

Special Article

Practical Assessment of Delirium in Palliative Care

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Abstract

Context. Delirium is a common, distressing neuropsychiatric complication for patients in palliative care settings, where the need to minimize burden yet accurately assess delirium is hugely challenging.

Objectives. This review focused on the optimal clinical and research application of delirium assessment tools and methods in palliative care settings.

Methods. In addition to multidisciplinary input from delirium researchers and other relevant stakeholders at an international meeting, we searched PubMed (1990–2012) and relevant reference lists to identify delirium assessment tools used either exclusively or partly in the context of palliative care.

Results. Of the 26 delirium scales identified, we selected six for in-depth review: three screening tools, two severity measures, and one research tool for neuropsychological assessment of delirium. These tools differed regarding intended use, ease of use, training requirements, psychometric properties, and validation in or suitability for palliative care populations. The Nursing Delirium

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Screening Scale, Single Question in Delirium, or Confusion Assessment Method, ideally with a brief attention test, can effectively screen for delirium. Favoring inclusivity, use of Diagnostic and Statistical Manual of Mental Disorders-IV criteria gives the best results for delirium diagnosis. The Revised Delirium Rating Scale and the Memorial Delirium Assessment Scale are the best available options for monitoring severity, and the Cognitive Test for Delirium provides detailed neuropsychological assessment for research purposes.

Conclusion. Given the unique characteristics of patients in palliative care settings, further contextually sensitive studies of delirium assessment are required in this population. *J Pain Symptom Manage* 2014;■:■—■. © 2014 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Delirium, assessment, screening, diagnosis, rating scales, palliative care

Introduction

Delirium is a common and invariably burdensome neuropsychiatric syndrome among palliative care patients. Widely varying incidence and prevalence rates of delirium are reported in this population.¹ Hosie et al² conducted a recent systematic review of delirium studies in palliative inpatient populations (1980–2012). Differences in incidence and prevalence rates of up to 30% were reported in patients on admission, during admission, and the weeks and hours before death.^{2–4} Studies suggest that between one-third and one-half of cases of delirium occurring in palliative care are reversible,^{3,5} with less reversibility in cases of organ failure and greater severity of delirium.

Assessment of delirium in palliative care patients can be challenging for many reasons, such as the burden of frequent assessments as part of the required clinical and scientific rigor, especially in research studies; significant family and nurse distress; the superficial understanding of delirium by nurses regardless of their speciality;^{6,7} and lack of consensus regarding optimal assessment approaches.² The frequent need for sedative and other psychoactive medication for symptom control can further complicate assessment.^{8,9} Delirium in palliative care is underdiagnosed^{10–12} and often misdiagnosed as depression or fatigue.^{13,14} Consistent and timely diagnosis of hypoactive delirium is especially challenging because of the frequent overlap of delirium and depressive symptoms.¹⁵ A study of patients referred to a cancer center–based palliative

care consultation service noted that delirium featured infrequently as the primary reason for requesting a palliative care consultation, yet it was identified in more than 50% of the cases.¹¹ This suggested that delirium may be viewed either in a normative manner as an acceptable or expected condition, or that it is commonly missed. Moreover, hypoactive delirium has been identified as a particular risk factor for under-recognition by nurses.¹⁶ Similarly, hyperactive delirium can masquerade as anxiety, mania, or akathisia.

Phenomenological studies of delirium have used a plethora of instruments for delirium detection, with imprecise and widely varying definitions of delirium,¹⁷ all of which contribute to the variability in reported incidence and prevalence rates. Kean and Ryan¹⁸ suggest that the development of instruments should be guided by the dichotomization of expert and nonexpert raters.

The purpose of this open review is to provide an overview of delirium assessment tools commonly used in palliative care settings and to recommend suitable tools and assessment methods for clinical practice and research in the context of palliative care. Recent reviews of delirium assessment scales have identified 24 different instruments,^{1,19–24} many of which have been evaluated in a single study. One of these reviews focused specifically on palliative care¹ and provides a comprehensive review of the methods of assessment of delirium in palliative care patients. In their review, Adamis et al¹⁹ concluded that only four of the 24 scales under review had sufficient evidence to

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