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Preliminary Validation of the 4AT in a Specialist Palliative Care Inpatient Unit: Study protocol

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Introduction

Delirium is a serious and distressing neuropsychiatric syndrome, frequently affecting patients in palliative care units. Prevalence studies show that 13% to 42% of patients admitted to palliative care units have delirium, rising to 88% as death nears.^[1]

Symptoms can be subtle and easily missed, or misdiagnosed as fatigue, dementia or depression.^[2] The use of delirium assessment tools can lead to earlier identification and treatment, including investigation and management of the underlying cause and/or better symptom control.

Patients admitted to specialist palliative care inpatient units are often fatigued with significant symptom burden, hence a quick, valid and reliable tool for delirium detection is required.

The 4AT is a short bedside test for delirium. It has been validated in 10 studies, involving approximately 3000 hospitalised patients.^[3] The test is currently used in hospices, but has not been validated in this context.

Our objective is to validate the 4AT versus a reference standard delirium assessment in a specialist palliative care inpatient unit (hospice) population.

Methods

100 patients, aged 18 or over, will be recruited at Marie Curie Hospice Edinburgh over 9 months. Recruitment is expected to commence in September 2019.

Eligible patients, or carers of eligible patients, will be approached by a member of their clinical team about willingness to hear about the study. Those interested will be referred to the research team. Capacity assessment will be followed by consenting. Agreement from a legal proxy (Welfare Attorney, Guardian or nearest relative) will be sought where the patient lacks capacity to consent for themselves.

Each patient will undergo the reference standard delirium assessment lasting up to 20 minutes and the 4AT lasting up to 5 minutes, within a maximum 3 hour period (target interval of 15 minutes). The tests will be completed by different clinicians, and the test order randomised.

Figure 1: 4AT Assessment Test.

Analysis

We will calculate sensitivity and specificity scores, as well as positive and negative predictive values of the 4AT.

Implications

The results will provide evidence on the validity of the 4AT for delirium detection in a specialist palliative care inpatient population, and will inform delirium assessment practice of hospice-based clinicians.

References: ¹Hosie A, Davidson PM, Agar M *et al.* Delirium prevalence, incidence and implications for screening in Specialist Palliative Care Inpatient settings: a systemic review. *Palliat Med* 2013;27:486-98. ²Piñabush SH, Brønner E. The assessment and management of delirium in cancer patients. *Oncologist* 2009;14(10):1039-1049. ³www.the4at.com

