Introduction:
Our aim was to identify and analyse patients treated for POCD admitted to a thoracics/urology intensive care unit at University College London, UK. POCD is rising in the ageing high-risk surgical patient. Early identification of those at risk and timely intervention could help reduce associated morbidity and mortality [1].

Methods:
We identified patients treated with haloperidol, midazolam, lorazepam, olanzapine, clonidine or chlordiazepoxide from our electronic data system. These pharmacological interventions were used as surrogate markers of primarily hyperactive POCD, acknowledging other forms of delirium may be unaccounted for. 111 of 808 admissions (13.7%) were shortlisted from August 2016 to July 2017. Patients were excluded if the drugs had been used for other indications. Prevalence of known POCD risk factors were then detailed. On these data we performed a cluster analysis using R.

Results:
Of the 58 patients (7.17%) suitable for analysis, the mean age was 72. 41 patients underwent elective procedures. 39 were male and 19 were female. 75% patients had thoracic surgery. The mean pain score in the first 24 hours post-op was 1.6 (SD=1.1), (with 0= no pain, 4= very severe pain). 62% had evidence of poor sleep and 14% evidence of anxiety. In the 24 hours prior to evidence of POCD, the mean pain score remained 1.6 (SD=0.99), 76% had evidence of poor sleep and 22% had evidence of anxiety. 66% of our population was septic during their ITU admission.

Conclusion:
Our analysis demonstrates POCD is highly prevalent in male patients over 70 undergoing thoracic procedures. We will now develop a POCD pathway targeting improved postoperative management of pain, sleep, anxiety and infection in this patient population.

References: