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DELIRIUM

A. Soler Iborte[1]*, S. Galiano Rus*[2]*, J.E. Muñoz Negro*[3]*, J.I. Aznarte López*[4]

[1]Psychiatry, San Agustin Hospital, [2]Psychiatry, Virgen de las Nieves Hospital, [3]Psychiatry, San Cecilio Hospital, Granada, [4]Psychiatry, San Agustin Hospital, Linares, Spain

Introduction: “I watch death” it is an English mnemonic acronym for the myriad causes of Delirium. It characterizes for sudden onset, low consciousness, attention and cognition levels. Although its origin is because of different organic disorders, it is usually consulted to the mental health services because of its psychopatology. An early detection and the subjacent cause treatment are fundamental.
Methods: We performed a retrospective analysis of those patients visiting the Emergency Services and/or hospitalized in San Agustín´s Hospital of Linares and being subsequently diagnosed of delirium by the liaison psychiatry team during the year 2011. We studied the following variables: medical diagnostic, sex, age, comorbidity and psychopatology, A follow-up of the patients was also done.
Results: The 5% of 299 liaison psychiatry consultations corresponded to patients with delirium. Traumatology and General Medicine generated the 72 % of the consultations to liaison psychiatry team. All patients were male, 50% of them were under 40 and older than 60 years. They had several comorbid factors such as polytraumatism, post-surgery, previous brain damage, ischemic heart disease, HIV, etc. The most widely used drug treatment for mental symptoms was low-dose of haloperidol, according to clinical guides evidence. A 25% of patients died within two weeks after the consultation to liaison psychiatry team despite treatment of the subjacent cause.
Conclusions: As a result of our findings we coordinated a clinical session with others Hospital Departments to improve clinical care for these patients in order to improve the early diagnostic and intervention.

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