Intensive Care Unit Delirium and Intensive Care Unit–Related Posttraumatic Stress Disorder

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KEYWORDS

• Intensive care unit • Delirium • Posttraumatic stress disorder • ICU-related PTSD
• Long-term cognitive impairment • Brain dysfunction • Critical illness

KEY POINTS

- Delirium is a strong predictor of increased length of mechanical ventilation, longer intensive care unit (ICU) stays, increased cost, long-term cognitive impairment, and mortality.
- Routine monitoring for delirium is recommended for all ICU patients.
- In delirious patients, pharmacologic treatment should be used only after giving adequate attention to correction of modifiable contributing factors. The ABCDEF (attention to analgesia, both awakening and breathing trials, choosing right sedative, delirium monitoring and management, early exercise, and family involvement) bundle is recommended and associated with improved outcomes, including reduction in delirium.

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- Posttraumatic stress disorder (PTSD) is one of many important mental health problems after significant critical illness.
- The incidence of ICU-related PTSD is around 10% and using ICU diaries in routine clinical care may alter PTSD outcomes among both patients and families.

DELIRIUM

One of the most common behavioral manifestations of acute brain dysfunction in intensive care units (ICUs) is delirium. According to the fifth edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-5), delirium is defined as (1) a disturbance of consciousness (ie, reduced clarity of awareness of the environment) with reduced ability to focus, sustain, or shift attention; (2) a change in cognition (eg, memory deficit, disorientation, language disturbance) or development of a perceptual disturbance that is not better accounted for by a preexisting, established, or evolving dementia; (3) developing over a short period of time, hours to days, and fluctuating over time; (4) with evidence from the history, physical examination, or laboratory findings that the disturbance is caused by a direct physiologic consequence of a general medical condition, an intoxicating substance, medication use, or more than 1 cause[1] (**Fig. 1**).

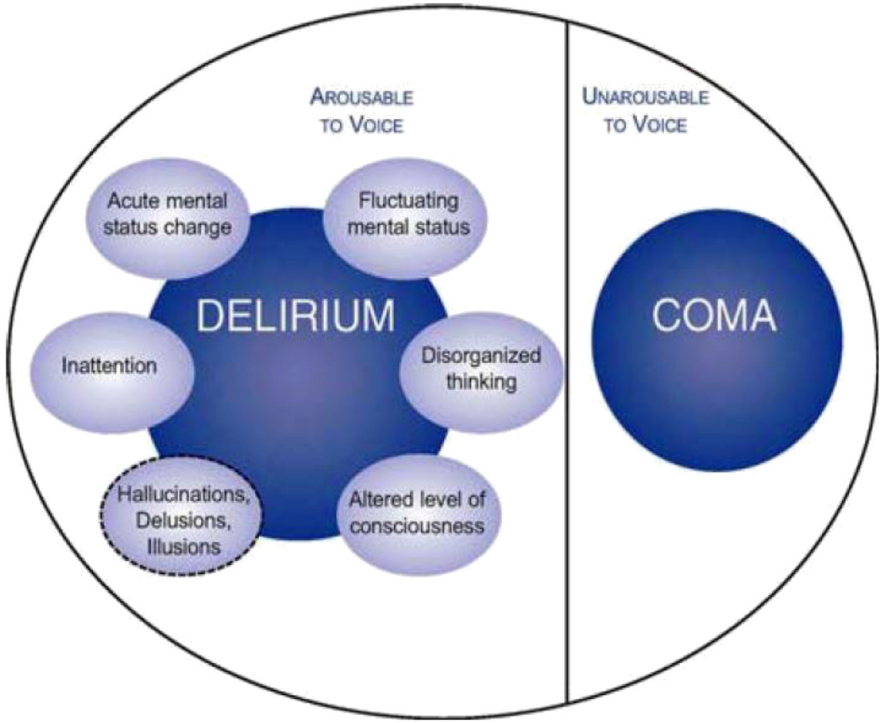

Fig. 1. Cardinal symptoms of delirium. (*From* Morandi A, Pandharipande P, Trabucchi M, et al. Understanding international differences in terminology for delirium and other types of acute brain dysfunction in critically ill patients. Intensive Care Med 2008;34(10):1911; with permission.)