

■ Studies of non-pharmacological interventions for delirium

*Inclusion, characteristics and outcomes of people
requiring palliative care*

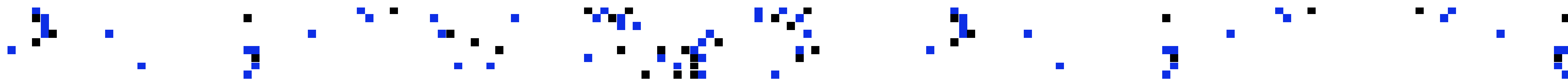
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IMPACCT – Improving Palliative, Aged and Chronic Care through
Clinical Research and Translation



Disclosures

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- Committee member, Australasian Delirium Association
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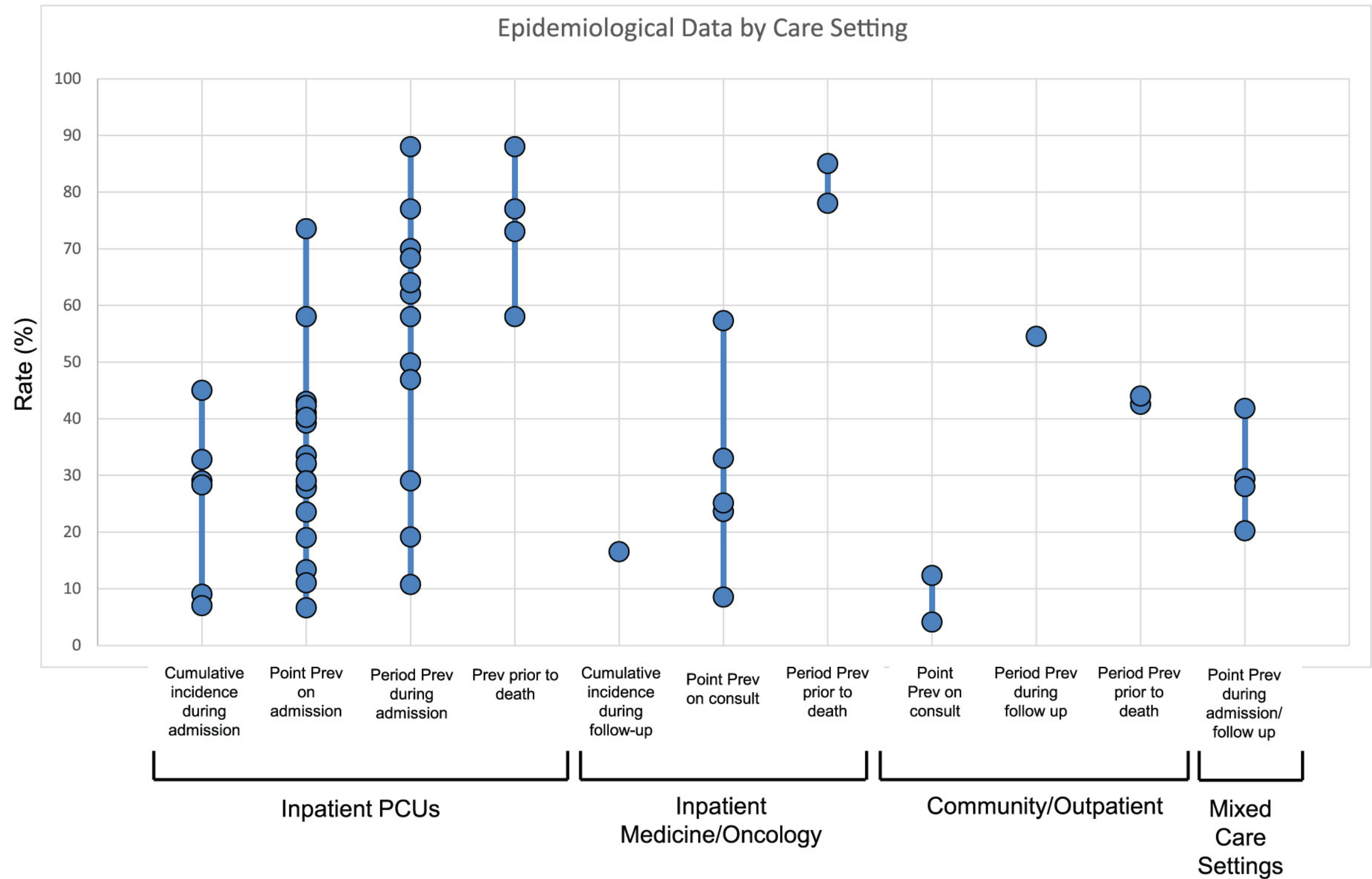


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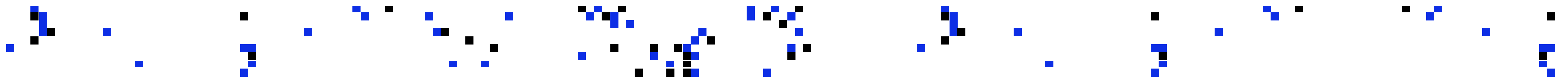


Incidence and prevalence of delirium across palliative care settings.



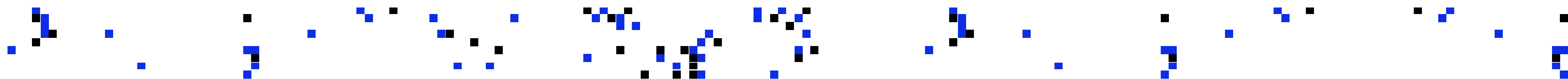
Prev: prevalence.

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Why be interested in preventative measures?

- Systematic reviews have identified that multicomponent interventions addressing physical and cognitive activity, sleep, hearing, vision and hydration report **reduction in incident delirium** in older hospitalized patients, and also reduced length of hospital stay and demonstrated improvement in return to independent living
- Premise of our review - We know many hospitalized older people have advanced or serious illness, frailty and multiple comorbidity – sharing many similarities with palliative care patients



Aim

Review Article

Inclusion, characteristics and outcomes of people requiring palliative care in studies of non-pharmacological interventions for delirium: A systematic review

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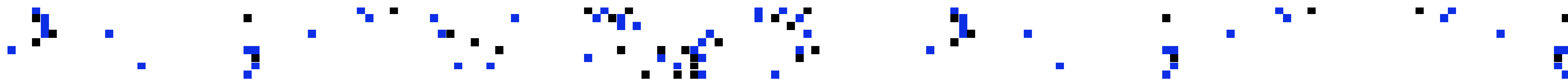
To examine whether people requiring palliative care

- were included in non-pharmacological delirium intervention studies in various inpatient settings,
- how these participants were characterised, and
- whether non-pharmacological interventions were effective, feasible and/or acceptable for them.

Methods

- Systematic review of the english literature, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses

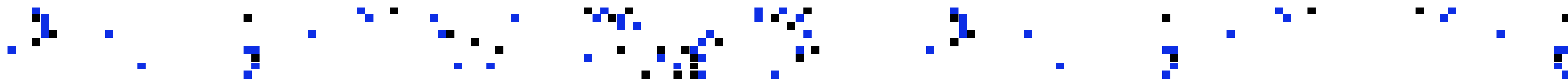
PICO	
Population	Adults receiving inpatient hospital or hospice care
Intervention	Interventions to prevent or treat delirium through non-pharmacological intervention/s
Comparator	Any comparator
Outcomes	Delirium incidence, severity of duration



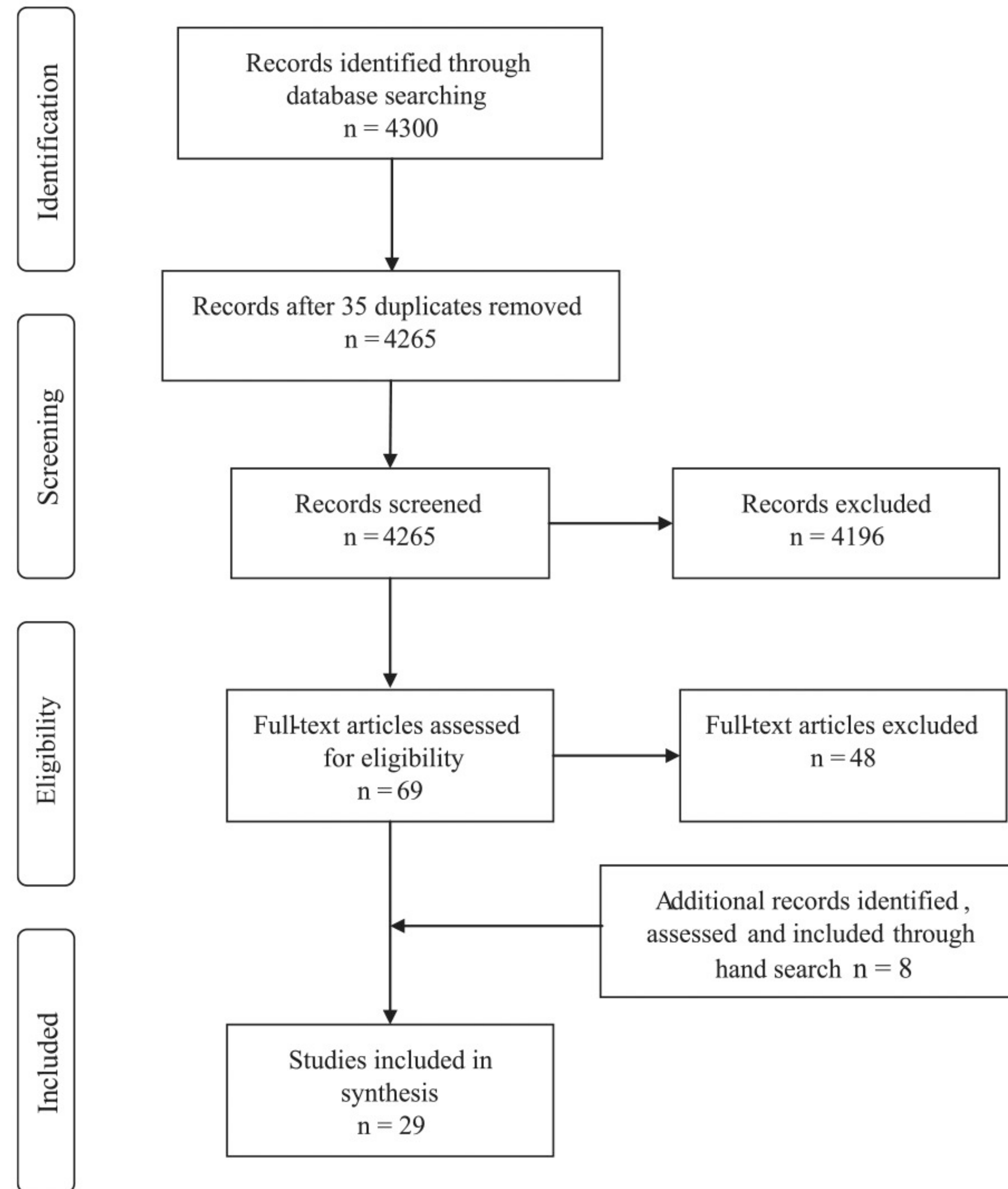
Identifying people requiring palliative care

- To identify our sample of interest (i.e people requiring palliative care) we
 - examined study inclusion and exclusion criteria, participant diagnoses (including severity or staging) and mortality.
 - assessed eligibility criteria and diagnoses against the Gold Standards Framework Proactive Identification Guidance (GSF PIG), a clinical tool to help identify people likely to need additional supportive (i.e palliative) care in the last 12 months of life.

According to the GSF PIG, these people are those with life-threatening conditions, including illnesses that are advanced, progressive, incurable and/or likely to cause acute crises; frailty and comorbidities; and sudden catastrophic events.

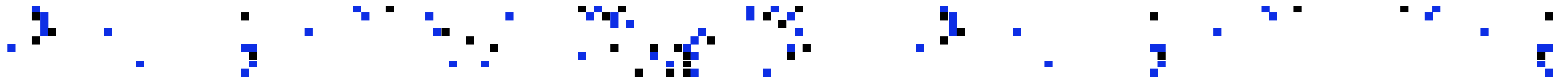


PRISMA flow diagram

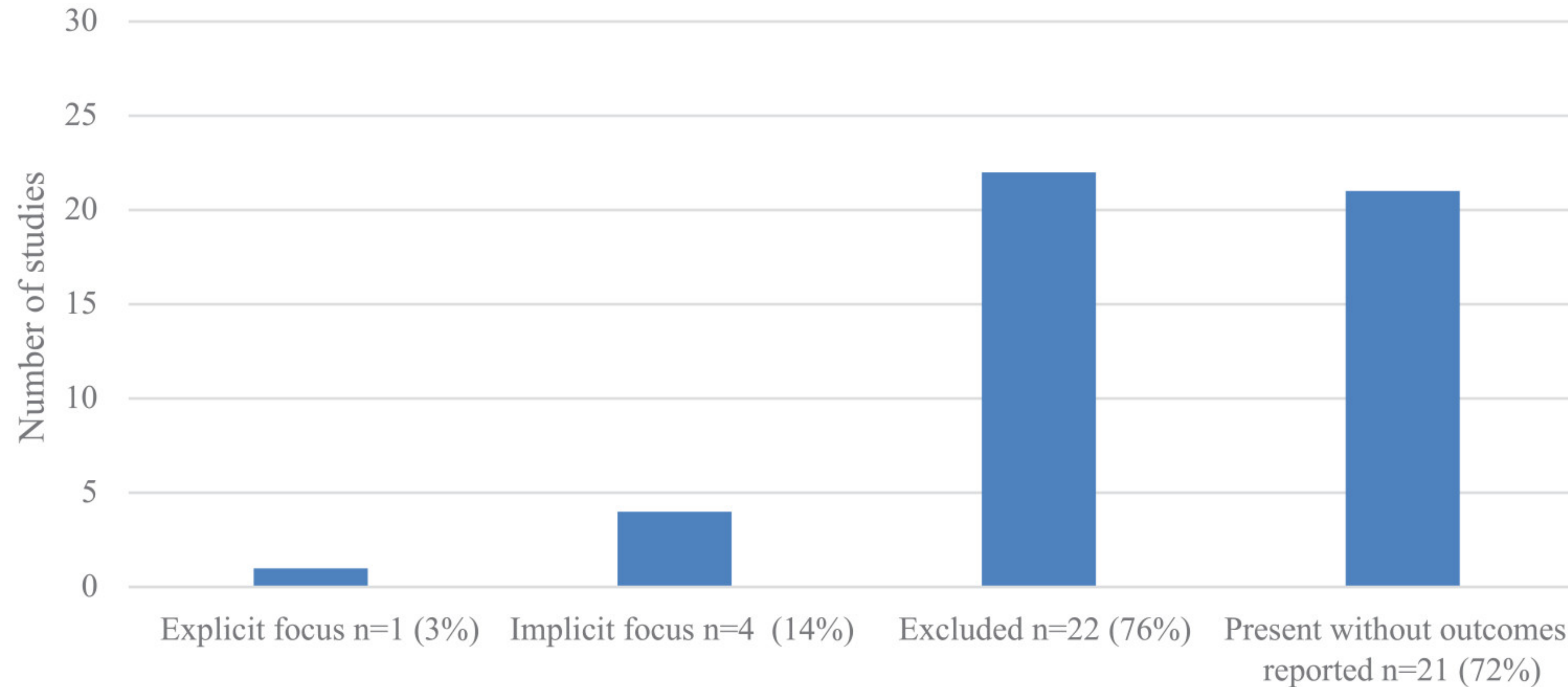


Study Characteristics

- 29 studies conducted between 1994-2015 in 15 countries
- Before/after studies (n=11), RCTs (n=10), non-randomised controlled trials (n=5), quasi-experimental study (n=1), pilot randomised trial (n=1), and a comparative time series study (n=1).
- Services and settings were medical (n=10), geriatric (n=7), medical and/or surgical intensive care (n=6), peri-operative hip fracture (n=6), other perioperative (n=3), palliative care and hospice units (n=1), with eight studies involving more than one service

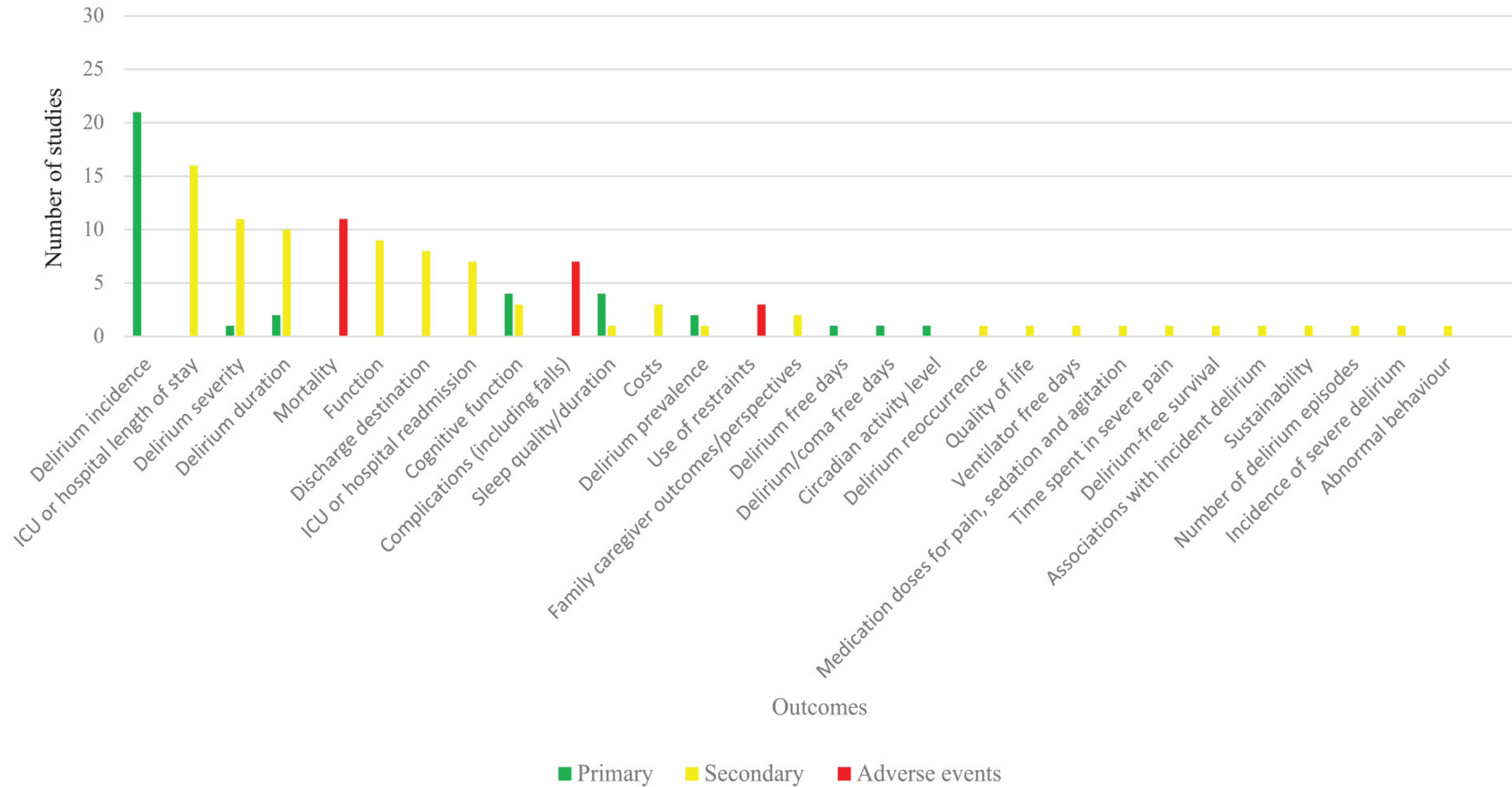


Study approaches to people requiring palliative care

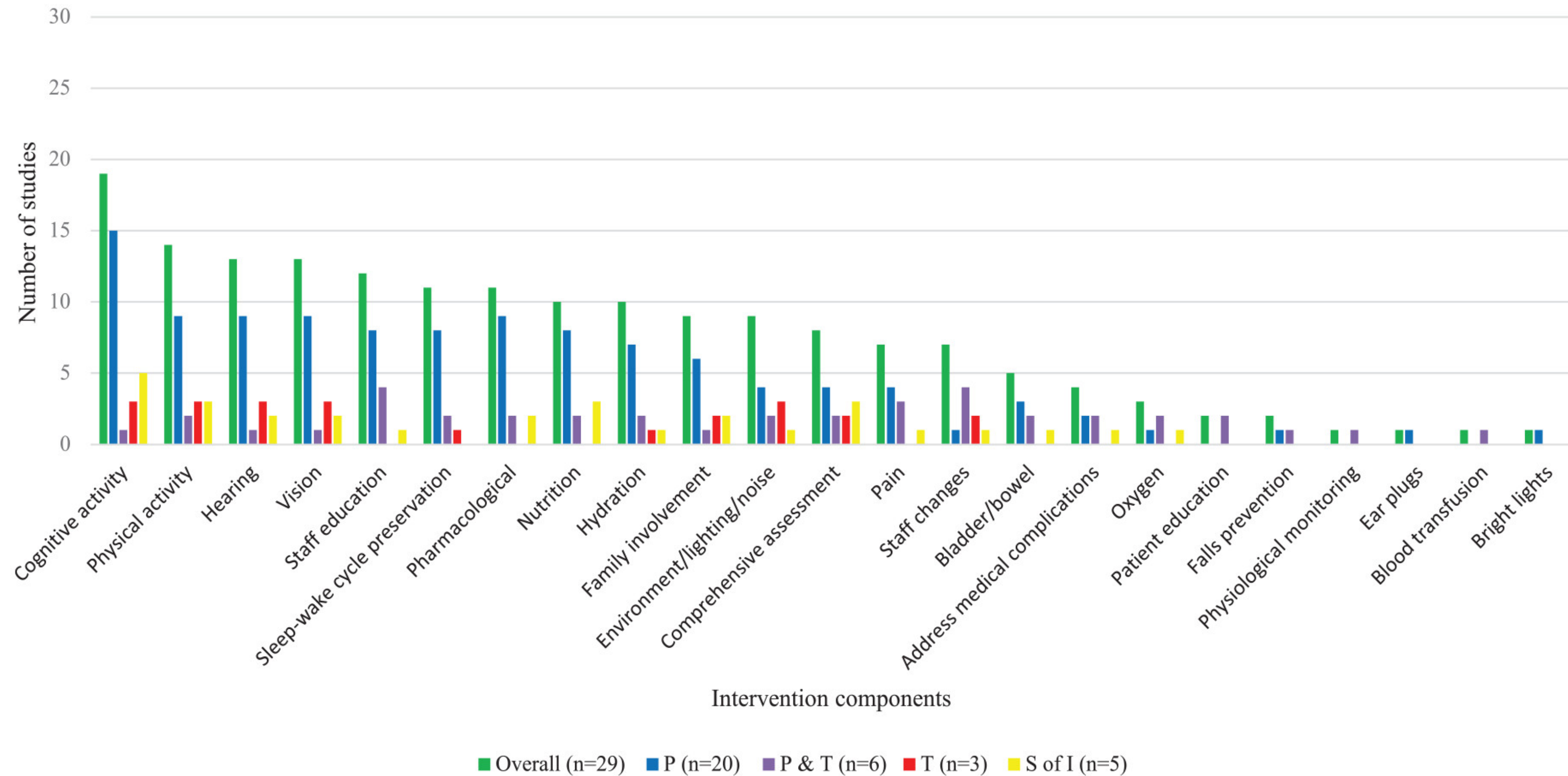


Combined percentages do not add up to 100% as studies simultaneously excluded and reported people requiring palliative care.

Types and rates of outcomes measured



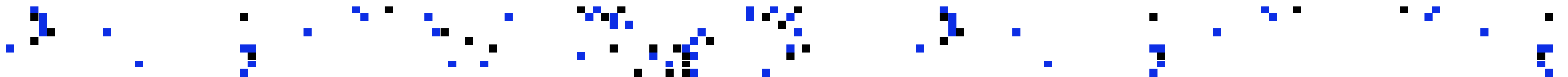
Types and rates of intervention components, including for sample of interest



P: delirium prevention studies; P & T: combined delirium prevention and treatment studies; T: delirium treatment studies; S of I: sample of interest.

Discussion

- studies of non-pharmacological delirium interventions frequently excluded and under-characterised people requiring palliative care
 - subsequently their outcomes were infrequently reported.
- identified a selection bias against people requiring palliative care through exclusion of people expected to die (using various prognoses and terminology) and also of those with greater acuity or severity of illness, particular diagnoses and with cognitive, sensory and/or communication impairments.
 - These exclusions were rarely explained or justified and often seemingly arbitrary.
- Despite these attempts at exclusion, unsurprisingly we found that this population were present
- We can surmise that many intervention components are feasible for people requiring palliative care by virtue of their delivery to elderly, frail and/or critically ill patients with and without delirium in the included studies.



Call for action

- Methods to more routinely identify those who are at risk of deteriorating and dying or those with palliative care needs should be used in delirium intervention studies where mortality is high
- This is a subgroup where adherence/dose received should be assessed carefully
- There may be additional outcomes of interest (including more person-centred outcomes, goals of care, patient and family experience)

