

# Delirium linked to increase in hospital deaths

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Patients with delirium when admitted to hospital are much more likely to die within 30 days and have a longer hospital stay, research shows.

The study looked at 82,000 [emergency admissions](#) across three hospitals in the NHS Lothian Health Board in Scotland and one in Salford, Greater Manchester.

The risk of death within 30 days was 5.5 times greater for patients with [delirium](#) than those without in Lothian and 3.4 times greater in Salford. The length of stay in [hospital](#) was also more than double in patients with delirium.

Experts say the findings highlight the need to improve delirium detection and treatment.

## **Mental confusion**

One in four patients over the age of 65 admitted to hospital as an emergency experiences delirium—a state of mental confusion that starts suddenly and is usually triggered by a [physical condition](#).

Delirium is highly distressing for patients and their carers and is known to be linked to long-term cognitive impairment and increased risk of death. However, it remains mostly undetected.

## **Detection tool**

The study, published in the journal *Age and Ageing*, used the 4 As test—a delirium detection tool to analyze relationships between delirium and 30-day mortality, length of stay, and days at home in the year following admission.

The test was carried out for three years as part of normal care for emergency admissions in [older patients](#). Results were recorded on the [electronic health records](#) at the three hospitals in NHS Lothian and Salford Royal.

The study used data from 31,266 individual patients. All admissions to NHS Lothian hospitals were to medical wards—where patients are

treated with drugs rather than surgery. In Salford 83 percent were medical and 17 percent surgical. There were 1,936 deaths of these patients in hospital at 30 days.

"Delirium has historically been a neglected condition with most cases going undetected, leading to poor quality care. This study shows that we can detect delirium in normal practice. This is the first step towards providing better care and improving bad outcomes," says Alasdair MacLulich, Professor of Geriatric Medicine at the University of Edinburgh.

"This study is really important because it shows that by assessing [patients](#) for delirium on admission to hospital that we can predict outcomes. If we can do that then we can work towards improving those outcomes by ensuring we always assess for delirium in [older people](#) on admission to hospital and changing for example how we provide care," says Dr. Emma Vardy, Consultant Geriatrician at Salford Royal.

**More information:** Atul Anand et al, Positive scores on the 4AT delirium assessment tool at hospital admission are linked to mortality, length of stay and home time: two-centre study of 82,770 emergency admissions, *Age and Ageing* (2022). [DOI: 10.1093/ageing/afac051](https://doi.org/10.1093/ageing/afac051)

Provided by University of Edinburgh

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