

## JOURNAL CLUB

# Delirium in Older Adults With Cancer: Implications for Practice and Research

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This article has been chosen as being particularly suitable for reading and discussion in a Journal Club format. The following questions are posed to stimulate thoughtful critique and exchange of opinions, possibly leading to changes on your unit. Formulate your answers as you read the article.

1. Is this article research-based? Can we assess the level of evidence being presented?
2. What percentage of our patients are older adults? Do we see delirium or confusion in our patients more or less frequently than the literature suggests? Why or why not?
3. How often is confusion or delirium in our patients unanticipated?
4. What are the most common etiologies in our patient population?
5. Is a standing protocol in place to treat a patient who is or becomes confused?
6. What measures can we institute to orient and protect patients at risk for confusion?

At the end of the session, take time to recap the discussion and make plans to follow through with suggested strategies.

**Purpose/Objectives:** To provide a comprehensive review of the literature and existing evidence-based findings on delirium in older adults with cancer.

**Data Sources:** Published articles, guidelines, and textbooks.

**Data Synthesis:** Although delirium generally is recognized as a common geriatric syndrome, a paucity of empirical evidence exists to guide early recognition and treatment of this sequelae of cancer and its treatment in older adults. Delirium probably is more prevalent than citations note because the phenomenon is under-recognized in clinical practice across varied settings of cancer care.

**Conclusions:** Extensive research is needed to formulate clinical guidelines to manage delirium. A focus on delirium in acute care and at the end of life precludes identification of this symptom in ambulatory care, where most cancer therapies are used. Particular emphasis should address the early recognition of prodromal signs of delirium to reduce symptom severity.

**Implications for Nursing:** Ongoing assessment opportunities and close proximity to patients' treatment experiences foster oncology nurses' mastery of this common exemplar of altered cognition in older adults with cancer. Increasing awareness of and knowledge delineating characteristics of delirium in older patients with cancer can promote early recognition, optimum treatment, and minimization of untoward consequences associated with the historically ignored example of symptom distress.

*Of all the symptoms my mother experienced during cancer therapy, her confusion was by far the worst. Maybe that was because no one seemed to know what to do about it. She*

### Key Points . . .

- ▶ Delirium is a common symptom yet is under-recognized in older adults with cancer.
- ▶ It is correlated with numerous preventable adverse effects.
- ▶ Early recognition and reduction of symptom intensity are highly amenable to nursing management.

*had drugs for her pain and nausea and to keep up her blood counts, but everyone seemed clueless about how to manage her confusion. It really hit me when my daughter came home from college to see my mother. My mother got all mixed up and thought my daughter was my older sister. My daughter was crushed and frightened. She had never seen her grandmother like this. At that point, we all worried, would we ever get my quick-witted, articulate, and loving mother back again?*

—Personal communication

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