

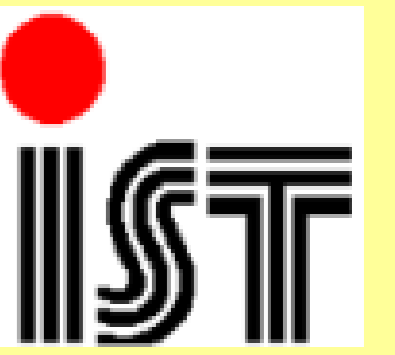
DELIRIUM IN THE ACUTE PHASE OF STROKE: COMPARISON BETWEEN METHODS OF DETECTION.



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ABSTRACT

Delirium is an acute neuropsychiatric syndrome, very common in hospitalized people with medical and neurological conditions such as stroke. Diagnosis of delirium is mainly clinical, based in DSM-V criteria. There are many instruments for diagnosis and screening for delirium, however their validity in the stroke setting is to date poorly characterized.

A new instrument for delirium screening is the 4AT, validated for delirium screening in Geriatric Unit; the relative brevity of the scale makes it an ideal candidate to be used in the acute stroke setting. Indeed, until now the ability to capture post-stroke delirium remains untested.

PATIENTS AND METHODS

In the first phase of study we evaluated retrospectively (from discharge letters and medical or nursing reports) 102 patients with acute stroke in the Stroke Units of San Martino Hospital (Genova, Italy) in order to evaluate delirium with clinical criteria (DSM-V), firstly by a neurologist without a formal training in DSM-V criteria and then after training.

In the second phase, we enrolled 100 new consecutive acute stroke patients who underwent screening for delirium using 4AT scale and DSM-V criteria, assessed at admission and after 7 days of hospitalization. Patients with coma (GCS<5), global aphasia and dementia were excluded.

RESULTS

In the first phase, delirium incidence was 5%; DSM-V criteria training significantly increased the ability to capture delirium (5% vs. 15%; $p=0.006$), especially in those patients with less pronounced neurological deficits. (Figure 1)

In the second phase, the 4AT was used for delirium screening revealing a 52% of cases of delirium (32% with DSM-V criteria), the same observed by the consensus diagnosis - in accordance to DSM-V criteria - of two senior neurologist with expertise in stroke and behavioral medicine (that was 50%) – Figure 2

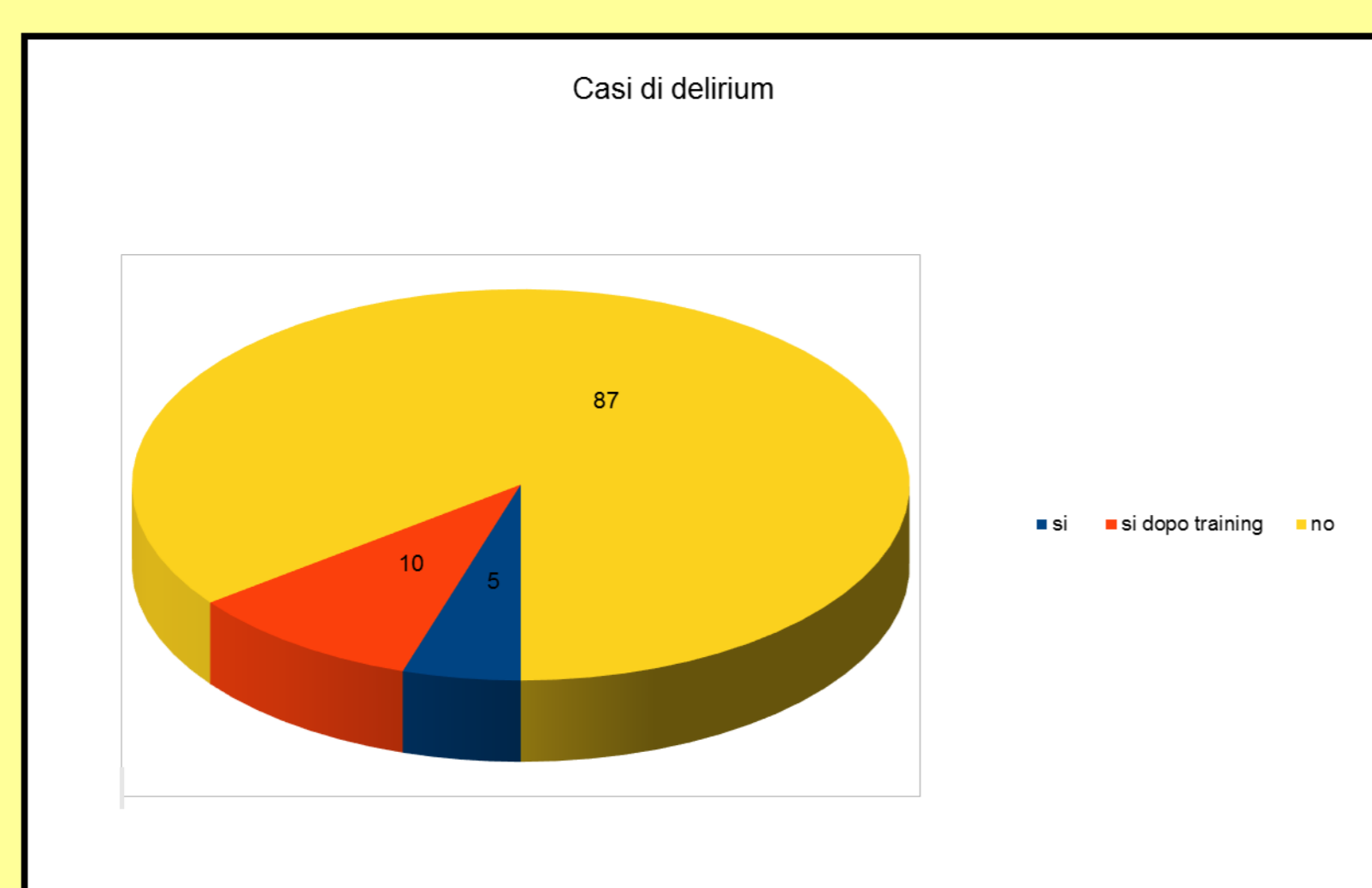


Figure 1: delirium detection in the first phase of the study

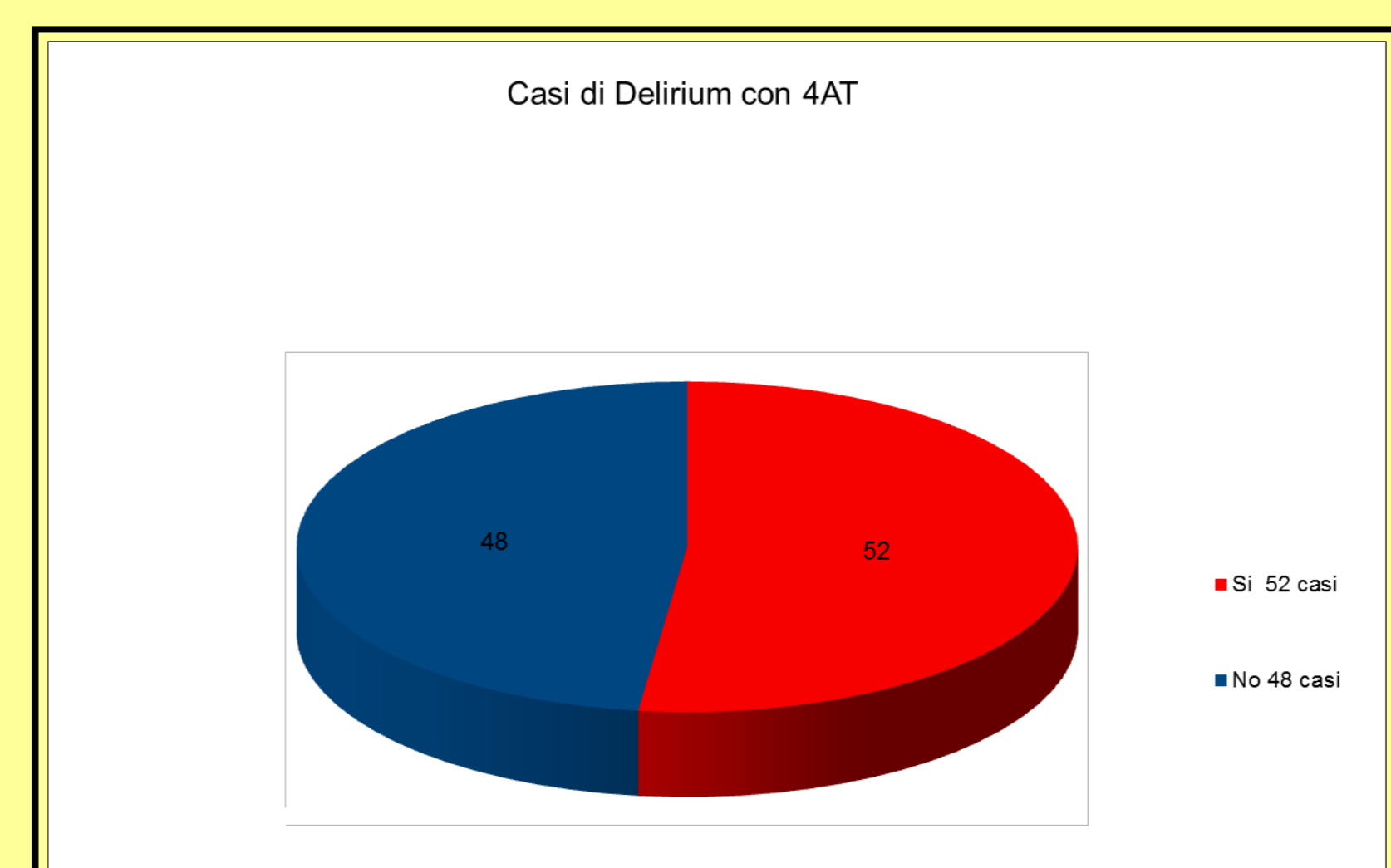


Figure 2: cases of delirium detected with 4 AT in the second phase

CONCLUSIONS

Delirium is a common complication post stroke. The identification of post-stroke delirium is not an easy task and requires both formal training of stroke neurologists in DSM-V criteria as well as in the application of brief scales such as the 4AT, in order to obtain a sufficient accuracy.

References:

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