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Table 12.3: multicomponent interventions for the treatment of delirium

Study	Multi-disciplinary team	Education intervention	Treatment intervention	Care methods	assessment	orientation	Dehydration nutrition	Sleep	Sensory impairment improvement	Early mobilisation	Pain management	Environmental modifications	Medication management	Other (including communication, discharge planning)
Cole (1994)	Yes: consultation by geriatrician or geriatric psychiatrist & follow up by liaison nurse	No	daily visits & management by protocol	Daily visits from liaison nurse	Yes: consultation by geriatrician or geriatric psychiatrist	Yes: clock, calendar, chart of day's schedule. Verbal reminders of time, day & place. Assess the need for glasses, hearing aid, foreign language interpreters. Keep the pt in the same surroundings; Familiarity (familiar possession from home, request family members to stay w/pt, discuss familiar areas of interest, same staff members to care for the pt)	No	Yes: medication rounds not interrupting sleep	Yes: hearing aid	Yes: encouraging self-care	No	Yes: not excess, inadequate or ambiguous sensory input. Present one stimulus or task at a time. Determine if pt prefers radio or TV	Yes: medication rounds not interrupting sleep	Yes: communication (clear, facing patient, frequently address the pt by name and convey identifying info)
Cole (2002)	Yes: consultation and follow up by geriatrician or geriatric psychiatrist & follow up by liaison nurse	No	daily visits & management by protocol	Daily visits from liaison nurse	Yes: consultation by geriatrician or geriatric psychiatrist	Yes: clock, calendar, glasses, hearing aid, foreign language interpreters, familiarity (objects from home, same staff)	No	Yes: medication rounds not interrupting sleep	Yes: hearing aid	Yes: encouraging self-care	No	Yes: not excess sensory input	Yes: medication rounds not interrupting sleep	Yes: communication (clear, facing patient, frequently address pt by name and convey identifying info)
Milisen (2001)	Yes: access to resource nurses/consultants	Education posters for nurses on core symptoms of delirium according to Cam, features and difference btw delirium, dementia, & depression and the relevance of correct and early recognition of delirium; All nurses trained in using the NEECHEM Confusion	nurse education; screening; antidelirium intervention; access to resource nurses/consultants; scheduled pain medication	Not changed, nurse	Usual nurse (Resource nurses verified regular staff nurses assessments)	No	Yes: additional nutrition supplements (e.g. calorie/protein rich drink) for those with malnutrition (especially, vit B deficiency and low serum albumin)	No	No	No	Yes: scheduled pain medication upto 5th postop day. From 6th day postop pain meds given as requested by pt or on basis of judgement of the primary nurse; inquire systematically and observe for	No	Yes: scheduled pain medication	Not stated
Naughton (2005)		Yes: staff on POD, CD, Ass, MMD	not changed	Yes: small group process and audit	No	No	yes: pharma and non-pharma (latter implied)	No	yes: immobility treated	Yes: noise, disruptive room mate, sleep disturbance	Reduce use of psychotropic medications; use of neuroleptics	Yes	non-pharma mgt	Not stated
Pitkala (2006)	Yes: nurses, physician/geriatrician, physiotherapy, social worker, occupational therapist		recognise delirium & underlying conditions; assessment & treatment (e.g. nutrition, review drugs), avoid neuroleptics, orientation, physiotherapy, Calcium/Vitamin D/other supplements, hip protectors, screen for treatable causes, cholinesterase inhibitor, discharge plan	Not changed, nurse	Comprehensive geriatric assessment; recognition of delirium and underlying conditions	Yes: calendar, clocks, photos	Yes: nutritional supplements for those at risk of malnutrition or malnourished; calcium and vitamin D supplements	No	No	Physiotherapy	No	Hip protectors	review drugs, avoid neuroleptics & administer atypical antipsychotics for hyperactive/psychotic symptoms, use cholinesterase inhibitors	Lab tests and scans for treatable causes of dementia; screening for depression; comprehensive discharge planning (consultation of social worker, OT home visit, discharge planning w/caregivers)
Rahkonen 2001	yes; nurse specialist, physician, physiotherapist, neuropsychologist, OT, Speech therapist	No	Continuous & systemic support by a nurse specialist and one rehabilitation period (for 1 wk) pt received individual recd physiotherapy.	in-home visits and phone contacts for 3 years	medical examinations; nurse conducted dementia..	No	No	No	Special aids for daily living (e.g. hearing aids) arranged for the rehab week	Physiotherapy; Special aids for daily living (e.g. special shoes) arranged when	No	No	No	Community care plan arranged with pt, relative and professional from district social & health

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