 4AT scale.

Linee di Indirizzo Intersocietarie 2017
AIP, AcEMC, AGE, EDA, EUGMS, FADOL, SIAARTI, SIGG, SIGOT, SIMEU, SIMI, SITOX, CNI-SPDC,
WSES,



1] VIGILANZA

Sopore/agitazione-ipertività durante test. Osservare il paziente. Se dorme, provare a risvegliarlo, richiamandolo, o con un leggero tocco sulla spalla. Chiedere al paziente di ripetere il proprio nome e l'indirizzo della propria abitazione.

2] AMT4

Età, data di nascita, luogo (nome dell'ospedale e dell'edificio), anno corrente

4AT

3] ATTENZIONE

Chiedere al paziente: “per favore, mi dica i mesi dell’anno in ordine contrario, partendo da dicembre” Per aiutare la comprensione della domanda, è consentito inizialmente questo suggerimento: “qual è il mese prima di dicembre?”

4] CAMBIAMENTO ACUTO/FLUTTUAZIONI

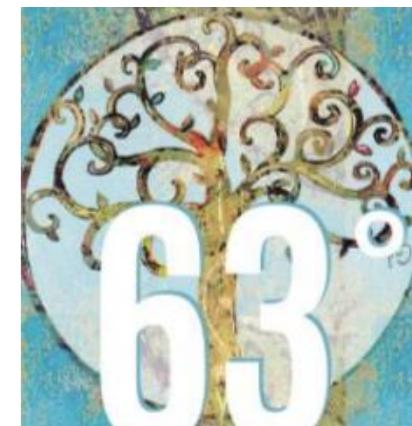
Dimostrazione di un evidente **cambiamento o di un decorso fluttuante relativamente all’attenzione, alla comprensione o altre funzioni cognitive-comportamentali** (ad esempio ossessioni e/o allucinazioni) con esordio nelle ultime 2 settimane e ancora presenti nelle ultime 24 ore.

Bellelli G et al, Age Ageing 2014



RISULTATI PS Udine

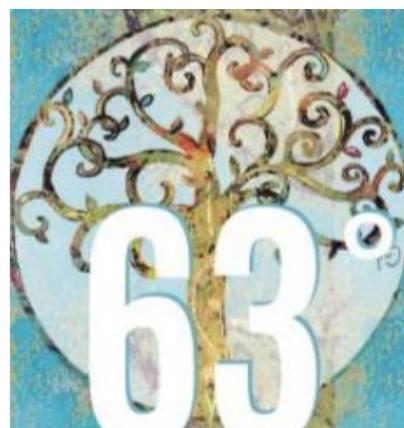
- **201 PAZIENTI**
- **ETÀ MEDIA 85,3 ± 5,59, MEDIANA 85**
- 122 Donne, 79 Maschi
- 172 DA DOMICILIO, 29 DA STRUTTURA RESIDENZIALE
- **SCORE ≥ 4: 83 PAZIENTI (41,3%)**
SCORE 1-2-3: 49 PAZIENTI (24,4%)
SCORE 0: 69 PAZIENTI (34,3%)
- **37% DELIRIUM IPOCINETICO**
22% DELIRIUM IPERCINETICO
23% MISTO



At the first signs or symptoms of delirium, **it is necessary to search for possible causes** (infection, hypoglycaemia, stroke, dehydration, adverse effects of medications, use of psychotropic substances, withdrawal syndromes, pain inadequately treated, acute retention of urine, and constipation). The diagnosis of delirium may highlight sepsis that would otherwise be missed.

Linee di Indirizzo Intersocietarie 2017

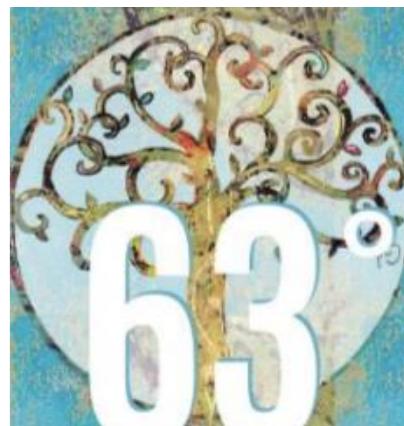
AIP, AcEMC, AGE, EDA, EUGMS, FADOI, SIAARTI, SIGG, SIGOT, SIMEU, SIMI, SITOX, CNI-SPDC,
WSES,



Il trattamento

Drug treatment of delirium should be used only when the patient is a **danger to himself** or when symptoms are **particularly important** and/or threaten the ability to **undertake essential therapies**

Linee di Indirizzo Intersocietarie 2017
AIIP, AcEMC, AGE, EDA, EUGMS, FADOL, SIAARTI, SIGG, SIGOT, SIMEU, SIMI, SITOX, CNI-SPDC,
WSES,



Use the term “delirium” in a systematic way. The use of generic and non-specific terms should be avoided to favour dissemination and to prevent argument trivialization. The definition of delirium and the diagnostic criteria are to become a widespread heritage of health professionals

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AIP, AcEMC, AGE, EDA, EUGMS, FADOL, SIAARTI, SIGG, SIGOT, SIMEU, SIMI, SITOX, CNI-SPDC,
WSES,

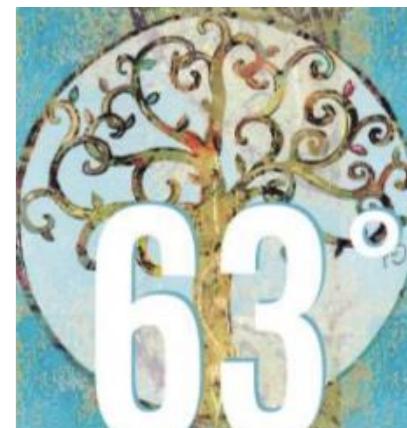


Il trattamento

Non-pharmacological aspects of care are paramount and include an **active search** for acute diseases and clinical conditions that underlie the onset of delirium.

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WSES,



Agitation

Is the delirium the cause of agitation?

Check for causes of delirium
Is pain well controlled?

Are non-pharmacological preventive
strategies in place?



Una buona comunicazione

Ineffective communications among health care professionals, as well as **a poor communication** of health care professionals with patients and their families, **have a negative impact** on the quality of care provided to patients with delirium within the hospital.

Linee di Indirizzo Intersocietarie 2017

AIP, AcEMC, AGE, EDA, EUGMS, FADOL, SIAARTI, SIGG, SIGOT, SIMEU, SIMI, SITOX, CNI-SPDC, WSES,



TIME to think about delirium

Triggers

Investigate

Manage

Engage

Y Bauernfreund, BMJ Open Quality 2018

