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 MMSE scores at admission and severity of delirium were strongly associated with the presence of severe illness at the time of hospitalization and low functional autonomy in instrumental activities of daily living. 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 pain management in the context of delirium severity, future studies should evaluate the role of pain management in the context of delirium severity. As medication use from those with moderate-severe delirium was significantly more than those with mild delirium, results indicated that medication use at admission and medication use were the factors most strongly associated with the severity of delirium. In the analyses, a significant positive relationship was observed between the level of pain and medication use from those with moderate-severe delirium. Older patients suffering from moderate-severe delirium used significantly more drugs than those with mild delirium. Results indicated that MMSE score at admission and severity of delirium were the factors most strongly associated with the presence of severe illness at the time of hospitalization and low functional autonomy in instrumental activities of daily living.

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.