



DANISH HEALTH  
AUTHORITY

NATIONAL CLINICAL GUIDELINE FOR  
THE PREVENTION AND TREATMENT OF  
ORGANIC DELIRIUM

2016

# NATIONAL CLINICAL GUIDELINE FOR THE PREVENTION AND TREATMENT OF ORGANIC DELIRIUM

## Quick guide

Screening with a psychometric tool	
√	It is good practice to consider screening high-risk patients with a psychometric tool.
Non-pharmacological multicomponent intervention	
↑	Consider non-pharmacological preventive multicomponent treatment of all patients over the age of 65 at risk of delirium.
↑	Consider non-pharmacological multicomponent treatment of all delirious patients.
Protected environment	
√	It is good practice to consider placing delirious patients in a protected environment.
Active involvement of relatives	
↑	Consider active involvement of relatives.
Review and pausing of medication	
↑	Consider reviewing and reorganising medication for all elderly people at risk of delirium.
√	It is good practice to review medication for all delirious patients and to consider adjusting, including pausing, non-essential medication.
Treatment with antipsychotics	
↑	Consider short-term treatment with antipsychotics in selected delirious hospitalised patients.
√	It is good practice to consider treating selected non-hospitalised delirious patients with antipsychotics, where non-pharmacological multicomponent intervention and placement in a protected environment is not sufficient.
Treatment with benzodiazepines or benzodiazepine-like drugs	
√	It is good practice not to use benzodiazepines and benzodiazepine-like substances for the treatment of delirium.



#### Treatment with melatonin

√	It is good practice to avoid using melatonin for the treatment of delirium, since there is no documentation of an effect.
---	---

#### Should patients with refractory delirium be treated with ECT

√	It is good practice to consider offering ECT in case of refractory delirium, where other treatment options have been exhausted.
---	---

## About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for the prevention and treatment of organic delirium. The guideline was prepared by the DHA.

The national clinical guideline focuses on contributing to ensuring relevant assessment for delirium and prevention and treatment of it.

Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside the other guidelines, process descriptions etc. in this field.

The recommendations are preceded by the following indications of their strength:

↑↑ = a strong recommendation for  
↓↓ = a strong recommendation against  
↑ = a weak/conditional recommendation for  
↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

(⊕⊕⊕⊕) = high  
(⊕⊕⊕○) = moderate  
(⊕⊕○○) = low  
(⊕○○○) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

---

### Further information at [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk)

At [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk), a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

---

### About the national clinical guidelines

The national clinical guideline is one of the 47 national clinical guidelines (NCGs) to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk).

---