





*Correspondence***Prevention of delirium as a key nursing care in the older adults hospitalized in intensive care units: An important yet challenging issue**Akbar Zare-Kaseb <sup>a\*</sup>  | Mohammad Javad Ghazanfari <sup>a\*</sup>  | Mohammad Hashem Gholampour <sup>b</sup>  | Zahra Arbabi <sup>c</sup> 

a. Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

b. Department of Medical-Surgical, Amol Faculty of Nursing and Midwifery, Mazandaran University of Medical Sciences, Sari, Iran

c. Department of Medical-Surgical Nursing, Kashan University of Medical Sciences, Kashan, Iran

**\*Corresponding author(s):** Akbar Zare-Kaseb (MSc) & Mohammad Javad Ghazanfari (MSc), Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran.Email: [javad.ghazanfari12@gmail.com](mailto:javad.ghazanfari12@gmail.com)Email: [akbarzare2014@gmail.com](mailto:akbarzare2014@gmail.com)<https://doi.org/10.32598/JNRC.P.23.28>This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial 4.0 License](https://creativecommons.org/licenses/by-nc/4.0/) (CC BY-NC 4.0).

© 2024 The Author(s).

**To the Editor**

Delirium, with 23% of its overall prevalence, is still among the most important challenges among inpatients, especially the elderly. Of course, its prevalence is different according to the individual's status and the ward being hospitalized, to the extent that in the younger ones and after elective surgeries, the prevalence is inappreciable. Still, it reaches more than 20% of older people after major and emergency surgeries [1]. Although this disorder might be fully resolved after a while through treatment, it will leave the patient with some complications. The probability of death getting double, the probability of 2.4 times re-hospitalization, the probability of dementia, the continuous physical underperformance, and significant health costs increase are just some of the side effects of this disorder, which highlights the priority of prevention over treatment [2].

The medical interventions encompass pharmacological and non-pharmacological ones. Still, so far, no study has supported the effectiveness of these interventions in delirium treatment, leading us to the prevention of delirium as a key nursing care in the older adults hospitalized in intensive care units (ICUs) [3]. In the prevention of delirium, there are two pharmacological and non-pharmacological approaches at hand, too. However, no clear-cut evidence exists about the pharmacological treatment yet. In contrast, the potential side effects induced by such

medicines threaten the patients. The non-pharmacological interventions include a range of single-component interventions such as music therapy to multi-component interventions targeting simultaneously care for the patient against various risk factors [4]. A meta-analysis examined non-pharmacological approaches and compared their effectiveness in preventing delirium. Six non-pharmacological interventions were examined. Environmental interventions, sedation reduction, family participation, exercise programs, improvement of cerebral hemodynamic status, and multi-component interventions are among the non-pharmacological interventions that were found to be the most effective in preventing delirium [5]. The mobility of the patient, informing the patient about the time, place, and person, and preventing dehydration and nutritional nuisances are all the most effective multi-component interventions [6]. Despite the recent advances, better perception of delirium, and the development of the due guidelines, the evidence indicates outdated and obsolete care in the clinic [7]. The guidelines are employed to put the study-extracted results into practice. Among nurses as the key member of the healthcare system, few studies have analyzed the implementation of such guidelines by nurses [8], which can be due to the disagreement about the preferred pharmacological or non-pharmacological intervention in preventing delirium.

In sum, it's a must for the researchers to compare the two pharmacological and non-pharmacological strategies in the

prevention of delirium by developing reliable studies to develop some effective guidelines and protocols for the prevention of delirium as a key nursing care in the older adults hospitalized in ICU.

### Acknowledgements

Not applicable.

### Authors' contributions

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work: AZK, MJG, MHG, ZA; Drafting the work or revising it critically for important intellectual content: AZK, MJG, MHG, ZA; Final approval of the version to be published: AZK, MJG, MHG, ZA; Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: AZK, MJG, MHG, ZA.

### Funding

Self-funded.

### Ethics approval and consent to participate

Not applicable.

### Competing interests

We do not have potential conflicts of interest with respect to the research, authorship, and publication of this article.

### Availability of data and materials

The datasets used during the current study are available from the corresponding author on request.

### Using artificial intelligent chatbots

None.

### References

1. Wilson JE, Mart MF, Cunningham C, Shehabi Y, Girard TD, MacLulich AM, et al. Delirium. *Nat Rev Dis Primers*. 2020;6(1):90.
2. Thom RP, Levy-Carrick NC, Bui M, Silbersweig D. Delirium. *Am J Psychiatry*. 2019;176(10):785-793.
3. Burry LD, Cheng W, Williamson DR, Adhikari NK, Egerod I, Kanji S, et al. Pharmacological and non-pharmacological interventions to prevent delirium in critically ill patients: a systematic review and network meta-analysis. *Intensive Care Med*. 2021;47(9):943-960.

4. Salvi F, Young J, Lucarelli M, Aquilano A, Luzi R, Dell'Aquila G, et al. Non-pharmacological approaches in the prevention of delirium. *Eur Geriatr Med*. 2020;11(1):71-81.
5. Deng L-X, Cao L, Zhang L-N, Peng X-B, Zhang L. Non-pharmacological interventions to reduce the incidence and duration of delirium in critically ill patients: A systematic review and network meta-analysis. *J Crit Care*. 2020; 60:241-248.
6. Emme C. "It should not be that difficult to manage a condition that is so frequent": A qualitative study on hospital nurses' experience of delirium guidelines. *J Clin Nurs*. 2020;29(15-16):2849-2862.
7. Hermes C, Acevedo-Nuevo M, Berry A, Kjellgren T, Negro A, Massarotto P. Gaps in pain, agitation and delirium management in intensive care: Outputs from a nurse workshop. *Intensive Crit Care Nurs*. 2018; 48:52-60.
8. Van De Steeg L, Langelaan M, Ijkema R, Nugus P, Wagner C. Improving delirium care for hospitalized older patients. A qualitative study identifying barriers to guideline adherence. *J Eval Clin Pract*. 2014;20(6):813-819.

**How to cite this article:** Zare-Kaseb A, Ghazanfari MJ, Gholampour MH, Arbabi Z. Prevention of delirium as a key nursing care in the older adults hospitalized in intensive care units: An important yet challenging issue. *J Nurs Rep Clin Pract*. 2024;2(2):112-113. <https://doi.org/10.32598/JNRCP.23.28>.