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COMMENTARY PAPER OF THE MONTH

Delirium really matters

The editorial team has chosen the paper by Ritchie and colleagues on C-reactive Protein (C-RP) and delirium, which immediately follows this commentary in this current issue of *International Psychogeriatrics*, to be the paper of the month.

Delirium is a very important and poorly understood public health problem (Inouye, 2000; Siddiqi *et al.*, 2006). It is well established that delirium is common, frequently detected late or not at all, often distressing for those who experience it and the people around them, prolongs hospital stay, is associated with adverse outcomes, and apart from treating presumed underlying causes such as infection or metabolic dysfunction, we have little evidence to tell us how to manage the condition (Siddiqi *et al.*, 2006; Collins *et al.*, 2010). We know too that although attention to modifying certain risk factors can reduce the incidence of delirium (Inouye, 2000), implementation of such preventive strategies is patchy at best (Collins *et al.*, 2010).

So any work which assesses large numbers of patients at risk for delirium and then attempts to determine whether simple tests can aid its detection and help us better understand the mechanisms via which delirium becomes manifest as a clinical syndrome, is to be applauded. Ritchie and colleagues have found that people who experience delirium after hospital admission for musculoskeletal disorders are particularly likely to exhibit raised C-RP levels, but this appears not to hold true for those admitted with other conditions. The significance of this contribution is that it provides a clear signpost as to what needs to be done next to investigate the role and relevance of raised C-RP levels in people who experience delirium in the context of hospital admission with musculoskeletal disorders and, if it is too early to advocate testing C-RP levels in all such patients admitted to hospital, it may well be that in due course this simple test may prove useful in defining a group of patients at high risk of delirium, who could then be targeted for close observation and implementation of proven preventive strategies, and who might benefit from a lowered incidence of delirium or better management of it due to earlier detection. In regard to delirium affecting elderly patients admitted to hospital, most hospitals' report cards should be marked: "Could do better." Here is one line of enquiry that could enable them to do so in due course.

Conflict of interest declaration

David Ames has collaborated with Craig Ritchie on some research and publishing projects.

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