

NKR delir PICO 5 Familie

Review information

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Citation example: S. NKR delir PICO 5 Familie. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Contact person

[Empty name]

Dates

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Date of Search:

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Protocol First Published: Not specified

Review First Published: Not specified

Last Citation Issue: Not specified

What's new

Date / Event	Description
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History

Date / Event	Description
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Characteristics of studies

Characteristics of included studies

Boltz 2014

<p>Methods</p>	<p>Study design: Controlled trial. This study used a comparative repeated-measures design in three medical units of a community teaching hospital in the northeast United States. The units were matched based on size, staffing, and physical configuration. One unit served as the intervention unit, and two units served as control units.</p>
<p>Participants</p>	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● Sex (female): 44% ● Age (mean, SD): 82.2+6.7 ● Bartel admission (mean, SD): 81.6+21.7 <p>Control</p> <ul style="list-style-type: none"> ● Sex (female): 62% ● Age (mean, SD): 79.5+8.1 ● Bartel admission (mean, SD): 82.2+25.7 <p>Included criteria: Patient eligibility included aged 65 and older and English-speaking and reading. Patients who were known to be terminally ill or receiving hospice care or surgery were excluded. Family members aged 21 and older whose relatives met inclusion criteria were eligible if they could speak and read English; were related to the patient by blood, marriage, adoption, or affinity as a significant other; and were primary caregivers who lived with the patient or provided caregiving from an alternate residence.</p> <p>Excluded criteria: Patients who were known to be terminally ill or receiving hospice care or surgery were excluded. Samt de der ikke gav tilladelse</p> <p>Pretreatment: se table 2 - men eneste der kan betyde lidt er kønsforskellen - hvis vi mener at hustruer er bedre til at intervensere end mænd. Og det kan da ikke udelukkes ;-) og interventiongruppen er ældst (=styrker resultaternes forskel)</p>

<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Assessment and modification as needed of lighting, pathway clearance, seating, bed height, toilet height, access to and storage of sensory and mobility aids. Shift report that includes patient and family bedside write boards to facilitate communication and storage of care plans. Information on admitting condition, diagnostics, and treatment. Family and patient education addressing: o Rationale for interdisciplinary interventions to prevent delirium and functional decline (e.g., avoiding high-risk medications and encouraging mobility) o Techniques the FCG could employ (e.g., encouraging and motivating self-care and physical activity, supporting cognitive and social engagement to support return to normal roles and routines, help with meals) o Discharge checklist (e.g., follow-up care for acute admitting problem as well as function-focused care—physical activity and routine, social engagement, cognitive stimulation) Systematic inclusion of FCG and patient in: o Assessment (including baseline cognition and physical function) o Jointly developed bedside goals and care plans that support functional recovery and prevention of complications (communication, mobility and physical activity, self-care, cognitive stimulation, nutrition, sleep, appropriate medication use, comfort measures, anxiety relief), updated daily with assigned nursing staff, FCG, and patient. Collaboration emphasized with other disciplines, including rehabilitation: o Plans that delineate FCG involvement in care: o Discharge teaching and planning incorporating function-focused care dimensions in addition to management of medical condition. Postacute follow-up by FCRN to provide ongoing education and modification of the function-focused care plan through: o Home visit within 48 hours of discharge: o Weekly telephone calls for 4 weeks: o Coaching the patient and FCG to collaborate with postacute providers</p>
<p>Outcomes</p>	<p><i>Død (Mortality) FU</i></p> <ul style="list-style-type: none"> ● Reporting: Not reported (1 death reported during hospitalization, but unclear in which group) <p><i>Indlæggelses tid (Length of stay) EoT</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Direction: Lower is better ● Data value: Endpoint <p><i>Genindlæggelser (Readmission to hospital) 30 days FU (we wanted min 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome ● Direction: Lower is better ● Data value: Endpoint <p><i>Delirvarighed (Duration of delirium) EoT</i></p> <ul style="list-style-type: none"> ● Reporting: Not reported <p><i>Fald (Falls) EoT</i></p> <ul style="list-style-type: none"> ● Reporting: Not reported

	<p><i>Funktionsniveau (Physical function) EoT</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Scale: Bartel 100 ● Range: 0-100 ● Direction: Higher is better ● Data value: Endpoint <p><i>Forbrug af antipsykotika (Prescription of antipsychotics) EoT</i></p> <ul style="list-style-type: none"> ● Reporting: Not reported <p><i>Udskrivelse til vanlig bolig (discharge to usual residence) EoT</i></p> <ul style="list-style-type: none"> ● Reporting: Not reported <p><i>Discharge til a nursing home EoT new outcome</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p><i>Alvorlighedsgrad af delirium (Delirium severity) EoT new outcome</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Scale: Delirium Severity Scale ● Range: 0-32 ● Direction: Lower is better ● Data value: Endpoint
Identification	<p>Sponsorship source: ingen</p> <p>Country: USA</p> <p>Setting: three medical units of a community teaching hospital</p> <p>Comments:</p> <p>Authors name: Marie Boltz, PhD, CRNP,* Barbara Resnick, PhD, CRNP,† Tracy Chippendale, PhD, OTR/L,‡ and James Galvin, MD, MPH</p> <p>Institution: From the *William F. Connell School of Nursing, Boston College, Chestnut Hill, Massachusetts; †School of Nursing, University of Maryland, Baltimore, Maryland; ‡Department of Occupational Therapy, Steinhardt School of Culture, Education and Human Developme</p> <p>Email: boltzm@bc.edu</p> <p>Address: Address correspondence to Marie Boltz, William F. Connell School ofNursing, Boston College, 140</p>

Commonwealth Avenue, Chestnut Hill, MA02467	
Notes	<p>Helle Svehningesen on 28/05/2016 18:42</p> <p>Outcomes ang delirium. De tæller ikke dage men alvorlighed: "The severity of delirium was evaluated using the Delirium Rating Scale,43 a 10-item scale that ranges from 0 (no delirium) to 32 (highest degree of severity)." ang funktionsniveau: jeg har indtastet 2 mdrs data</p>

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	High risk	Not randomised
Allocation concealment	High risk	Not randomised
Blinding of outcome assessors	High risk	
Blinding of participants and personnel (performance bias)	High risk	
Incomplete outcome data	Low risk	
Selective outcome reporting	Low risk	
Other sources of bias	High risk	Caregivers are different between the two groups. Co-interventions are not accounted for. There might be a difference in the rehabilitation offered in the two group.

Footnotes

Characteristics of excluded studies***Chong 2014***

Reason for exclusion	Wrong intervention
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Fick 2014

Reason for exclusion	Wrong intervention
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Kolanowski 2014

Reason for exclusion	Wrong intervention
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Mailhot 2014

Reason for exclusion	Wrong patient population
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Mailhot 2015

Reason for exclusion	Wrong patient population
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Whittamore 2014

Reason for exclusion	Wrong intervention
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*Footnotes***Characteristics of studies awaiting classification***Footnotes*

Characteristics of ongoing studies

Footnotes

Summary of findings tables

Additional tables

References to studies

Included studies

Boltz 2014

Boltz,Marie; Resnick,Barbara; Chippendale,Tracy; Galvin,James. Testing a family-centered intervention to promote functional and cognitive recovery in hospitalized older adults. *Journal of the American Geriatrics Society* 2014;62(12):2398-407. [DOI:]

Excluded studies

Chong 2014

Chong,Mei Sian; Chan,Mark; Tay,Laura; Ding,Yew Yoong. Outcomes of an innovative model of acute delirium care: the Geriatric Monitoring Unit (GMU). *Clinical interventions in aging* 2014;9(Journal Article):603-12. [DOI:]

Fick 2014

Fick D.M.; McDowell J.; Mion L.; Kolanowski A.; Di,Megllo B.; Kitt-Lewis E.; Monroe T.; Inouye S.K.. Facilitating person-centered care for the prevention of delirium in hospitalized persons with dementia. *Alzheimer's and Dementia* 2014;10(Web Page):P530-P531. [DOI:]

Kolanowski 2014

Kolanowski A.; Fick D.; Mulhall P.; Hill N.; Clare L.. Patient/family-centered outcomes of a non-pharmacological delirium intervention. *Alzheimer's and Dementia* 2014;10(Web Page):P735. [DOI:]

Mailhot 2014

Mailhot T.; Cossette S.; Denault A.Y.; Lamarche Y.; Cote M.-C.; Carbonneau M.-H.; Brisebois A.; Guertin M.-C.. Nursing intervention involving family caregiver to improve the management of post-cardiac surgery delirium: Results from a randomized pilot study. Canadian Journal of Cardiology 2014;30(10):S353. [DOI:]

Mailhot 2015

Mailhot T.; Cossette S.; Denault A.; Lamarche Y.; Cote M.-C.; Carbonneau M.-H.; Brisebois A.. Improving delirium management = a nursing intervention involving family caregiver: Final results from a randomized pilot study. Canadian Journal of Cardiology 2015;31(10):S320. [DOI:]

Whittamore 2014

Whittamore,Kathy H.; Goldberg,Sarah E.; Bradshaw,Lucy E.; Harwood,Rowan H.; Medical Crises in Older People,Study Group. Factors associated with family caregiver dissatisfaction with acute hospital care of older cognitively impaired relatives. Journal of the American Geriatrics Society 2014;62(12):2252-60. [DOI:]

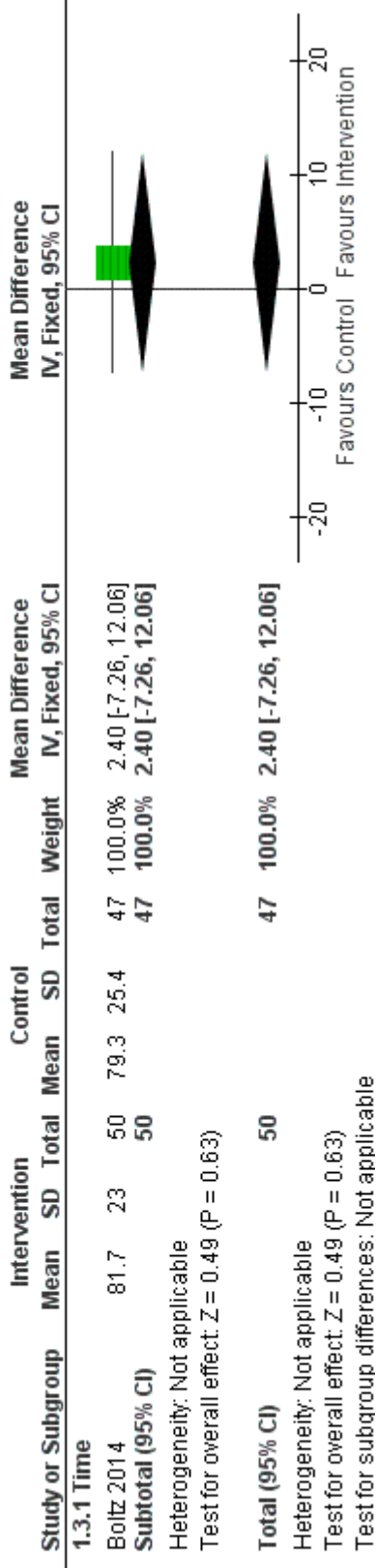
Studies awaiting classification**Ongoing studies****Other references****Additional references****Other published versions of this review****Data and analyses****1 Intervention vs Control**

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Indlæggelsestid (Length of stay) EoT	1	97	Mean Difference (IV, Fixed, 95% CI)	-0.80 [-3.15, 1.55]
1.1.1 Time	1	97	Mean Difference (IV, Fixed, 95% CI)	-0.80 [-3.15, 1.55]
1.2 Delirvarighed (Duration of delirium) EoT	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable

1.3 Funktionsniveau (Physical function) EoT	1	97	Mean Difference (IV, Fixed, 95% CI)	2.40 [-7.26, 12.06]
1.3.1 Time	1	97	Mean Difference (IV, Fixed, 95% CI)	2.40 [-7.26, 12.06]
1.4 Udskrivelse til vanlig bolig (discharge to usual residence) EoT	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.5 Død (Mortality) FU min 3 months	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.6 Genindlæggelser (Readmission to hospital within 30 days)	1	97	Risk Ratio (IV, Fixed, 95% CI)	0.39 [0.18, 0.85]
1.6.1 Time	1	97	Risk Ratio (IV, Fixed, 95% CI)	0.39 [0.18, 0.85]
1.7 Fald (Falls) EoT	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.8 Forbrug af antipsykotika (Prescription of antipsycotics) EoT	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.9 Discharge til a nursing home EoT Obs new outcome	1	97	Risk Ratio (IV, Fixed, 95% CI)	0.65 [0.31, 1.38]
1.9.1 Time	1	97	Risk Ratio (IV, Fixed, 95% CI)	0.65 [0.31, 1.38]
1.10 Delir sværhedsgrad (Delirium severity) EoT obs new outcome	1	97	Mean Difference (IV, Fixed, 95% CI)	-3.00 [-5.07, -0.93]

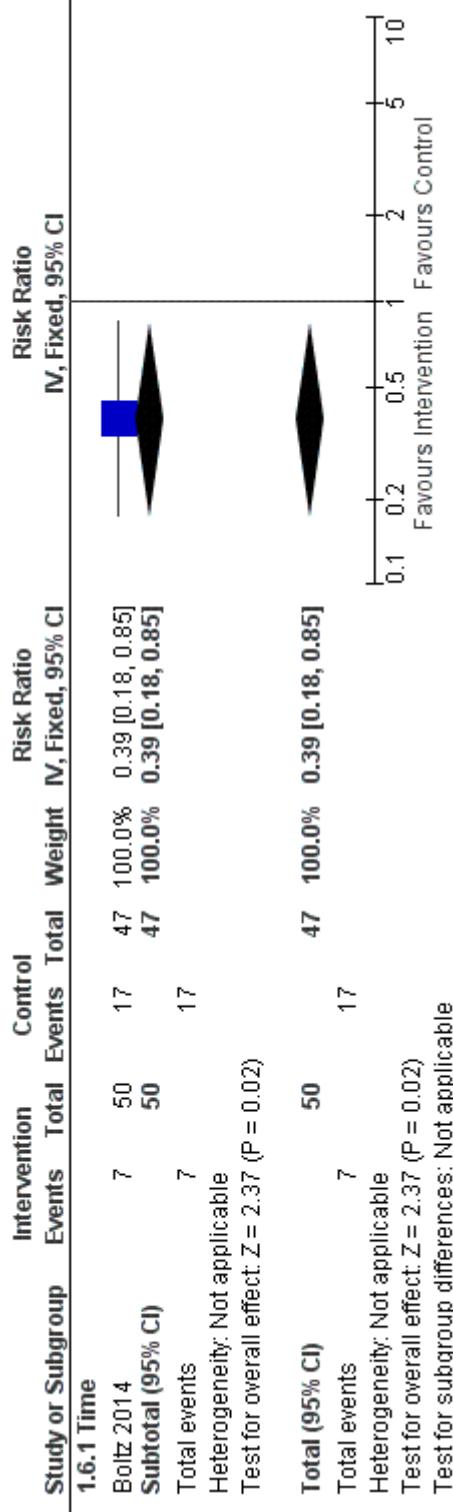
Figures

Figure 1 (Analysis 1.3)



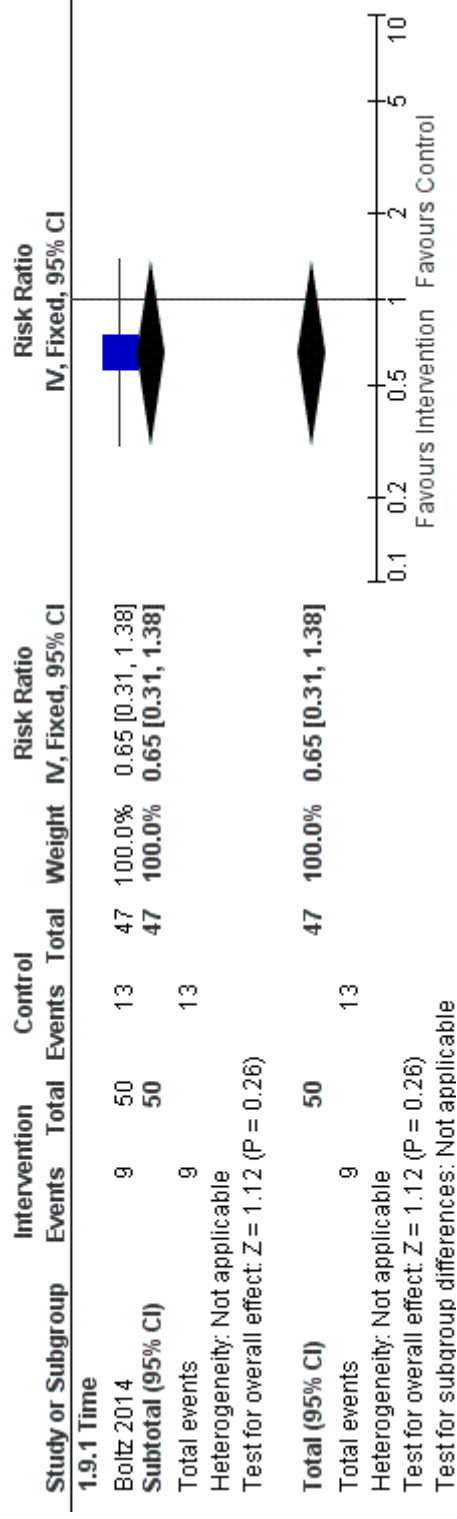
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.3 Funktionsniveau (Physical function) EoT.

Figure 2 (Analysis 1.6)



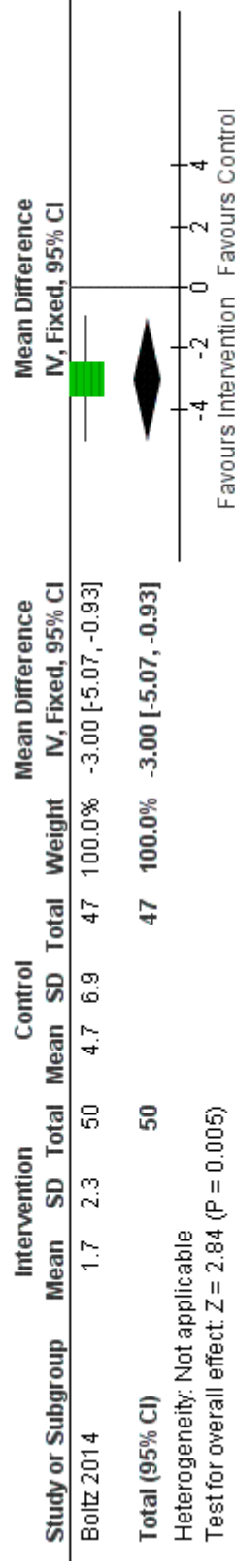
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.6 Genindlæggelser (Readmission to hospital within 30 days).

Figure 3 (Analysis 1.9)



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.9 Discharge til a nursing home EoT Obs new outcome.

Figure 4 (Analysis 1.10)



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.10 Delir sværhedsgrad (Delirium severity) EoT obs new outcome.