Commentary: Prevention and management of delirium in older Australians: The need for the integration of carers as partners in care

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Despite being the most common hospital-acquired complication (35.7 per 10,000 admissions) in Australia, with a healthcare cost of $8.8 billion, assessment of hospital-acquired delirium remains ineffective.¹,² Delirium is a common and often preventable condition characterised by a sudden decline in a person’s baseline mental function, evident by confusion, and changes to behaviour and level of consciousness.³ Studies report undiagnosed rates of delirium as high as 66% in older adults, and up to 87.5% in cases where dementia is also present.³,⁴ Delirium is a serious condition associated with increased mortality and morbidity, functional decline, falls, hospital-acquired pressure injuries, longer hospital admissions and early entry to residential aged care, which impacts on patients, carers and health professionals.⁵ However, routine screening is not consistently practiced, and health professionals’ understanding and recognition of delirium is poor.⁴ While prevention is the most effective strategy, outcomes for patients with delirium can be improved by early recognition and intervention.⁴ Carers (e.g. family members, friends) are best placed to identify subtle changes in cognition and behaviours from what is ‘normal’ for the person, particularly for people living with dementia, because they have knowledge about their previous mental state.⁶ Yet, carers are often not included in hospital patient assessment processes, or encouraged to be active participants in care, and this has been compounded by the COVID-19 pandemic.⁷ This commentary highlights the importance of integrating carers as partners in delirium prevention and management in environments where there are high admission rates of older adults with increasingly complex conditions.
prevention, focusing on recognition, collaboration and support. Recognition of the need for carers to remain part of the care planning process is necessary to build a culture of mutual trust and respect. Sharing carers’ experiences with health professionals is key to establishing partnerships. The World Health Organisation advocates for empowering and engaging carers into care, and the Carer Recognition Act 2010 and the Charter of Healthcare Rights 2019 were endorsed by the Australian Government to increase engagement of carers in healthcare services, but they are yet to be fully translated into practice. Interventions including training modules on collaboration and communication strategies have been instrumental in supporting partnerships. Providing carers with counselling, social prescriptions, peer-support and carer-directed support packages improves psychological wellbeing of carers. Carers value partnerships when health professionals acknowledge their caregiving role and provide resources to address their needs. To ensure appropriateness of the resources, especially for diverse older Australians, such as Culturally and Linguistically Diverse and lesbian, gay, bisexual, transgender and queer carers, shared decision making is ethically important and essential.

To address the impact of hospital-acquired delirium, we call for recognition of carers as partners and health professional’s time and investment in environmental modifications that signify carers are welcomed and enabled regarding risk factors and early diagnosis of delirium. Innovative models of care for hospital-acquired delirium assessment and management, that recognise and value a partnership approach with carers of older adults are warranted to achieve better health outcomes.

Contributors
Conceptualisation of the model of care whereby the integration of carers are supported to partner with health professionals in delirium management - Aggar, Craswell and Bail.
Concept of Paper - Aggar and Hamiduzzaman.
Critical Review & Writing of Paper - all authors contributed equally.

Declaration of interests
We declare no competing interests.

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