To the Editor:

As nurse members of the Veterans Health Administration’s Delirium Field Advisory Committee, we were encouraged to see two delirium-focused articles in the November 2010 issue (Vol. 36, No. 11). The article by Clarke, McRae, Del Signore, Schubert, and Styrca, “Delirium in Older Cardiac Surgery Patients: Directions for Practice” (pp. 34–45), described a specific population known to be at high risk for the development of delirium. The article by Flanagan and Fick, “Delirium Superimposed on Dementia: Assessment and Intervention” (pp. 19–23), highlighted the importance of using an assessment instrument to systematically improve delirium prevention and outcomes in older adults with dementia. The authors provided a useful overview of the complicated syndrome of delirium superimposed on dementia and then presented an individual example that described key points and opportunities to shape outcomes. They made strong cases for using a standardized assessment tool to reliably communicate patient status among clinicians and for involving the caregiver whenever possible.

They also highlighted the crucial next step of identifying the cause of the delirium and offered readers practical approaches to treatment.

The practice of obtaining baseline cognitive function from patients at elevated risk for delirium has not been widely adopted, even though the literature (van Eijk et al., 2009) contains overwhelming evidence that more cases are identified when a validated assessment tool is sequentially used to assess mental status. Both of these Journal of Gerontological Nursing articles reinforced this important issue. We want to thank the editorial staff for providing much-needed education of health care professionals in identification and treatment of this prevalent syndrome that continues to exact needless cost in terms of both patient outcomes and health care dollars (Leslie et al., 2005; Marcantonio, Flacker, Michaels, & Resnick, 2000; Murray et al., 1993).

To that same end, a multidisciplinary group of clinicians and researchers have recently founded the American Delirium Society (ADS), an organization committed to fostering research, education, quality improvement, advocacy, and implementation science to minimize both the impact of delirium on short- and long-term health and well-being, as well as the effects of delirium on the health care system as a whole. The ADS’ inaugural conference is scheduled for June 5–7, 2011, in Indianapolis. Information related to ADS and the conference may be found at http://american DELIRIUMSOCIETY.ORG.

Again, thank you for your continued support and facilitation of communicating an important evidence-based direction that is vital for gerontological nurses to improve their practice.

REFERENCES


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Dr. Shaughnessy discloses that she is on the Board of Directors and a founding member of the American Delirium Society. doi:10.3928/00989134-20110208-95

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