Delirium in the ICU patient

C. Spies

Department of Anaesthesiology and Surgical Intensive Care, Charité-Universitätsmedizin Berlin, Berlin, Germany

Delirium is a life threatening syndrome, affecting 11-87% of critically ill patients [1]. The reported prevalence rate of ICU delirium in cardiovascular surgery patients is up to 42% [2]. Delirium after cardiac surgery is associated with a significantly increased mortality rate and significantly reduced cognitive functioning even 6 months after discharge from hospital [3]. Therefore, delirium should be assessed routinely with a validated delirium score [4]. A randomized controlled study in cardiac surgery patients revealed that the administration of ketamine during induction of anaesthesia, significantly reduced delirium [5] and post-operative cognitive dysfunction [6]. Furthermore, risperidone, in patients who experienced subsyndromal delirium after onpump cardiac surgery, significantly reduced the incidence of delirium [7]. However, delirium management can only have a lasting effect of patients outcome if it is accompanied by combined awakening and breathing coordinations with target-based sedation and analgesia [8].

References

 Ely EW, Inouye SK, Bernard GR et al. Delirium in mechanically ventilated patients: validity and reliability of the confusion assessment method for the intensive care unit (CAM-ICU). JAMA 2001; 286 (21): 2703-10

- Chang YL, Tsai YF, Lin PJ et al. Prevalence and risk factors for postoperative delirium in a cardiovascular intensive care unit. Am J Crit Care 2008; 17 (6): 567-75
- Koster S, Hensens AG, Schuurmans MJ et al. Consequences of delirium after cardiac operations. Ann Thorac Surg. 2012; 93 (3): 705-11
- Martin J, Heymann A, Bäsell K et al. Evidence and consensus-based German guidelines for the management of analgesia, sedation and delirium in intensive care – short version. Ger Med Sci 2010; 8: Doc02
- Hudetz JA, Patterson KM, Iqbal Z et al. Ketamine attenuates delirium after cardiac surgery with cardiopulmonary bypass. J Cardiothorac Vasc Anesth 2009; 23 (5): 651-7
- Hudetz JA, Iqbal Z, Gandhi SD et al. Ketamine attenuates post-operative cognitive dysfunction after cardiac surgery. Acta Anaesthesiol Scand 2009; 53 (7): 864-72
- Hakim SM, Othman AI, Naoum DO. Early Treatment with Risperidone for Subsyndromal Delirium after On-pump Cardiac Surgery in the Elderly: A Randomized Trial. Anesthesiology 2012 [Epub ahead of print]
- Skrobik Y, Ahern S, Leblanc M et al. Protocolized intensive care unit management of analgesia, sedation, and delirium improves analgesia and subsyndromal delirium rates. Anesth Analg 2010; 111 (2): 451-63