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Editorial to Accompany Article Entitled: **“Clinical features associated with delirium motor subtypes in older inpatients: results of a multicenter study”**

Delirium Phenomenology and Beyond

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Morandi and colleagues have produced an excellent epidemiologic examination of the motoric subtypes of delirium nested in a point prevalence study, carried out on a single day in 2015. (1) Impressively, the study included 108 acute inpatient and 12 rehabilitation units in Italian hospitals. It utilized the 4AT delirium screening tool and a standardized assessment of motoric presentation using the Delirium Motor Subtype Scale (DMSS). The findings revealed that hypoactive delirium alone (38%) or in combination with hyperactive symptoms (i.e. mixed) (27%) were the most common presentations. The remaining cases were hyperactive (22%) or without any discernable motoric abnormality (13%). The major risk factor associated with all motoric subtypes (but not the non-motor) was pre-existing dementia. Use of atypical antipsychotics was associated with hypoactive delirium, while the presence of intravenous lines with the mixed motor subtype.

What does this mean for delirium care? Morandi et al. point out that delirium often presents with hypoactive symptoms. Similar studies of critically ill patients in medical and surgical intensive care units report comparable findings with hypoactive and mixed subtypes being most common. (2) Recognition is often thwarted by reliance on clinical acumen. (3, 4) This research underscores the critical need for a standardized approach to delirium detection in ICUs as well as in other inpatient or rehabilitation settings. We must redouble our efforts making delirium

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