

Australasian Delirium Association

Newsletter

No. 1 - January 2015

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Welcome to the first newsletter of the
Australasian Delirium Association!

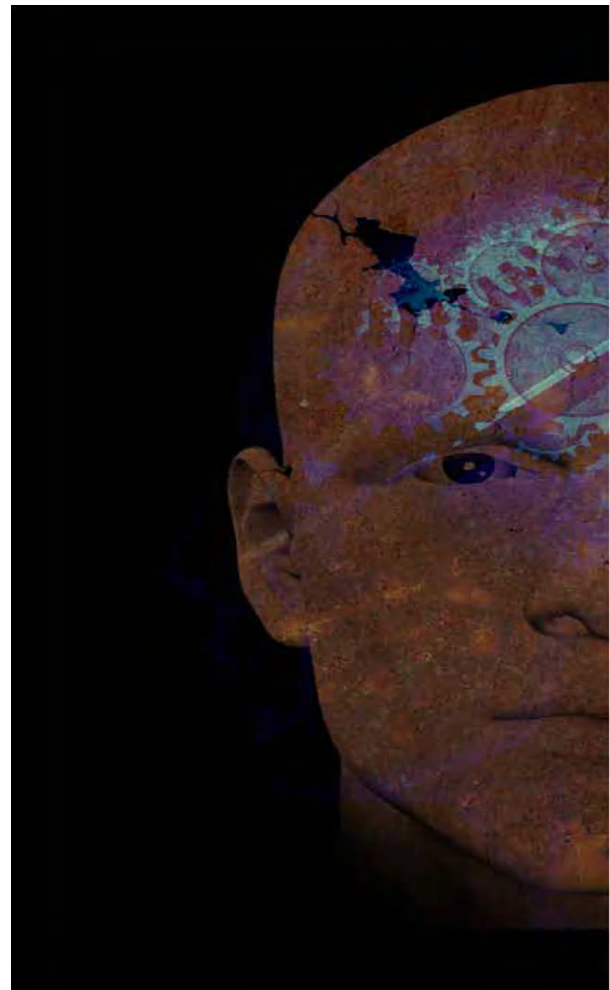
About the ADA

Vision statement

The Australasian Delirium Association (ADA) is committed to advancing research, knowledge and clinical practice for delirium.

Our purpose is to improve the care, health and outcomes of people at risk of, experiencing, or recovering from delirium.

We aim to promote better understanding of delirium through leadership, education, support, resources, research and partnerships.



About the ADA (continued)

Our areas of interest

The ADA was instigated by a group of passionate delirium advocates from multidisciplinary backgrounds. We want to bring together available scientific evidence for best practice, and concentrate disparate efforts across the Australasian region.

We aim to promote learning about delirium from all perspectives, including prevention, causes, early identification, accurate diagnosis, management and the impact on those people affected by delirium. Most importantly, we must facilitate translation from evidence into real-world practice.

Our activities will spread greater awareness of delirium within the medical and health policy arenas and the public, and help to lift the standards and compassion of delirium care in all settings: hospital, aged care, and community.

Our activities

Regular meetings are held every two years, and we invite all with an interest in delirium to attend. Previous meetings were held in Sydney in 2012 and Melbourne in 2014.

The next meeting will be in 2016, in Sydney. We will be calling for abstracts for research related to delirium, allowing investigators and health care professionals the opportunity for peer review and networking.

Membership

We will soon be welcoming membership from healthcare professionals, researchers, administrators and members of the public interested in any aspect of delirium. We particularly wish to reach out to those people outside Australia; from regional areas; and anyone who has read this far into the newsletter (this means you!)

Members may sign up to receive email newsletters of upcoming events, special announcements, discounted conference registration and journal article reviews.

Membership of the ADA will be available once our website is up and running.



The ADA will soon have a website...

We are currently designing a new website!

This online resource will enable easy access to information about delirium for health professionals and the public, as well as the activities of the ADA, delirium research, guidelines and resources, membership, events and relevant links.

A better way to care for patients with cognitive impairment in hospital - New resources from the Australian Commission on Safety and Quality of Health Care

These newly released resources focus on the needs of people with a cognitive impairment - dementia and delirium - who are being cared for in the hospital setting. They provide a pathway to improve the early recognition and response to the needs of patients with these prevalent conditions, which each increase the risk of poorer patient outcomes.

The resources are described as “a call to action for clinicians and health service managers” (Professor Villis Marshall AC), and are designed to act as a guide to help make our hospitals more ‘dementia-friendly’ (Graeme Samuel AC).

The three resources are targeted at: 1) health services managers; 2) clinicians; and 3) patients and their families.

These resources form part of the Commission’s work towards a nationally coordinated improvement in the care of patients with cognitive impairment in acute care. Future work will include linkage to the National Safety and Quality Health Service (NSQHS) Standards and other system level changes.

<http://www.safetyandquality.gov.au/our-work/cognitive-impairment/>

THE ART OF DELIRIUM

There are different ways the experience of delirium can be expressed to others, such as in words (recounts, poetry), pictures or sound. These help us to understand delirium in a fuller and more humane way.

‘Delirium’ (2006) is reproduced here with the kind permission of the artist Lubomir Korenko, who writes: “This painting was made earlier when I was interested in problems about human character, affectus and aggressive behaviour.”

This painting is expressive of delirium in other ways. It could be the pain of a person who has experienced delirium, who carries the memory of a shadowy, faceless self. Or, the one who patiently and tenderly supports someone with delirium, despite his or her own distress and weariness.

What do you see, when you look at this portrait?

‘Delirium’



President's report from the European Delirium Association 9th Annual Meeting, November 2014

The EDA met on 6-7 November at the Palazzo Trecchi in the beautiful northern Italian town of Cremona, the city of violins, home of the Stradivarius Museum and 150 violin-making workshops. Over 200 delegates heard lectures on topics such as Stroke and delirium; Lewy Body Dementia and delirium; Pain and delirium in palliative care; PTSD and delirium. There were also workshops on topics such as: diagnosing delirium; delirium research; and improving delirium care across a national acute hospital system in Scotland.

Interesting news from the research included attempts to develop EEG methodology to diagnose delirium from Holland in conjunction with Phillips, and the development of a 7 second delirium screening tool from Canada (yes, only seven seconds on average!). The RADAR is incorporated in the medication round and involves the nurse (or personal care worker/assistant in nursing) answering three questions:

When you gave the patient his/her medication:

1. Was the patient drowsy?
2. Did the patient have trouble following your instructions?
3. Were the patients movements slowed down?

If the screen is done 3-4 times, the sensitivity and specificity are both around 70%, which is pretty good for a screening instrument and especially when it can be done that quickly.

Quote:

"You must always be puzzled by mental illness. The thing I would dread most, if I became mentally ill, would be your adopting a common sense attitude; that you could take it for granted that I was deluded."

Ludwig Wittgenstein

Another interesting talk on the future of pharmacological treatment of delirium by Prof de Rooij from Holland canvassed a number of left field options, none of which have been trialled for delirium, but conceptually they could offer some hope.

For those looking for elegance in a conference, the conference dinner was held in the Stradivarius Violin Museum and included a tour of the museum as well as a recital by a violinist playing a Stradivarius violin, to much acclaim. After dinner, the discussions continued in various cafes and bars around the main square, near the cathedral.

Next year's EDA conference will be in London during the first week of September and promises to be the biggest ever.

Gideon Caplan

Upcoming meetings

See the world, learn about the latest delirium research and practice and make new friends, who are as passionately interested in delirium as you!

We liaise with the European Delirium Association (EDA) and American Delirium Society (ADS). We promote their regular conference meetings and warmly welcome their members to ours. Upcoming meetings include:

May 31-June 2 2015: The 5th Annual Meeting of the ADS
Baltimore, Maryland, US

<http://www.americandeliriumsociety.org/save-date>

September 2-4 2015: The 10th EDA Scientific Congress, London, UK (TBA)

<http://www.euroandeliriumassociation.com/eda/>

July 14-15 2016: The 3rd Australasian Delirium Association Meeting (ADA),
Sydney, Australia (TBA)



Highlight photos from the 2nd ADA Meeting DELirium CLinical And REsearch Day=DECLARED! May 2014, Melbourne



Dr Daniel Davis, University College London, was keynote speaker and gave an energetic and learned presentation on delirium and dementia epidemiological research across whole populations - past, present and future directions and connections.



Associate Professor Gideon Caplan with Ms Janine Masso. A/Prof Caplan spoke about the development of transcranial doppler ultrasound in delirium, which has future potential to be a valid, low burden diagnostic test for delirium, with particular application for identifying delirium superimposed on dementia.

If you wish to receive or contribute to the bi-annual newsletter of the ADA, please contact the newsletter editor Annmarie Hosie, at annmarie.hosie1@my.nd.edu.au