

# NATIONAL COLLABORATING CENTRE FOR NURSING & SUPPORTIVE CARE (NCC-NSC)

## National Clinical Guideline: The diagnosis, prevention and management of delirium.

Notes of the fifth Guideline Development Group Meeting  
Commencing at 10.00 a.m., Thursday 13th November 2008  
Room 107, Royal College of Nursing HQ, Cavendish Square, London.

### PRESENT:

John Young (JY, Chair)	Professor and Honorary Consultant Geriatrician, Bradford Teaching Hospitals Foundation NHS Trust
Anayo Akunne (AA)	Health Economist, NCC NSC
David Anderson (DA)	Consultant in Old Age Psychiatry, Mersey Care NHS Trust
Ian Bullock (IB)	Director, NCC NSC
Sarah Davis (SD)	Senior Health Economist, NCC NSC
Jim George (JG)	Consultant Physician, Nth Cumbria Acute Hospitals NHS Trust
Anne Hicks (AH)	Consultant in Emergency Medicine, Plymouth Hospitals NHS Trust
John Holmes (JHo)	Senior Lecturer - Liaison Psychiatry of Old Age, University of Leeds
Nahara Martinez (NM)	Systematic Reviewer, NCC NSC
Lakshmi Murthy (LM)	Research and Development Fellow, NCC NSC
Najma Siddiqi (NS)	Consultant Psychiatrist, Bradford District Care Trust
Beverley Tabernacle (BT)	Nurse Consultant, Salford Royal Foundation Trust
Rachel White (RW)	Patient/Carer Representative
Maggie Westby (MW)	Senior Research & Development Fellow, NCC NSC
Matt Wiltshire (MWi)	Patient/Carer Representative, Critpal (Intensive Care Society)

### APOLOGIES

Melanie Gager (MG)	Sister in Critical Care Follow Up, Royal Berkshire NHS Foundation Trust
Jane Healy (JH)	Senior Clinical Practice Facilitator, UCLH NHS Foundation Trust
Emma Ouldred (EO)	Dementia Nurse Specialist, King's College Hospital NHS Foundation Trust
Wendy Tomlinson (WT)	Manager in Social Care

### IN ATTENDANCE

Andrew Clegg (AC, observer)	SpR in General Medicine, Bradford Teaching Hospitals Foundation NHS Trust
Sarah King (SK, observer)	Consultant systematic reviewer NCC-NSC
Sue Latcham (SL)	Guidelines Commissioning Manager, NICE

### DAY ONE

#### 1. Welcome, apologies and Dols

GDG Chair, John Young welcomed everyone to the meeting. Matt Wiltshire was welcomed to the group as this was his first meeting. Apologies were shared with the group. JY asked if there were any updates to individual Dols. There were none.

#### 2. Minutes from the last meeting and matters arising.

The minutes were signed off with minor amendments

### **3. Non pharmacological interventions (prevention)**

NM presented the systematic review relating to **music therapy** and its impact on the prevention of delirium. The GDG discussion focussed on the quality and reliability of the studies, prior to considering the results of the review.

LM presented the systematic review relating to **hydration intervention** and its impact on the prevention of delirium. The GDG discussion again focussed on the quality and reliability of the studies, prior to considering the results of the review.

**Action: The GDG agreed to defer the discussion until WT could fully participate and share her experience. NCC to provide further clarification in the review.**

LM also asked the group if they were interested in looking at the benefits of IV versus subcutaneous fluid delivery in relation to prevention of delirium, the GDG agreed.

MW presented the systematic review relating to **multi component interventions** and the impact they have on the prevention of delirium. GDG discussion centred on the types of interventions, the relevance to contemporary practice and the patient profiles of the different research populations.

Discussion took place around the type and profile of multi component interventions and the quality assessment of the included studies. Whilst there are a good number of studies, the quality assessment demonstrated that many had weaknesses in methodology, impacting on reliability for clinical interpretation.

MW facilitated focussed discussion on clarifying outcomes related to consequences of delirium.

**Action Point: NCC to upload presentations to Claromentis and circulate with minutes**

### **4. Needs Assessment review**

AC presented the needs assessment. GDG discussion initially focussed on the problems associated with coding and diagnosis.

AC then presented issues arising from payment by results data.

**Action Point: NCC to upload presentation to Claromentis and circulate with minutes**

### **5. Economic Model**

AA presented the updated work on the economic model, facilitating GDG discussion around the decision tree approach to the economic work underpinning the delirium guideline. AA asked the GDG to reconsider the potential consequences of delirium. The GDG were asked about the potential sub-groups to be considered in the model.

**Action Point: NCC to upload presentation to Claromentis**

### **6. Prognostic factors: consequences of delirium**

MW facilitated a discussion on the protocol for the consequences of delirium review, in particular which were the key prognostic factors ('must have') for each outcome (consequence) considered. Key factors were identified for dementia and the rest will be finalised via email before the next meeting.

**Action Point: To send list out and for GDG to return answers by Friday 21<sup>st</sup> November.**

**Summary, Feedback and Questions**

JY concluded the meeting and thanked all GDG members and members of the technical team.

**Date and time of GDG meeting 6 and 7**

January 21<sup>st</sup> and 22<sup>nd</sup> 2009, commencing 10:30am at the Royal College of Nursing HQ, Cavendish Square, London.