INTRODUCTION

In 2020, the overall prevalence of delirium among older adults in hospital settings was found to be 25% (1). Delirium is associated with a range of negative outcomes in older people including increased length of stay in hospital, hospital acquired complications, distress, poor functional recovery and increased mortality (2,3,4,5,6,7). Treatment trials for delirium have mainly focused on the inpatient episode and most have not or researched or documented rehabilitation of delirium.

Research has highlighted that people who recover poorly after delirium require an increased level of care or institutionalisation, which points towards higher societal and economic costs in post-acute settings (6,8). However, there is limited understanding of long-term, non-pharmacological treatment of delirium care after discharge from acute settings.

CONCLUSION

There is a clear need for educating people with delirium and their carers after discharge to effect a range of beneficial outcomes associated with long-term recovery. Future research should investigate the effectiveness of including evidence-based psychoeducational components in interventions with the aim of reducing excess disability associated with the experience of delirium. In the next stage of this research, we are currently investigating the feasibility of a manualised multi-component rehabilitation idelirium intervention in the community.

DESIGN

A realist approach (9) was used for the development and evaluation of a programme theory underlying the intervention. Following a synthesis of findings from a rapid realist review of literature, a qualitative investigation of the older people’s needs after an episode of delirium in the hospital was conducted in order to identify features of an effective intervention. Forty-one realist semi-structured interviews were conducted with key stakeholders.

RESULTS

Several, interrelated and complementary components were identified as crucial for long-term recovery after delirium. It is expected that these components will interact with each other in complex, non-linear ways to produce desirable outcomes for delirium recovery. This poster presents the findings related to psychoeducation. Through a depiction of context-mechanism-outcome configurations, the importance of psychoeducation in delirium recovery is demonstrated.

DISCUSSION

We found strong evidence for the need of an educational component to both inform and educate, as well as address the increased fear, anxiety, and loss of confidence that are experienced after an episode of delirium. This could involve opportunities for learning, support, and sense-making with skilled, trained professionals, as well as normalising and legitimising adverse and distressing responses to experiences of delirium. Psychoeducational interventions for delirium have found to be moderately effective in increasing confidence and competence, especially with decision-making (10), and reduce incidence of delirium and improve function in older medical patients (11). There is a dearth of research looking at the value of psychoeducation within multi-component delirium interventions targeted at the carers (12). We also present potential mechanisms and positive outcomes for the target population when psychoeducation is provided in the context of post-discharge rehabilitation.

CONCLUSION

There is a clear need for educating people with delirium and their carers after discharge from hospital to effect a range of beneficial outcomes associated with long-term recovery. Future research should investigate the effectiveness of including evidence-based psychoeducational components in interventions with the aim of reducing excess disability associated with the experience of delirium. In the next stage of this research, we are currently investigating the feasibility of a manualised multi-component rehabilitation idelirium intervention in the community.