CORRESPONDENCE

Preventing Postoperative Delirium: A Prospective Intervention With Psychogeriatric Liaison on Surgical Wards in a General Hospital

by Prof. Dr. med. Torsten Kratz, Manuel Heinrich, Dipl.-Geront. Eckehard Schlauf, Prof. Dr. med. Albert Diefenbacher, MBA in issue 17/2015

Reproducible Success

As mentioned in our colleagues' impressive article, such a concept has been in place at our hospital for years and we have succeeded in permanently integrating interdisciplinary measures into standard care. Prompted by the experiences we had gathered since 2001 and knowing that the awareness of the importance of these measures among all healthcare professionals involved is not given at all times, a "Department of Perioperative Geriatric Medicine" was established (1).

The insight that the number of patients experiencing postoperative delirium can be reduced with appropriate measures is not new and the health care professionals working with these patients are familiar with it. However, what is missing is the awareness of how much these measures can contribute to a better quality of life for these patients. If not enough awareness has been raised among the healthcare professionals involved, their acceptance of these measures will be low, and it does not come as a surprise that attempts to establish these essentially simple measures universally in the daily hospital routine often fail.

This article shows that our success is by no means a welcome development in just a single hospital, but can definitely be reproduced at other hospitals.

Thankfully, the authors mention the fact that delirium prolongs the length of hospital stays. Apart from conflict-ridden hospital courses (patients with delirium are at risk for further complications), delirium is a cost factor in itself—the increased demand on resources is not paid for. There is good evidence to support the cost effectiveness of the measures established at our hospital—maybe this is another incentive to dive deeper into the topic of "delirium".

In addition, this topic is increasingly covered by the media, and patients confront us with their concerns about cognitive deficits. This should encourage all healthcare professionals involved in the perioperative management of these high-risk patients to test and rigorously pursue the establishment of such measures where they work.

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Dr. med. Simone Gurlit

Abteilung für Perioperative Altersmedizin; Simone.gurlit@sfn-muenster.de

Prof. Dr. med. Michael Möllmann, Klinik für Anästhesie und operative Intensivmedizin

Dipl.-Kfm. Burkhard Nolte, St. Franziskus-Hospital Münster

Conflict of interest statement

Dr. Gurlit has received fees for conference participation and reimbursement of travel and accommodation expenses from Orion. She has received payment for preparing continuing medical education events from Abbvie.

Prof. Möllmann and Dipl.-Kfm. Nolte declare that no conflict of interest exists.

In Reply:

Gurlit and colleagues are pioneers in the prevention of postoperative delirium in Germany; their ground-breaking work has significantly contributed to delirium prevention in Germany (1). They have revealed key aspects of the management of geriatric patients with cognitive deficits in a general hospital: The longer duration of hospital stays among patients with postoperative delirium as a cost factor associated with complication-ridden hospital courses and lack of awareness of established delirium prevention methods among medical and nursing staff. We believe that the prevention and management of "abnormal behavior in patients with dementia" (better referred to as Behavioral and Psychological Symptoms of Dementia [BPSD]) is as important as the prevention of delirium (2). Given the demographic background of an increasing number of patients with dementia as a secondary diagnosis treated on somatic wards in general hospitals, we think it is essential to train, educate and support nursing and medical staff in the management of geriatric patients with cognitive impairments. For this reason, we at the Evangelisches Krankenhaus Königin Elisabeth Herzberge have—led by the nursing staff—developed a delirium/dementia management approach which is now sponsored by the Robert Bosch Foundation, too. In addition, an advanced training program to become a "Nursing Expert for People Suffering from Dementia" has been established in collaboration with the AOK Nord-Ost and the Evangelische Diakonieverein Zehlendorf e.V.

Only a complex approach to the situation of hospitalized people with dementia can lead to improvements in the care of these patients. For us, the idea of a dementia-sensitive hospital is an important goal to pursue; and the prevention of postoperative delirium is a first step on our way to reach it. This development could be fostered by adopting approaches of liaison psychiatry on somatic wards in general hospitals (3).

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Prof. Dr. med. Torsten Kratz

Abteilung für Psychiatrie, Psychotherapie und Psychosomatik

Evangelisches Krankenhaus Königin Elisabeth Herzberge, Berlin, kratz@eh-berlin.de

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