

Publication

Postoperative delirium : Part 2: detection, prevention and treatment

JournalItem (Reviews, Editorials, Rezensionen, Urteilsanmerkungen etc. in einer wissenschaftlichen Zeitschrift)**ID** 1197544**Author(s)** Steiner, Luzius A**Author(s) at UniBasel** [Steiner, Luzius A.](#) ;**Year** 2011**Title** Postoperative delirium : Part 2: detection, prevention and treatment**Journal** European journal of anaesthesiology**Volume** 28**Number** 10**Pages** 723-32**Keywords** antipsychotics, benzodiazepines, cholinesterase inhibitors, delirium, dexmedetomidine, haloperidol, postoperative complications

To target pharmacological prevention, instruments giving an approximation of an individual patient's risk of developing postoperative delirium are available. In view of the variable clinical presentation, identifying patients in whom prophylaxis has failed (that is, who develop delirium) remains a challenge. Several bedside instruments are available for the routine ward and ICU setting. Several have been shown to have a high specificity and sensitivity when compared with the standard definitions according to DSM-IV-TR and ICD-10. The Confusion Assessment Method (CAM) and a version specifically developed for the intensive care setting (CAM-ICU) have emerged as a standard. However, alternatives allowing grading of the severity of delirium are also available. In many units, the approach to delirium follows a three-step strategy. Initially, non-pharmacological multicomponent strategies are used for primary prevention. As a second step, pharmacological prophylaxis may be added. Perioperative administration of haloperidol has been shown to reduce the severity, but not the incidence, of delirium. Perioperative administration of atypical antipsychotics has been shown to reduce the incidence of delirium in specific groups of patients. In patients with delirium, both symptomatic and causal treatment of delirium need to be considered. So far symptomatic treatment of delirium is primarily based on antipsychotics. Currently, cholinesterase inhibitors cannot be recommended and the data on dexmedetomidine are inconclusive. With the exception of alcohol-withdrawal delirium, there is no role for benzodiazepines in the treatment of delirium. It is unclear whether treating delirium prevents long-term sequelae.

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