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157

**ISSUES ASSOCIATED WITH DELIRIUM SEVERITY
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Aim The goal of this study was to determine whether the issues associated with delirium varied according to the severity of the delirium experienced by the older patients. Delirium among older patients is prevalent and leads to numerous detrimental effects. The negative consequences of delirium are worse among older

adults with severe delirium compared with patients with mild delirium. There has been no study identifying those factors associated with delirium severity among patients newly admitted to an acute care hospital.

Methodology This is a descriptive study of older patients newly admitted to two geriatric units of Khoo Teck Puat hospital in Singapore (n=21). Upon admission, patients were screened for delirium with the Confusion Assessment Method and severity of delirium symptoms were determined by using the Delirium Index.

Results Of the 21 delirious older patients, 14 had moderate-severe delirium while seven presented mild delirium. In the analyses, a significant positive relationship was observed between the level of prior cognitive impairment and the severity of delirium. Low mini-mental state examination (MMSE) scores, the presence of severe illness at the time of hospitalisation and low functional autonomy in instrumental activities of daily living were significantly associated with moderate-severe delirium. Older patients suffering from mild delirium used significantly more drugs than those with moderate-severe delirium. Results indicated that MMSE score at admission and medication use were the factors most strongly associated with the severity of delirium symptoms.

Discussion This present study indicates that issues associated with moderate-severe delirium are different from those associated with mild delirium. Given the result concerning the role of medication, future studies should evaluate the role of pain management in the context of delirium severity. As moderate-severe delirium is associated with poorer outcome than is mild delirium, early risk factor identification for moderate-severe delirium by nurses may prove to be of value in preventing further deterioration of those older patients afflicted with delirium.

Retractions

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This abstract has been retracted on the request of Khoo Teck Puat Hospital.

We regret to announce that we must retract this article because irregularities in the published data have been detected post-publication.

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