The pros and cons of specialist delirium units in general hospitals

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Stroke Units

- Reduce mortality by 20%
- Reduce death or dependency by 32%

… compared with general medical wards

Cochrane Library

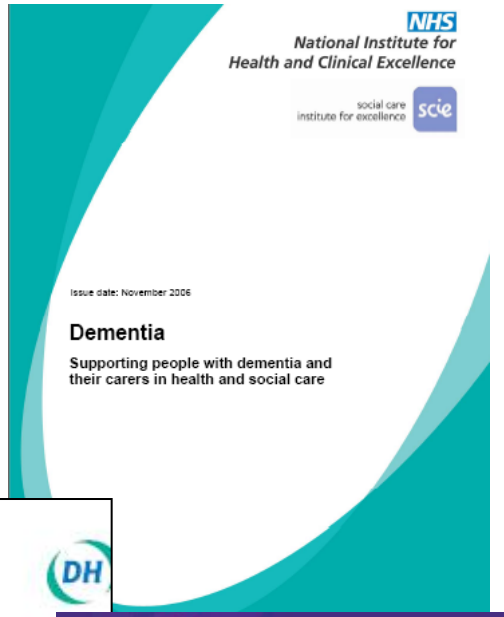
What is a stroke unit?

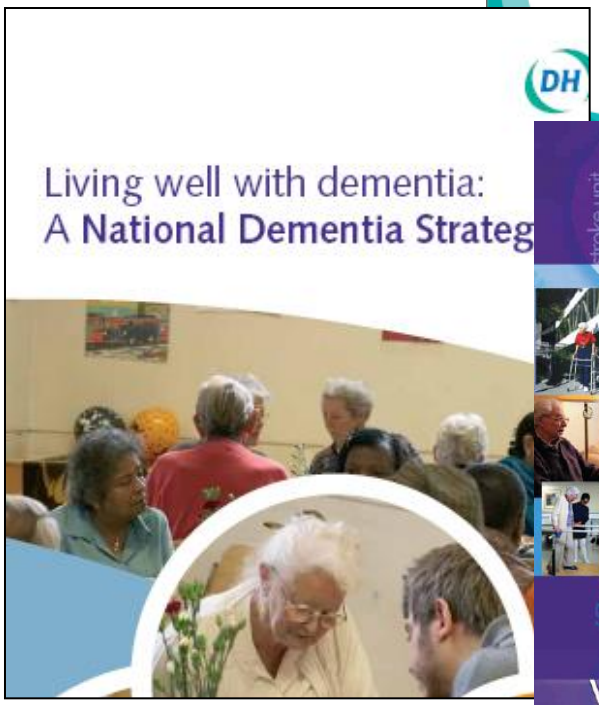
- Specialisation
- Expertise
- Consistency, procedures, policies
- Geographically defined
- 24-h approach

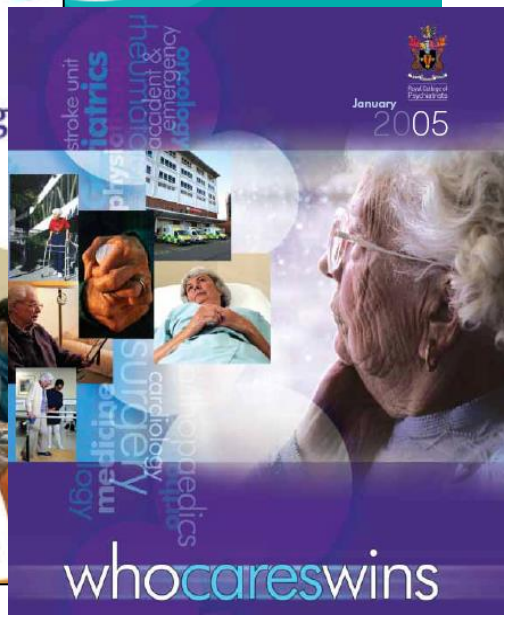
Harwood et al Stroke Care OUP 2011

The policies

- Who cares wins 2005
- Everybody's business 2006
- NICE guidelines 2007, 2010
- National Dementia Strategy 2009
- Acute Awareness 2010
- Call to action 2012







Dementia in acute hospitals is different

- 2/3 have added delirium
  - … which is difficult to diagnose and manage
  - … and slows things down
- Vascular dementia predominates
- Physically ill and dependent

Delirium and dementia are joined at the hip

Prevalence amongst patients over 70 admitted to a general hospital

• Delirium alone	9%
• Delirium complicating dementia	19%
• Dementia alone	23%
• Total delirium	28%
• Total dementia	41%
• Previously diagnosed dementia	28%

Whittamore et al, unpublished

Confused older people in hospital are dependent

Prevalence amongst patients over 70 with cognitive impairment admitted to a general hospital (n=195)

- delusions 14%
- hallucinations 11%
- agitated 18%
- depressed 34%
- anxious 35%
- apathetic 38%
- disinhibited 10%
- sleep problems 34%

- help to transfer 65% (hoist 13%)
- help feeding 58% (unable 15%)
- incontinent of urine 67%

Goldberg et al, 2012

Difficulties diagnosing delirium

- Overlap with normality (cat naps, insomnia)
- Overlap with dementia
- Variability, fluctuation, broad range of features
- Unfamiliar features not recognised by doctors or nurses
- Difficult to assess cognition in an ill person

Waite et al Dementia Care OUP 2008

DRS-98-R validity in general hospital older population

1. compared with clinician diagnosis
    - Sensitivity 0.75
    - Specificity 0.71
2. compared with reversible cognitive impairment
    - Sensitivity 0.50
    - Specificity 0.67

Whittamore et al, unpublished

Non-recovery

Persistence

- 61% after 24h
- 45% at discharge
- 33% at 1 month
- 26% at 3 months
- 21% at 6 months

Cole M, systematic review,
Age and Ageing 2009

Delirium management

- Find the cause and treat it
- Avoid complications
- Anti-psychotics, maybe
- Explain to relatives and offer support
- Keep your nerve, don’t make the wrong plans too soon
- Post episode debrief?

Delirium Units

- Fish 1964
- Wahlgren 1999
- Flaherty 2003
- Flaherty 2010
- Wong 2010
- Chong 2011

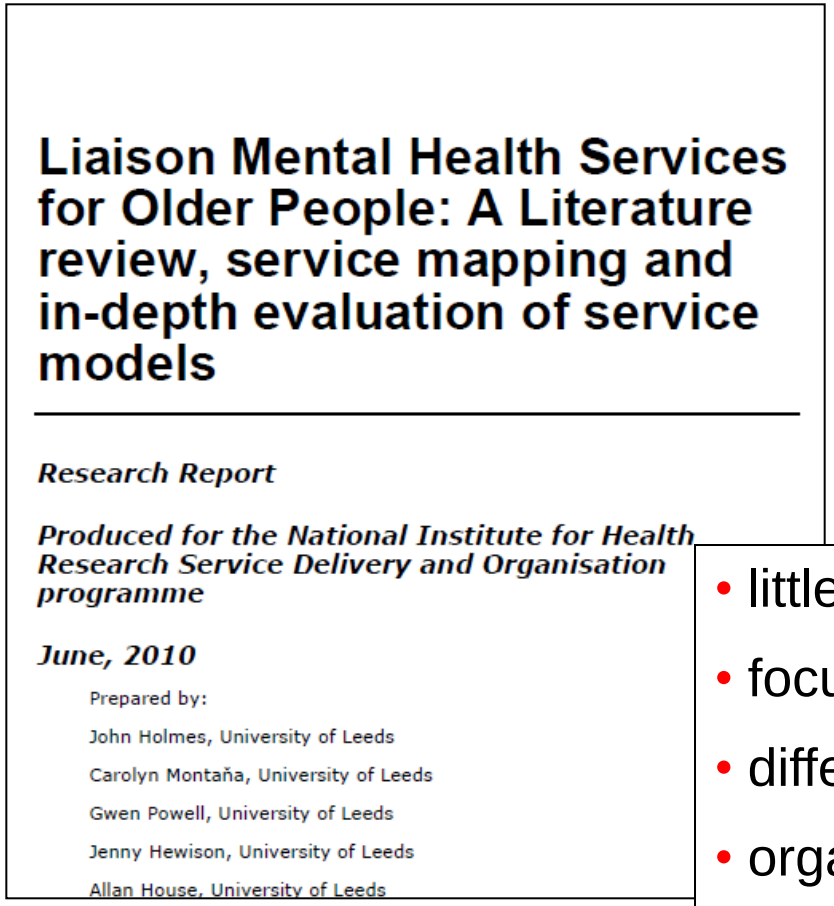
Joint medical-psychiatric wards

- 2 justification and practicality
- 5 descriptive
- 6 evaluations, one pseudo-randomised trial

‘Delirium and dementia, especially with behavioural problems and co-existent medical illnesses’

George J et al, Review, Age and Ageing 2011

Older peoples' acute care liaison services



Liaison Mental Health Services for Older People: A Literature review, service mapping and in-depth evaluation of service models

Research Report

Produced for the National Institute for Health Research Service Delivery and Organisation programme

June, 2010

Prepared by:

John Holmes, University of Leeds

Carolyn Montaña, University of Leeds

Gwen Powell, University of Leeds

Jenny Hewison, University of Leeds

Allan House, University of Leeds

- little high-level evidence of effectiveness
- focus on quality of care
- different service models
- organisational and priority barriers
- often inadequate provision
- established services appreciated

www.netscc.ac.uk/hsdr

Whatever you provide, you need...

- Expertise
  - Physician/geriatrician
  - General nursing
  - MH nursing and psychiatry
  - OT/MH specialist OT
  - MH specialist physiotherapy
  - SLT
  - Activity co-ordinators

- Sufficient numbers

Whatever you provide, you need...

- Environment
  - Orientation cues, signage
  - Noise reduction
  - Activities or dining area
  - Quiet areas, sitting areas
  - Interview room
  - Safety modifications
  - Restricted access/egress

Whatever you provide, you need...

- Training
  - person centred dementia care
  - communication
  - swallowing and feeding
  - decision making

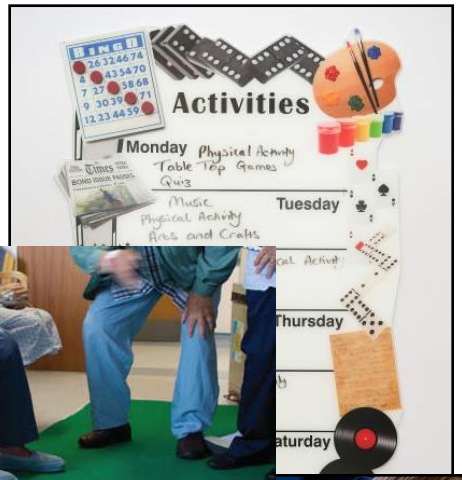
- Inclusive, proactive approach to families
- Links with rehabilitation and community (CMHT, EOLC)

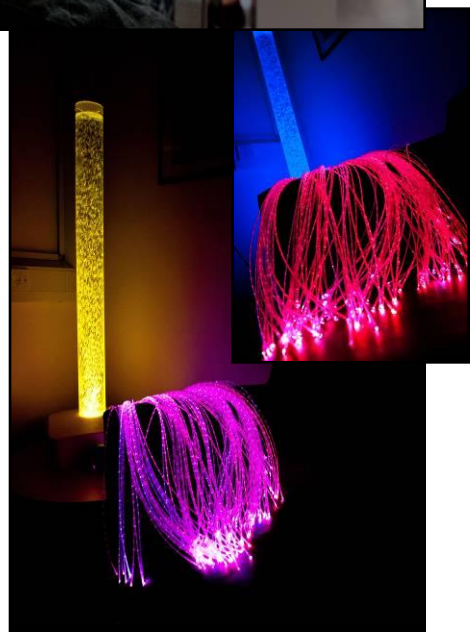
A specialist medical and mental health unit

- Environment
- Specialist mental health staff
- Training in person centred dementia care
- Purposeful activity
- New approach to family carers

www.nottingham.ac.uk/mcop

Activities


Activities
Monday
Physical Activity
Table Top Games
Quiz
Tuesday
Music
Physical Activity
Arts and Crafts
Thursday



Can we fix it? Yes, we can

I am a registered nurse with over 20 years experience of working for the NHS, but not until I saw the tenderness and respect given to John did I realise what a fantastic service it provides … they are a special bunch of people on the ward

Patient and family feedback, NUH, 2010

Non-participant observation study

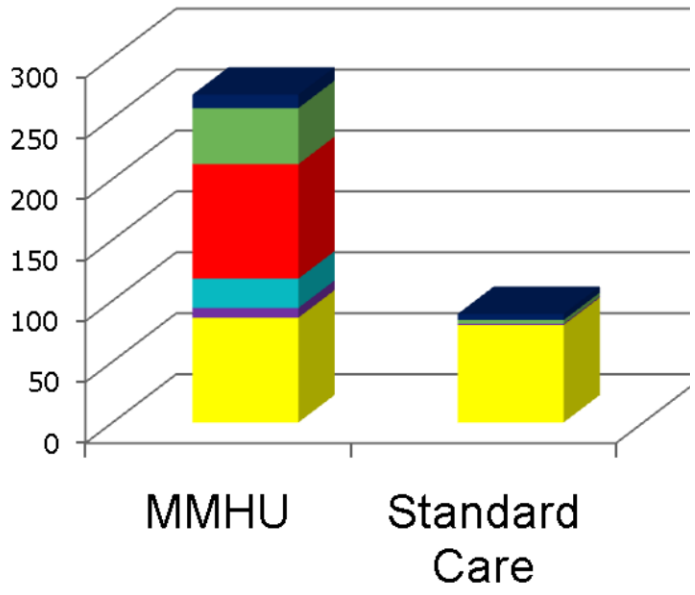
	MMHU Median (IQR)	Standard Care Median (IQR)
Positive Mood/Engagement*	79% (68-91%)	68% (61-79%)
Active State*	82% (69-92%)	74% (58-86%)

***p<0.05**

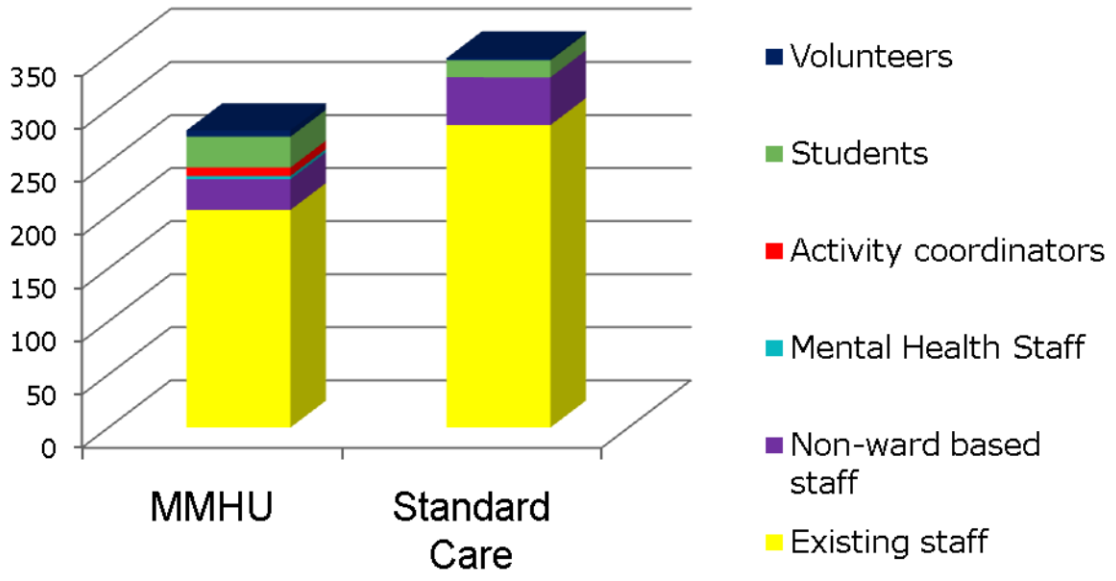
Goldberg et al, unpublished

Non-participant observation study

Personal enhancers



Personal detractors



Goldberg et al, unpublished

Challenges

- PCC in an acute care environment
- Overcrowding
- Disruptive vocalisation
- Falls
- Nights
- ‘External waits’

Advantages of specialised units

- Staffing training, expertise
- Team approach
- Environment
- Focus
- Consistency, 24/7 provision
- Links with other agencies
- Better patient experience and outcomes?
- Research
- Training

Disadvantages of specialised units

- Doesn’t address poor recognition
- Too big a problem
- Too specialised
- Concentrating confused patients causes problems
- Unnecessary (core geriatric medicine)
- Avoid ward moves
- Cost

Making things better

- Whole hospital delirium and dementia strategy
- Older people's acute care MH liaison
- Joint medical and mental health wards

Thank you