QUALITY OF CARE AND OUTCOMES ASSESSMENT

ACUTE DELIRIUM PREDICTS SHORT-TERM RE-HOSPITALIZATION AMONG ELDERLY PATIENTS ADMITTED WITH ACUTELY DECOMPENSATED HEART FAILURE.

ACC Poster Contributions
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Background: Acutely decompensated heart failure (ADHF) hospitalization remains an important cause of morbidity and mortality. Delirium is an acute confusional state that is serious among elderly patients hospitalized with ADHF. The association between delirium and ADHF outcome has not been well described.

Methods: We analyzed 406 elderly patients greater than 65 years of age admitted with ADHF between January 2006 and December 2007. Acute delirium was diagnosed based on the Confusion Assessment Method (CAM).

Results: The mean age of the study population was 78 ± 11 years with mean ejection fraction 46 ±12%. Acute delirium was diagnosed among 16.7% patients. Delirious patients (n=68) had an increased in-hospital mortality compared to non-delirious patients 16.2% vs 3.6% (P <0.001). Among those surviving to discharge, delirium was associated with higher rates of nursing home placement (49.1% vs 21.2%; P<0.001) and an increased 90-day rehospitalization rate for ADHF compared to non-delirious patients (47.4% vs 18.4%; P<0.001). (Fig.1). Acute delirium was an independent predictor for nursing home placement (OR = 2.7; 95% CI 1.59 - 5.30; P<0.001) and rehospitalization for ADHF (OR = 4.5; 95% CI 2.36 - 8.11; P <0.001) after adjusting for age, sex, dementia, activities of daily living (ADL) and instrumental ADL.

Conclusions: Among elderly patients with ADHF surviving to discharge, acute delirium is associated with a increased risk for nursing home placement and ADHF related short-term rehospitalization.