

Category : **Outcome scores/prognostication**

A96 - Risk factors for delirium in critically ill covid-19 patients and the impact on quality of life after discharge

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Introduction:

COVID-19 led to numerous ICU hospitalizations with prolonged lengths of stay. Follow-ups after ICU discharge are important for screening for post-intensive care syndrome (PICS). Delirium is common in the ICU and can impact patients' quality of life after discharge. The aim of this study is to evaluate the risk factors for delirium and its impact after ICU discharge.

Methods:

Retrospective observational study of 186 critically ill COVID-19 patients, evaluated in a follow-up consultation between July 2021 and July 2023, at a tertiary center in Portugal. Data analysis included frequencies, logistic regression to assess risk factors associated with delirium development, and Mann-Whitney to evaluate the relationship between the presence of delirium during hospitalization and physical, psychological and cognitive impairments 6-9 months after discharge.

Results:

In the evaluation of risk factors for delirium, statistically significant factors were the length of stay ($P<0,01$, OR 1,04, 95% CI 1,01-1,06), days on mechanical ventilation ($P<0,01$, OR 1,05, 95% CI 1,02-1,07), days on neuromuscular blockade (NMB) ($P=0,04$, OR 1,05, 95% CI 1,01-1,09), days on corticosteroids ($P<0,01$, OR 1,14, 95% CI 1,06-1,22), and days under sedation ($P<0,01$, OR 1,06, 95% CI 1,03-1,09). SAPS II at admission ($P=0,2$), gender ($P=0,3$), and age ($P=0,8$) had no statistical significance. After ICU discharge, delirium during hospitalization was associated with mild to moderate pain ($P=0,04$), difficulty with self-care ($P=0,02$), anxiety ($P=0,01$), and subjective perception of worse health compared to pre-hospitalization ($P=0,04$).

Conclusion:

Prolonged length of stay and longer duration of mechanical ventilation, with the need for NMB and more days under sedation are risk factors for the development of delirium in ICU patients, with an impact on patients' quality of life after discharge. These findings reinforce the need for follow-up of critically ill survivors of COVID-19.