Emergency Care and Dementia
Geriatric emergency medicine developed as a subspecialty of emergency medi-
cine, yet persons living with dementia (PLWD) are at greater risk for adverse
events, safety risks, and worse outcomes, Christopher R. Carpenter, MD, MSc, and
colleagues wrote in an editorial. At the same time, there is a lack of dementia-focused research in emergency
departments.
Dr. Carpenter, of Washington University in St. Louis School of Medicine, is a co-investigator with the
Geriatric Emergency Care Applied Research 2.0-Alzheimer’s Dementia Care Network, or GEAR 2.0-ADC.
“Our multidisciplinary consensus conference (that included emergency
medicine and geriatric physicians, emergency medicine nurses, social
work, pharmacists, and most impor-
tantly persons living with dementia and their care partners) identified the many
knowledge gaps when delivering emerg-
cency care for PLWD,” Dr. Carpenter
told Caring. “As emergency medi-
cine updates the Geriatric Emergency Department Guidelines and accredits hospitals around the world based on
their quality improvement efforts for delivering age-friendly emergency care,
high-quality research is required to provide the foundation for effective,
patient-oriented, and cost-effective bed-
side care.”
The August issue of JAMDA includes four studies from GEAR 2.0-ADC.
These four studies, Dr. Carpenter said, “provide a compass to guide researchers and funders toward the highest priority
questions surrounding emergency department care of PLWD and their care partners.”
Research priorities involve dement-
ia detection, communication/decision-
making between emergency depart-
ment health care teams and PLWD/care partners, best practices for emergency
department care of PLWD, and care transitions from home or nursing home to
department emergency care and from the department to inpatient or outpatient settings.
“This work is inclusive of the nurs-
ing home population as they inter-
face with the emergency department in an increasingly complex medical world,”
Dr. Carpenter said. “This is particularly relevant in the care transitions that nur-
sing home patients face when referred to an emergency department or returning
from an episode of emergency care.”
Besides a lack of dementia-focused research, Dr. Carpenter and his
colleagues also found other challenges, including diversity and inclusivity.
“Surprisingly, despite a concerted effort to identify opportunities for improving the conduct and reporting of
research around diversity, equity, and inclusivity, we found very little tran-
sparency around these issues in the indi-
vidual studies identified for our scoping review,” Dr. Carpenter said. “So much
work remains to unravel the opportuni-
ties to improve health equity for PLWD in emergency department settings.
Finally, a tension between immediate action without evidence of benefit versus a more pragmatic approach to balance
inspiration with real-world constraints is palpable in our work.”
Future research, the authors said, should investigate real-world settings and be more transparent about inclusiv-
ity. Further information is available at https://gearnetwork.org/.

Emergency Care Components and Needs
Some 57% of persons living with demen-
tia have at least one visit to the emer-
gency department every year, research has shown. These patients have complex
needs, yet a lack of in-depth research with reproducible results exists to aid in
developing specific guidelines for them, a scoping review found.
As part of GEAR 2.0-ADC, Scott M. Dresden, MD, MS, of Northwestern University’s Feinberg School of
Medicine, and colleagues searched sev-
eral databases to determine priority areas for future research.
After identifying 6,348 potentially relevant articles, they chose 23 articles that looked at components of emergency
department care that might improve patient-centered outcomes for persons living with dementia and 26 articles that
addressed how emergency care needs for these individuals differ from those of other patients.
Four studies found that a compre-
hensive geriatric assessment and dedi-
cated emergency department for older adults, a hospital-at-home program, a
low-stimulation bed shade and con-
tract-free monitors, and staff mem-
bers serving as dementia companions
all led to improved patient outcomes.
“These successful interventions should be considered for future multi-centered
studies,” the researchers wrote.
This review, the authors said, sug-
gested that future research should address behavioral and psychological symptoms of dementia, functional ability, and pain
as common needs leading to emergency department visits. They also said that research should look at decreasing stimu-
lation and improving communication between clinicians, persons living with dementia, and care partners in the
emergency department.


Delirium and Hospital Discharge
Hospitalized individuals who have delir-
ium are more likely to require additional medical care after discharge rather than
return home and have a much greater
risk of mortality, according to a study
in Switzerland.
Led by Carl M. Zipser, MD, of
University Hospital Zurich and University of Zurich, the research-
ers conducted a pragmatic prospective
cohort study of adults admitted to a ter-
tiary care center. Delirium was diagnosed according to the Delirium Observation
Screening Scale (DOS), the Intensive Care Delirium Screening Checklist (ICDSC), or the Diagnostic and Statistical Manual 5 (DSM-5) relevant
parameters of the electronic Patients’
Assessment-Acute Care questionnaire.
Out of 27,026 individuals included, 5,313 (19.7%) had delirium at least once
while in the hospital. These individu-
als were nearly 90% less likely to return
home and were more than four times as
likely to be transferred to an acute rehabili-
tation facility, nursing home, or outside
hospital. The adjusted risk of mortality was 30 times higher in these individuals.
These findings support further research on the adverse consequences of
delirium and call for implementation of
prevention and management strategies,
the researchers said.

Source: Zipser CM, et al. Discharge Destinations of Delirious Patients: Finding From a Prospective Cohort Study of 27,026 Patients From a Large Health Care System [published online: February 13, 2022].
J Am Med Dir Assoc. DOI: https://doi.
org/10.1016/j.jamda.2022.01.051.

Jeffrey S. Eisenberg, a freelance writer in the Philadelphia area, compiled this report.