

Interventions to support recovery following an episode of delirium: A realist synthesis.

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Aims

This plain English summary aims to summarise a paper we wrote about "Interventions to support recovery following an episode of delirium".

What is the problem?

The word delirium describes a change in the brain which makes a person become suddenly more confused or more confused than usual. It affects a quarter of older people who come into hospital. Delirium is usually caused by an illness such as an infection. Many people take months to recover their memory and thinking skills, and some never recover completely. Previous research has looked at how to prevent and treat delirium while people are in hospital but there has been little research into how to improve people's recovery after delirium.

What did we want to do?

We wanted to design a package of care (known as an intervention) to help people recover after they have had delirium. To help us get ideas for our intervention we wanted to review published scientific papers on this topic to see what had been done before. We also wanted to find out what ideas other people have had on this topic.

How did we do it?

We used a method called realist review. To do this we searched databases of scientific literature to find all the papers on this topic. We first looked for trials of treatment ideas. Secondly, we looked for other studies about people's experiences of delirium, what people need after delirium and what has worked in related conditions. We then came up with a draft theory about what might work for people with delirium, in what circumstances, how it might work and why.

What were our results?

We found four papers which described trials of treatments to help people with delirium recover. The treatments in the four studies were:

1. reading people a story or poem
2. providing a hospital in the home. People in this study were asked to do walks and card games. They were seen by several different professionals including physiotherapist, occupational therapist, doctor, nurse and social worker.
3. Cognitive stimulation: a therapy which involves games and interesting activities to stimulate the brain
4. Support by a specialist nurse at a rehabilitation centre

Results from these four studies were mixed and we could not conclude what treatments would be best for people with delirium.

In the next part of the review we found forty-six papers in related areas. These papers gave us more ideas about what might work for people with delirium and we developed our draft theory.

What is our draft theory about what might work for people with delirium?

We found there were three areas of activity where we might be able to help people recover. We called these recovery domains. The domains were:

1. support for physical recovery through physical exercise
2. support for brain recovery through helping people with reality and cognitive stimulation exercises
3. support for emotional recovery through talking with skilled helpers.

We found four areas which would help people while they were doing these activities. We called these recovery facilitators:

1. involvement and support of carers
2. tailoring activities to individual needs, preferences and abilities
3. helping people connect with other people and having continuity in relationships
4. helping people to express themselves.

What did we do next?

We wanted to test out and improve our theory. We did some interviews with professionals and people who have had delirium about what they think people with delirium need and what they thought of our theory. The results of this work will be summarised in the next report you have been given to read.

What will we be doing with the results?

We will be inviting a panel of professional experts and experts by experience to a workshop to look at our theory and help us decide what should be in our intervention. We will then do a small study to test our approach. This is to test whether the intervention works well, and whether people are willing to take part. If this is successful, we will do a larger trial and value-for-money assessment of the improved intervention. If this works, we will have a new treatment which can help people recover after delirium.