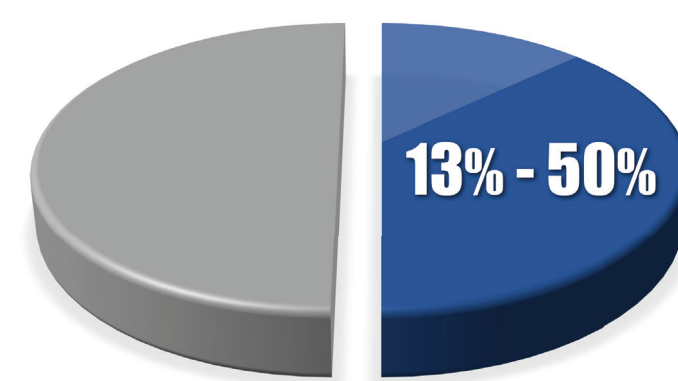




Delirium

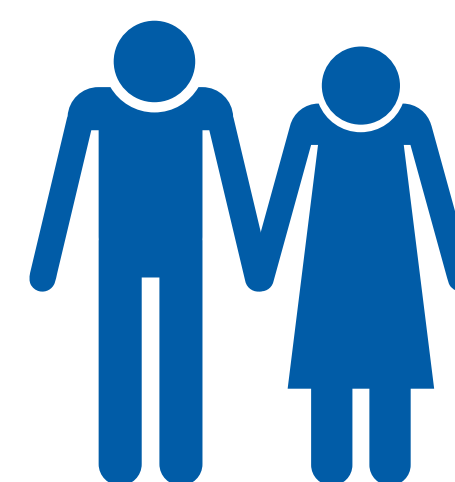
Delirium affects 13% to 50% of patients undergoing noncardiac surgery.



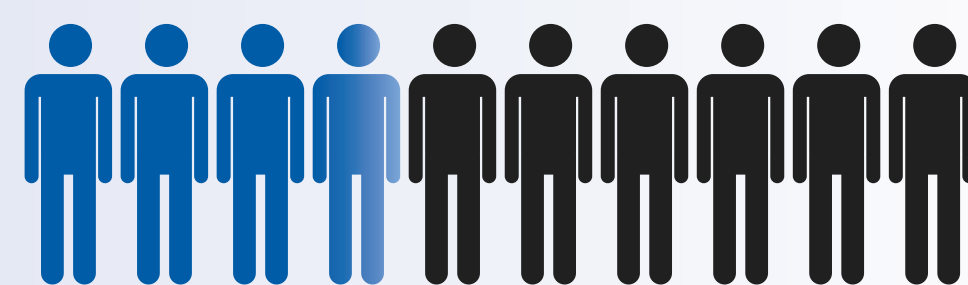
The health care costs attributable to delirium are more than \$164 billion per year in the United States.



Older surgical patients (≥ 65 years of age) have a particularly high risk for developing delirium, with detrimental effects on their recovery.



30% to 40% of cases of delirium are preventable.



Implementing effective interventions to prevent incident delirium and reduce length of stay (LOS) is a clinical priority.



Data from Chen CC, Li HC, Liang JT, et al. Effect of a modified hospital elder life program on delirium and length of hospital stay in patients undergoing abdominal surgery: a cluster randomized clinical trial. *JAMA Surg.* 2017;152(9):827-834.

Additional Resources:

1. Inouye SK, Westendorp RG, Saczynski JS. Delirium in elderly people. *Lancet.* 2014;383(9920):911-922.
2. Dasgupta M, Dumbrell AC. Preoperative risk assessment for delirium after noncardiac surgery: a systematic review. *J Am Geriatr Soc.* 2006;54(10):1578-1589.
3. Leslie DL, Marcantonio ER, Zhang Y, Leo-Summers L, Inouye SK. One-year health care costs associated with delirium in the elderly population. *Arch Intern Med.* 2008;168(1):27-32.
4. Inouye SK, Bogardus ST Jr, Charpentier PA, et al. A multicomponent intervention to prevent delirium in hospitalized older patients. *N Engl J Med.* 1999;340(9):669-76.
5. Marcantonio ER, Flacker JM, Wright RJ, Resnick NM. Reducing delirium after hip fracture: a randomized trial. *J Am Geriatr Soc.* 2001;49(5):516-522.