Delirium debate

I would like to address Dr. Mitchell Levy's comments regarding the staggering percentage of delirium cases seen in consultation-liaison settings and physicians' astonishing lack of understanding of the condition (Letters, Current Psychiatry, December 2006, p. 17-18). Specifically I am referring to basic understanding of the syndrome, diagnostic workup indicated, and appropriate management based on pathophysiology and literature supporting pharmacologic and nonpharmacologic management.

Regardless of the cost of increased stay and long-term care, immediately detecting and appropriately treating delirium can prevent permanent cognitive loss, decrease short- and long-term mortality, and improve outcomes. Our colleagues—including neurologists, internists, and psychiatrists—need to know this. The diagnosis, assessment—particularly bedside neurocognitive tests—and treatment of delirium are well established in the literature. Delirium should not be approached as agitation and treated with a dismissive attitude and sedatives such as benzodiazepines, which unfortunately is what many of our colleagues do.

Daniel Pistone, MD
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Dr. Levy Responds

I appreciate Dr. Pistone's acknowledgement of the problem of delirium in medical settings. Delirium can be frightening and distressing for many patients and their families. I aimed to highlight in my article ("10 delirium myths debunked," Pearls, Current Psychiatry, October 2006, p. 45-6) salient aspects of delirium diagnosis and management that could be useful for a range of medical providers. I agree that few comprehensive teaching resources exist for nonspecialists, and methods of addressing delirium often are late, nonstandardized, and desultory.

Dr. Pistone stresses the existing gaps in resources for comprehensive and evidence-based management of delirium. Collaborations such as the one he suggests may help update our treatment guidelines at the national level. My group is developing a hospital-wide protocol for identifying at-risk patients and directing intervention. I hope that these and other efforts will help physicians address a problem that may occur more frequently as patients age and medical procedures increase in intensity and severity.

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