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SCIENTIFIC ARTICLE

Adverse postoperative cognitive disorders: a national survey of portuguese anesthesiologists



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KEYWORDS

Postoperative period;
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Delirium;
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Surveys and
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Abstract

Background and objectives: Postoperative delirium and postoperative cognitive dysfunction are some of the most common complications in older surgical patients and are associated with adverse outcomes. The aim of this study was to evaluate portuguese anesthesiologists' perspectives and knowledge about adverse postoperative cognitive disorders, and routine clinical practice when caring for older surgical patients.

Methods: We used a prospective online survey with questions using a Likert scale from 1 to 5 (completely disagree to completely agree), or yes/no/don't know answer types. Potential participants were portuguese anesthesiologists working in hospitals affiliated with the portuguese national health system and private hospitals.

Results: We analyzed 234 surveys (17.7% of total potential respondents). The majority believed that the risk of cognitive side effects should be considered when choosing the type of anesthesia (87.6%) and that preoperative cognitive function should be routinely assessed (78.6%). When caring for an agitated and confused patient postoperatively, 62.4% would first administer an analgesic and 11.1% an anxiolytic. Protocols to screen and manage postoperative cognitive disorders are rarely used. Nearly all respondents believe that postoperative delirium and postoperative cognitive dysfunction are neglected areas in anesthesiology.

Conclusions: Overall, participants perceive postoperative cognitive disorders as important adverse outcomes following surgery and anesthesia are aware of the main risk factors for their development but may lack information on prevention and management of postoperative

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delirium. The majority of hospitals do not have protocols regarding preoperative cognitive assessment, diagnosis, management or follow-up of patients with delirium and postoperative cognitive dysfunction.

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PALAVRAS-CHAVE

Período pós-operatório; Distúrbios neurocognitivos; Disfunção cognitiva; Pesquisas e questionários

Distúrbios cognitivos adversos no pós-operatório: uma pesquisa nacional de anesthesiologistas portugueses

Resumo

Justificativa e objetivos: O delírio pós-operatório e a disfunção cognitiva pós-operatória são algumas das complicações mais comuns em pacientes cirúrgicos mais idosos e estão associados a desfechos adversos. O objetivo deste estudo foi avaliar as perspectivas e conhecimentos de anesthesiologistas portugueses sobre distúrbios cognitivos pós-operatórios e a prática clínica de rotina ao cuidar de pacientes cirúrgicos idosos.

Métodos: Pesquisa prospectiva on-line com perguntas usando uma escala Likert de 1–5 (discordo completamente–concordo completamente), ou respostas como sim/não/não sei. Os potenciais participantes eram anesthesiologistas portugueses que trabalhavam em hospitais afiliados ao sistema nacional de saúde português e hospitais privados.

Resultados: Analisamos 234 resultados (17,7% do total dos potenciais respondentes). A maioria acreditava que o risco de efeitos colaterais cognitivos deveria ser considerado ao escolher o tipo de anestesia (87,6%) e que a função cognitiva pré-operatória deveria ser rotineiramente avaliada (78,6%). Ao cuidar de um paciente agitado e confuso no pós-operatório, 62,4% administraram primeiro um analgésico e 11,1% um ansiolítico. Protocolos para detectar e tratar distúrbios cognitivos pós-operatórios são raramente usados. Quase todos os entrevistados acreditam que o delírio pós-operatório e a disfunção cognitiva pós-operatória são áreas negligenciadas na anestesiologia.

Conclusões: Em geral, os participantes percebem os distúrbios cognitivos pós-operatórios como importantes resultados adversos após a cirurgia e anestesia, estão cientes dos principais fatores de risco para seu desenvolvimento, mas podem não ter informações sobre como prevenir e tratar o delírio pós-operatório. A maioria dos hospitais não possui protocolos de avaliação cognitiva pré-operatória, diagnóstico, tratamento ou acompanhamento de pacientes com delírio e disfunção cognitiva no pós-operatório.

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Introduction

Worldwide the population is aging and the number of older adults undergoing surgery and anesthesia is steadily increasing.¹ Comorbidities and poor baseline functional status put older patients at increased risk for adverse postoperative complications and mortality.² Postoperative cognitive disorders such as postoperative delirium and postoperative cognitive dysfunction are some of the most common complications in older surgical patients.^{3,4}

Postoperative delirium is delirium that occurs in the postoperative period with older patients being at the highest risk.⁴ The incidence of postoperative delirium can be as high as 53.3%.⁵ The hallmark of delirium is inattention yet it is only recognized in a fraction of patients without formal testing.⁶ In contrast to delirium, postoperative cognitive dysfunction is a research classification that requires both pre- and postoperative cognitive assessment with an

incidence of 20–26%.^{7–9} Anesthesia and surgery may increase the risk of both delirium and postoperative cognitive dysfunction especially in older surgical patients.⁷ Postoperative delirium is associated with worse outcomes such as longer hospital length of stay, institutionalization and functional decline.^{4,10,11} Moreover, patients with delirium appear to have an increase long-term risk of death, re-admissions to the hospital, cognitive impairment up to five years after surgery and worsening quality of life.^{12,13} Postoperative cognitive dysfunction is also associated with increased mortality, premature loss of workforce and dependency on social transfer payments.⁸

Guidelines for the prevention and management of postoperative delirium have been suggested^{10,14} but it is unknown whether clinicians utilize these guidelines in their practice. We used a survey to assess the portuguese anesthesiologists' perspectives on adverse postoperative cognitive disorders, identify knowledge gaps and define

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