Introduction:
Delirium is an acute mental syndrome which may cause negative consequences if it is misdiagnosed [1,2]. The aim of this study was to determine the incidence of delirium in different intensive care units and reveal the risk factors.

Methods:
The study was performed with 212 patients hospitalized in intensive care units of anesthesia, neurology and general surgery departments. Written informed consent was obtained from patients or relatives. Delirium screening test was performed twice daily with CAM ICU (Confusion Assessment Method for the ICU). Patients who met the study criteria, were evaluated for the possible risk factors of delirium and the data was recorded daily. Patients were reevaluated after the treatment.

Results:
The incidence of delirium was 32.5%. Delirium was found to increase with the length of stay (p <0.001). The mean age of the patients with delirium was 67.46. this was higher than the patients without delirium (52.48) (p<0.001). Visual impairment (p<0.001), hearing impairment (p=0.001), educational status (p=0.024), hypertension (p=0.002), mechanical ventilation (p = 0.001), oxygen demand (p=0.002), midazolam infusion (p=0.025), propofol infusion (p=0.042), infection (p <0.001), SOFA (p = 0.001), APACHE II (p <0.001), nasogastric catheter (p=0.012), aspiration (p <0.001), number of aspirations (p<0.001), enteral nutrition (p<0.025), albumin (p=0.025), steroid (p=0.024), hypercarbia (p=0.039) hypoxia (p=0.039), sleep disturbance (p<0.001) were found risk factors for delirium. Oral nutrition (p<0.001) and mobilization (p=0.003) were found to prevent delirium development.

Conclusion:
Various factors are important in the development of delirium. These risk factors should be considered in reducing the incidence of delirium in intensive care units.

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