High Risk of Cognitive and Functional Decline after Postoperative Delirium

Background/Aims: The aim of the study was to investigate the association of postoperative delirium with the outcomes of cognitive impairment, functional disability and death. Methods: Hip surgery patients aged 60 years or over (n = 200) underwent preoperative and daily postoperative assessment of their cognitive status during hospital stay. Outcome variables were determined at an average of 8 and 38 months after discharge from hospital. Results: Forty-one patients developed postoperative delirium. Delirium was a strong independent predictor of cognitive impairment and the occurrence of severe dependency in activities of daily living. The associations were more marked for the long- than for the short-term outcome. Thirty-eight months after discharge from hospital, 53.8% of the surviving patients with postoperative delirium suffered from cognitive impairment, as compared to only 4.4% of the nondelirious participants. Logistic regression analysis adjusted for age, sex, medical comorbidity and preoperative cognitive performance revealed highly significant associations between delirium and cognitive impairment (OR = 41.2; 95% CI = 4.3–396.2), subjective memory decline (OR = 6.2; 95% CI = 1.5–25.8) and incident need for long-term care (OR = 5.6; 95% CI = 1.6–19.7). Conclusion: The present study confirms a poor prognosis after delirium in elderly patients. The findings suggest that delirium does not simply persist for a certain time
but also predicts a future cognitive decline with an increased risk of dementia.

Stichworte:
Delirium; prognosis; Confusional state; Cognitive decline; prediction; Disability

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