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Poster 6

Validated Delirium Screening Tools in Palliative Care: A Systematic Review

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BACKGROUND

. Delirium affects many hospitalized patients, particularly at the end of life.[1] The high prevalence of delirium in the context of palliative care (PC) likely reflects an increase in risk factors and health complications as death approaches.

. There are a variety of tools used to identify delirium in particular patient populations. We conducted a systematic review to evaluate validation studies of delirium screening tools for palliative care eligible populations.

AIMS

1. To investigate the effectiveness of current delirium screening tools in the context of PC. More specifically, we will identify delirium screening tools with at least one validation study in the palliative care context and then describe and compare their validity for this purpose. We will compare tools that are observational, based on input from clinicians and or family members, with those that require active patient participation.

2. To assess the ease of use of the identified screening tools in terms of completion times, accessibility for clinicians or family members, and level of burden for patient and/or caregiver.

METHODS

The search strategy was developed by an experienced information specialist (LS) and externally peer-reviewed.

The search was conducted across Medline (Ovid), Embase (Ovid), CINAHL (EBSCOhost), and PsycINFO (Ovid) databases from January 1982-May 2019. Grey literature search was conducted in July 2019 on full text articles references. The protocol is registered on PROSPERO (ID: CRD42019125481).

Table 1: Inclusion and exclusion criteria used to screen the articles and assess for eligibility.

Inclusion Criteria	Exclusion Criteria
Quantitative studies	Qualitative studies
Published in English	Published exclusively in other language
Validated screening tools	Studies on non-validated tools
Adult palliative care eligible population	Paediatric populations
Settings within which palliative care is delivered including (but not limited to) home, hospice, complex continuing care, acute care hospitals, long-term care homes.	Non-palliative patients including those with alcohol withdrawal or in ICU and perioperative settings.
Validation using gold standard diagnostic test result (DSM, ICD criteria, psychiatric interview, DRS /DRS-R-98, CAM, and MDAS)	Studies with insufficient information on validation, magazine articles, abstracts, editorials

Risk of bias was assessed for each study using QUADAS-2: a tool for the quality assessment of diagnostic accuracy studies.

RESULTS

We screened a total of 3330 titles and abstracts and 93 full texts using aprori inclusion and exclusion criteria, as outlined in Table 1.
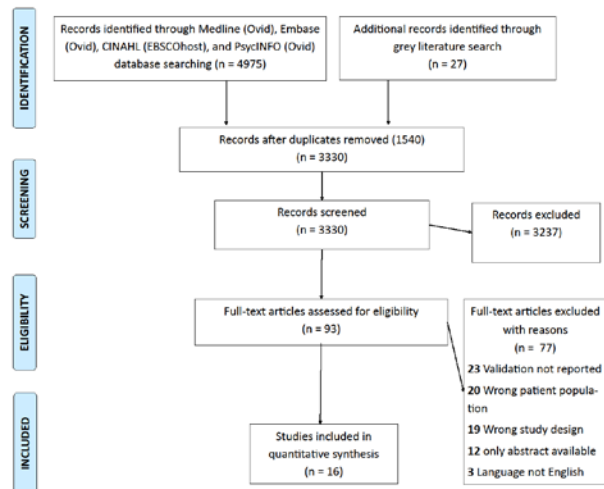We included 16 validation studies published between years 1997-2019.

Figure 1: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) chart for the search and screening process.

Among these, 14 studies validated screening tools in inpatient palliative care settings. The sample sizes for the included studies ranged from 21 to 2363. Cancer was the primary diagnosis in 13 studies. Data extraction is currently in progress and full details including tool performance, type of delirium targeted (hyperactive, hypoactive symptoms), study design, ease of use, and timing of assessments are being evaluated.

CONCLUSIONS

This study will enable palliative care clinicians and caregivers to select delirium screening tools that are validated for use in their index clinical settings and where relevant, specific to patient conditions to improve early identification of delirium.

ACKNOWLEDGEMENTS

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