**Presentation of the survey**

Dear colleague

The Italian Association of Psychogeriatric (AIP) is conducting a survey on delirium, a topic of great relevance in clinical practice. Our aim is to assess within the multidisciplinary members (doctors, nurses, psychologists and physiotherapists) of our Association the level of knowledge about this condition, its diagnosis and management.

This survey includes 14 questions and 2 case vignettes that are common for all health professionals and 2 questions for the doctors only. It takes about 10 minutes to complete. To start the survey, click on the web page of the AIP. Please, remind 1) to scroll down at the bottom of each page to find the next page button and 2) to proceed till the end of the survey and click 'Finish survey?' to provide all the data required.

We are very grateful for your time.

The results will be presented at the next EDA conference and submitted as a paper for publication.

The survey is anonymous and no identifiers will be recorded.

If you have any further questions or comments you can contact directly:

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**All healthcare professionals**

1. In your opinion, which definition is the best to define delirium?

|  |  |
| --- | --- |
| ❒ Behavioral disturbance which often, although not always, develop in the course of dementia | ❒ Acute cognitive deficit with tendency to fluctuating symptoms, inability to focus, maintain or shift attention |
| ❒ Cognitive impairment including spatial and temporal disorientation but memory is relatively spared | ❒ Behavioral disorder non otherwise specified which is typical of non Alzheimer dementia (i.e. Lewy Body Disease) |

1. In your opinion, delirium is detectable:

|  |  |
| --- | --- |
| ❒ Only in geriatrics wards, long-term care setting or nursing homes | ❒ Only among elderly patients |
| ❒ Across all hospital settings, including surgery, pediatric wards and intensive care units | ❒ Only in surgical patients (i.e., general surgery, orthopedics) |

1. What tool do you use to diagnose delirium?

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| --- | --- |
| ❒ None | ❒ Nursing Delirium Screening Scale |
| ❒ Confusion Assessment Method | ❒ DSM-IV criteria |
| ❒ Neecham Confusion Scale | ❒ Other (please, specify): |

1. What tool do you use to rate the intensity of delirium?

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| --- | --- |
| ❒ None | ❒ Delirium Index |
| ❒ Delirium Rating Scale  ❒ Richmond Agitation and Sedation Scale | ❒ Other (please, specify): |
| ❒ Delirium Symptom Interview |  |

1. What is your first approach for the treatment of hypoactive delirium?

|  |  |
| --- | --- |
| ❒ None | ❒ Non pharmacologic (search of possible causes cause and environmental approach) |
| ❒ Pharmacologic | ❒ Both pharmacologic and non pharmacologic |

1. What is your first approach for the treatment of hyperactive delirium?

|  |  |
| --- | --- |
| ❒ None | ❒ Non pharmacologic (search of possible causes cause and environmental approach |
| ❒ Pharmacologic | ❒ Both pharmacologic and non pharmacologic |

1. In your opinion, what among the following conditions could be considered and treated as possible cause of delirium? (tick all that apply)

|  |  |
| --- | --- |
| ❒ Multiple drugs | ❒ Constipation |
| ❒ Infections | ❒ Indwelling urinary catheter |
| ❒ Dehydration | ❒ Sleep deprivation |
| ❒ Urinary retention | ❒ Malnutrition |
| ❒ Untreated pain |  |

|  |  |
| --- | --- |
| 1. What is your job?   ❒ Doctor ❒ Nurse  ❒ Psychologist ❒ Physiotherapist   1. How long have you been practicing with your qualification?   ❒ < 1 year ❒ 6-10 years  ❒ 1-5 years ❒ > 10 years   1. In which Italian Region do you work?   ❒ Abruzzo ❒ Molise  ❒ Basilicata ❒ Piemonte  ❒ Calabria ❒ Puglia  ❒ Campania ❒ Sicilia  ❒ Emilia-Romagna ❒ Sardegna  ❒ Friuli-Venezia-Giulia ❒ Toscana  ❒ Lazio ❒ Trentino-Alto-Adige  ❒ Liguria ❒ Umbria  ❒ Lombardia ❒ Valle d’Aosta  ❒ Marche ❒ Veneto   1. Please indicate the specialty of your setting   ❒ Surgery ❒ Emergency Department  ❒ Geriatrics ❒ Rehabilitation  ❒ Internal medicine ❒ Nursing home  ❒ Orhtopedics ❒ Intensive Care Unit  ❒ Neurology ❒ Other (specify):  ❒ Psychiatry |  |

**Only doctors**

1. What is your specialization?

❒ Psychiatry ❒ Neurology

❒ Internal medicine ❒ Geriatric

❒ Intensive Care Unit ❒ Other (specify):

1. Which drugs do you most frequently use for the treatment of hypokinetic delirium (tick all that apply)

|  |  |
| --- | --- |
| ❒ Benzodiazepine | ❒ Haloperidol |
| ❒ Opiates | ❒ Melatonin |
| ❒ Atypical antipsychotics (i.e, olanzapine, risperidone, quetiapine) | ❒ Other (specify): |
|  | ❒ None |

1. Which drugs do you most frequently for the treatment of hyperkinetic delirium (tick all that apply)?

|  |  |
| --- | --- |
| ❒ Benzodiazepine | ❒ Haloperidol |
| ❒ Opiates | ❒ Melatonin |
| ❒ Atypical antipsychotics (i.e, olanzapine, risperidone, quetiapine) | ❒ Other (specify): |
|  | ❒ None |

1. **Case vignette 1:** A 75-years-old man presented to the Emergency Department (ED) with dyspnea, cough and fever since two days. In the ED he was commenced on intravenous diuretics, steroid, antibiotics and oxygen. To assess urinary output an indwelling urinary catheter was placed. After 8 hours from admission to ED he was transferred to an acute medical ward with acute respiratory failure. His past medical history included hypertension, chronic obstructive pulmonary disease, and hypercholesterolemia. Chronic medications consisted of amlodipine, ipratropium and simvastatin. Before admission he lived with his wife, was independent in instrumental and basic activities of daily living, drove his car and played card games. On admission to acute medical ward, he was not able answering questions appropriately and repeatedly dozed off while being interviewed. During interview, he appeared to be speaking to himself and was difficult to understand what was being said. Furthermore, he didn’t know why he was in hospital and thought that the year was 1912. In addition nursing staff reported that he needed to be frequently prompted to wake whilst he is being fed. Family members reported that the patient started to be drowsy for at least the preceding 2 days.

What is your diagnosis?

|  |  |
| --- | --- |
| ❒ Hyperkinetic delirium | ❒ Hypokinetic delirium |
| ❒ Hypokinetic delirium superimposed on dementia | ❒ None of the above mentioned |

1. **Case vignette 2:** A 83-years-old woman was admitted to the cardiology department with congestive heart failure decompensated since at least two days. On admission she was commenced on intravenous diuretics, steroid, antibiotics and oxygen and an indwelling urinary catheter was placed. Her past medical history included acute myocardial infarction, diabetes, and osteoporosis. Chronic medications consisted of bisoprolol, furosemide, aspirin, metformin, alendronate, melatonin and trazodone. Since two years she lived at her home with paid assistance. After two days from admission clinical conditions appear to improve, while at third day she appeared to be sleepy and unappetizing. Relatives referred that this behavior was different from what she displayed at home, although was generally easily distractible, had memory impairment and required assistance in taking pills and managing money. On clinical examination at bedside she was drowsy and was unable to respond appropriately to questions. She appeared to misunderstand what she is asked and the doctor needs to repeat questions 3-4 times before getting an incoherent answer. The daughter is worry because she saw her mother very confused.

What is your diagnosis?

|  |  |
| --- | --- |
| ❒ Hyperkinetic delirium | ❒ Hypokinetic delirium |
| ❒ Hypokinetic delirium superimposed on dementia | ❒ Behavioral disturbance associated to dementia |