

Australasian Delirium Association

Newsletter

No 2 September 2015

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Association 10th
Annual Meeting

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Welcome to the second newsletter of the ADA

This edition of the newsletter provides a first hand account of the recent 10th Annual meeting of the European Delirium Association, updates on the ADA and the Australian Commission on Safety and Quality of Health Care (ACSQHC) delirium clinical care standard, and two upcoming delirium meetings to be held in Sydney and Nashville.

European Delirium Association 10th Annual Meeting, London, September 2015



England has a history of great discoveries. I was reminded of this upon entering the Franklin-Wilkinson building at King's College, London, the venue for the European Delirium Association (EDA) meeting in September. The building was named after Rosalind Franklin and Maurice Wilkinon, who discovered the double helix structure of DNA along with Francis Crick and James Watson.

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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,

Scientific discovery and delirium have not traditionally been linked but the EDA has opened my eyes to the research that is taking place in the United Kingdom and Europe. Keynote speaker Colm Cunningham gave a whirlwind overview of the latest pathophysiological models for delirium. His captivated audience, mainly clinicians, were taken step by step through the complexities of mice models of delirium, microglial cells and cytokine responses, then brought back to the simple concept of systemic inflammation in a frail brain. Colm's use of stress in the setting of frailty was language all could understand.

Kenneth Rockwood echoed the message of the management of delirium needing the same approach as management of frailty through the use of traditional geriatric medicine interventions. The brain as only the "innocent bystander" and other aspects of care, such as mobility, need as much attention.

The president of the EDA, Alasdair MacLulich, has also been leading the charge in research and service redesign in Scotland. His 4AT delirium screening tool (www.4AT.com) has now been successfully used in many settings across the UK and Europe.

Innovative models of care were presented including the Guy's and St Thomas' Perioperative Medicine Service (POPS) and early discharge to home using 24hr carer in the home at Watford General Hospital. The Delirium and Dementia (DaD) team from Guy's and St Thomas' showed how most of the time additional costs were not encountered and integration of existing services was key.

Despite being thousands of kilometres from home, it was heartening to know that the clinicians in Europe faced the same cultural barriers to attitudes and understanding of delirium. Lack of ownership, negative attitudes ("not good for business") and fear were presented as the underlying reasons for delirium being where dementia was 20 to 30 years ago. Teodorczuk then emphasized the need to promote ownership, educate strategically and reshape workplace activities to address these cultural barriers.

Although the drizzly rain could have dampened the evening social program on the second day, cocktails on the River Terrace carried on with conversations under open umbrellas. The evening couldn't have been more appropriately ended than by Gideon Caplan seen sipping the Belgium beer *Delirium Tremens* in a glass covered with pink elephants. And I wasn't hallucinating!

There is still so much to do in Australia to make delirium diagnosis, prevention and management, standard of care in hospitals and the community. There is a need for more advocacy such as John's campaign (www.johnscampaign.org.uk/) which sends the simple message that carers of persons with cognitive impairment should be allowed to stay with their loved ones while they are in hospital. Videos are also powerful drivers to changing attitudes: (<http://www.europeandeliriumassociation.com/news/patient-experience-of-delirium-teaching-video/>).

With the concerted effort to make delirium research a priority as seen at the EDA, perhaps we will some day unravel the double helix of delirium.

Mary-Ann Kuhl



ACSQHC: Draft Delirium Clinical Care Standard

The ACSQHC in conjunction with a working group is developing a delirium clinical care standard for the hospital setting. The proposed standard includes indicators for: delirium screening, assessment, prevention, identification and treatment of causes, prevention of falls and pressure injuries, reducing the use of antipsychotic medication and improving transition of patients from hospital care. A draft version of the standard underwent a national consultation process in May - July 2015 and is now being finalised.

This national initiative holds promise for the system and practice changes that are needed to improve delirium care of patients in the hospital setting.

More information can be found at:

<http://www.safetyandquality.gov.au/our-work/clinical-care-standards/delirium-clinical-care-standard/>

The ADA website and membership is open

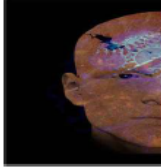
Our online resource is evolving and now accessible to the public at www.delirium.org.au/

We hope the website will enable health professionals and the public easy access to information about delirium research, guidelines and resources, as well as communicate the activities and events of the ADA. We welcome feedback about how the website could be further developed to meet your delirium information needs.

We are now welcoming membership from healthcare professionals, researchers, administrators and members of the public who are interested in any aspect of delirium. Members may sign up to receive newsletters by email, notice of upcoming events and developments relevant to delirium care, plus discounted conference registration.

Upcoming delirium meetings



save the date!



**Australasian
Delirium
Association**

3rd Biennial Conference

14th – 15th July 2016
Scientia Building
University of New South Wales
Sydney Australia



For further information contact: Admin@delirium.org.au
www.delirium.org.au

The Australian Delirium Australian 3rd Biennial Conference will be held in Sydney, July 14-15 2016.

The conference is hosting exciting international and Australian presenters, at a venue close to the city centre and beautiful beaches, which sparkle even in the winter

<http://www.sydney.com/destinations/sydney/sydney-east/bondi/beach-lifestyle>.

This will be the ADA's first two-day conference, meaning there will be more opportunities to enjoy the company of others at the conference dinner. There is also talk of a delegate 'international cricket match'!

A call for abstracts will soon be open, and we look forward to seeing you In Sydney.

The American Delirium Society 6th Annual Meeting will be held in Nashville, Tennessee, June 1-3 2016. The theme for the conference is: "Improving Delirium Care Through the Integration of Science and Policy" and a call for proposals is now open at:

<https://www.americandeliriumsociety.org/conference-events/call-for-proposals>.

Attending the ADS Meeting is a great opportunity to present and learn the latest delirium research and initiatives, meet wonderful like-minded people from the US and around the globe, and experience 'Music City' in the summer!

<http://www.nashville.com/>

