

# Prevalence of delirium in acutely admitted older Norwegian adults

Hella M.N.P.<sup>1,2</sup>, Oftedal R.T.W.<sup>1</sup>, Soennesyn H.<sup>1</sup>, Vik-Mo A.O.<sup>1,2</sup>, Kyed L.<sup>1,3</sup>, Mong M.<sup>1,3</sup>, Frotveit L.<sup>1,3</sup>, Sunde A.<sup>1,2</sup>, Djuv A.<sup>1,2</sup>, Watne L.O.<sup>4,5</sup>, Aarmland D.<sup>1,6</sup>, Bergland A.K.<sup>1,2,3</sup>

<sup>1</sup>Centre for Age-Related Medicine, Stavanger University Hospital, Stavanger, Norway

<sup>2</sup>Department of Clinical Medicine, University of Bergen, Bergen, Norway

<sup>3</sup>Department of Emergency Medicine, Stavanger University Hospital, Stavanger, Norway

<sup>4</sup>Oslo Delirium Research Group, Dep of Geriatric Medicine, Oslo University Hospital, Oslo, Norway

<sup>5</sup>Department of Geriatric Medicine, Akershus University Hospital, Lørenskog, Norway

<sup>6</sup>Department of Old Age Psychiatry, King's College London, Institute of Psychiatry, Psychology and Neuroscience, London, UK

User representative: Elin Thuen

## Background

- Delirium is very common among hospitalized patients and is associated with multiple negative outcomes (1).
- A previous Norwegian study found a delirium point-prevalence of 17% in 140 newly admitted patients  $\geq 75$  years (2).

## Objective

- To estimate the point prevalence of delirium in acutely admitted older adults at Stavanger University Hospital (SUH).

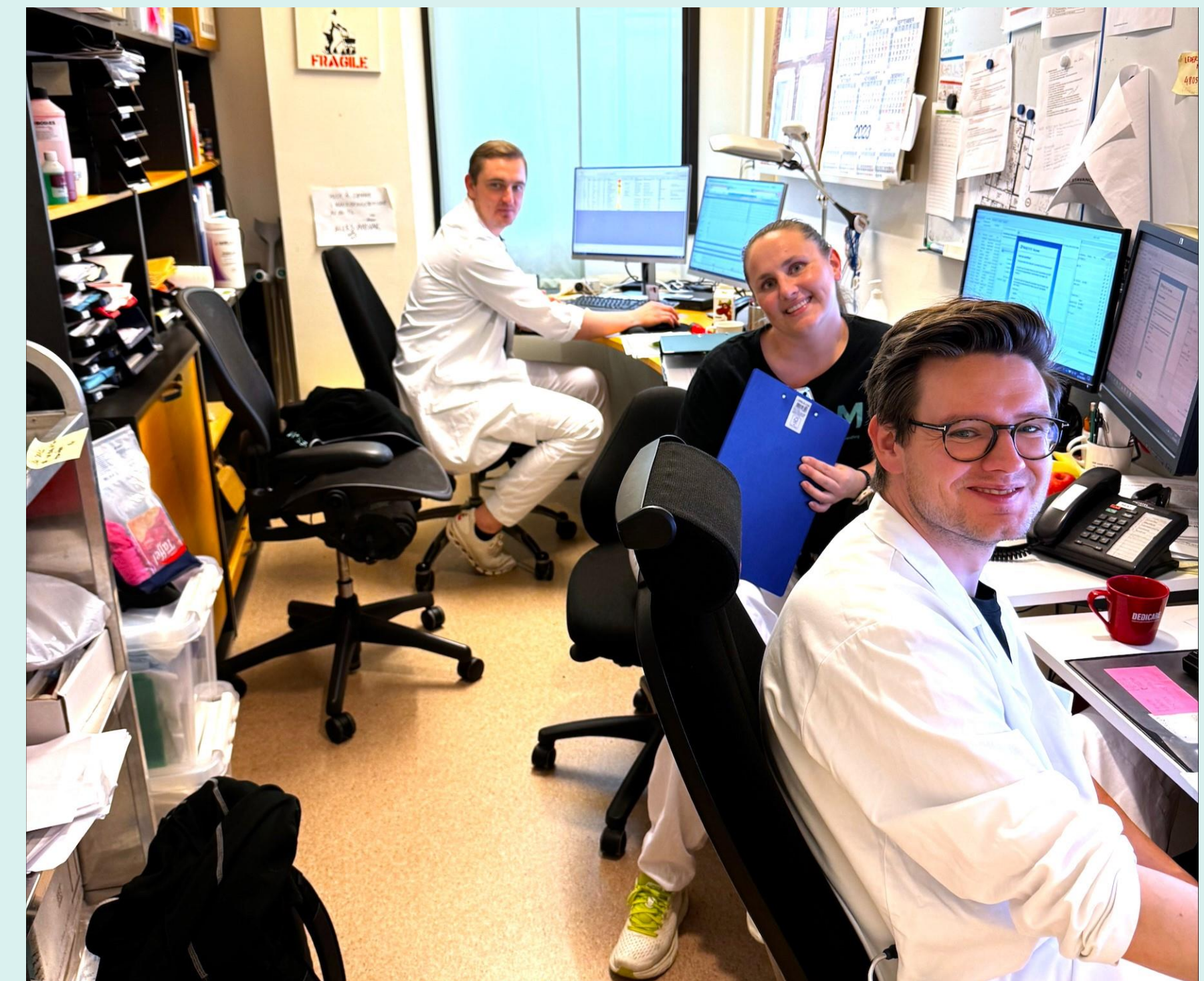
This study is part of the DERAİL project (3), that studies delirium and its interrelationship with dementia with Lewy bodies.

## Methods

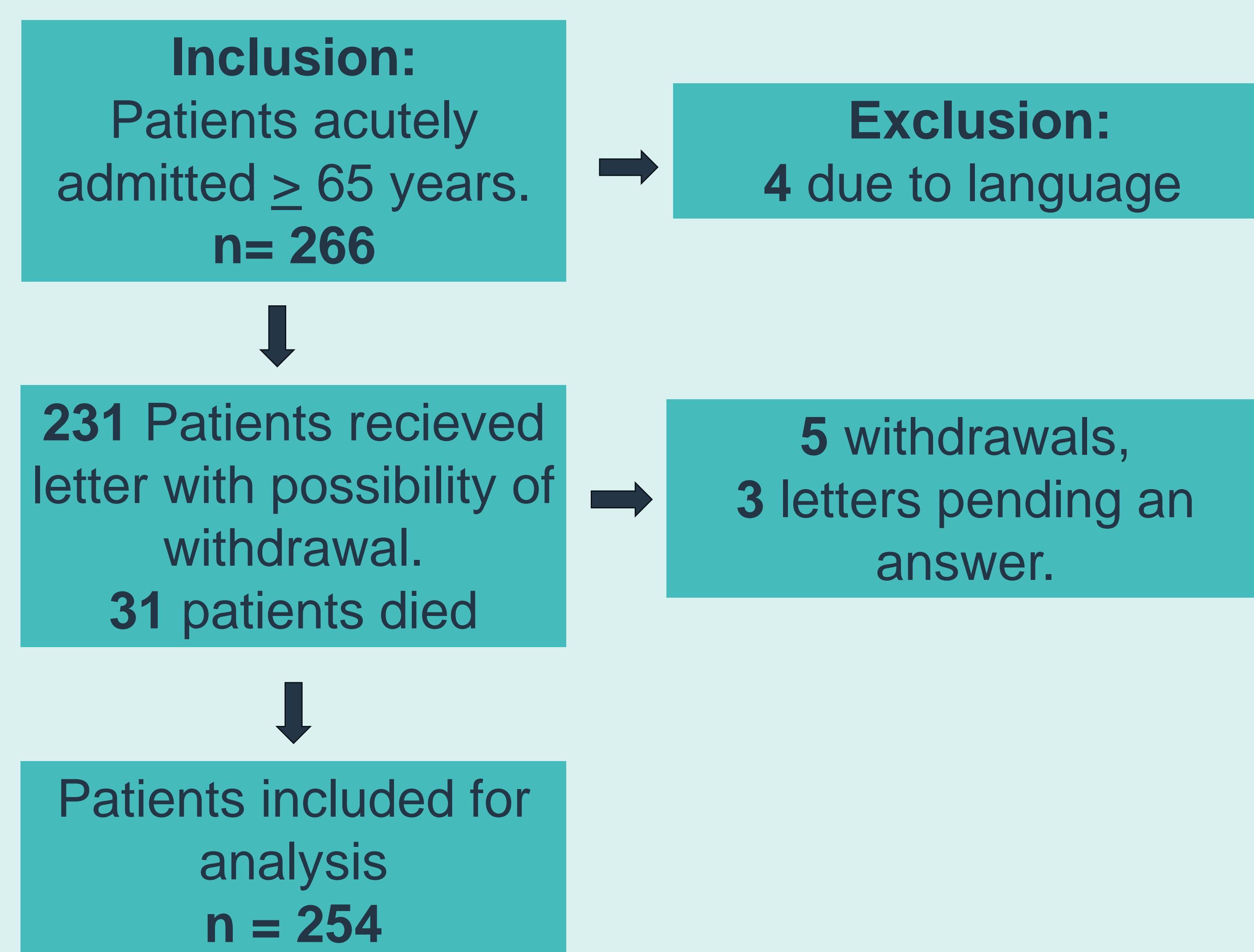
- Patients  $\geq 65$  years, acutely admitted to SUH in Norway were screened with the 4As test, from a Monday 8 am to Friday 8 pm.
- For patients with a score of  $\geq 4$  on the 4As test the RASS and OSLA were also performed.
- DSM-V criteria for delirium will be used to retrospectively make the delirium diagnosis.
- The length of the hospital stay, whether the patient's level of care increased after an episode of delirium, the NEWS score in the ER, and if a diagnosis of delirium was documented at discharge.
- All patients included received a letter with a possibility of withdrawal from the study.
- Patients that died during the hospital stay or shortly after was included without a possibility of withdrawal.

## Future plans

- Data analysis is planned during autumn 2024.



**Picture 1:** Part of the study group; Rune T. W. Oftedal, Lene Frotveit, Mathias N. P. Hella during the prevalence study week in the ER at Stavanger University Hospital. Photographed by Maria Mong.



**Figure 1:** Flow chart of inclusion

### References:

1. Wilson JE, Mart MF, Cunningham C et al. Delirium. Nat Rev Dis Primers, (2020).
2. S. Evensen, Delirium and cognitive impairment among older patients in Norwegian emergency departments. Tidsskr Nor Legeforen, (2019).
3. Petersen Hella, M.N., et al., *What we know about the possible link between delirium and dementia with Lewy bodies, and why we need to learn more.* Acta Psychiatr Scand, 2023. **147**(5): p. 401-402.

### Abbreviations:

**4As test:** Screening test for delirium and cognitive failure, considering alertness, attention, acute change and amt4 (age, date of birth, place, current year).  
**RASS:** Richmond Agitation Sedation Scale. Sedation status and test with high delirium sensitivity and specificity.  
**OSLA:** Observational Scale of level of Arousal. A supplement in diagnosing delirium.  
**NEWS:** National Early Warning Score. Scoring of vital measurements for patients.