One million adults in the United States receive mechanical ventilation for acute respiratory failure in the intensive care units (ICUs) annually and up to 80% of them develop delirium during their ICU stay. Presence of delirium predisposes older adults to immediate in-hospital complications including a longer length of ICU and hospital stay, increased risk of in-patient mortality and elevated costs of care. In addition, ICU delirium is associated with long-term post-discharge complications such as development of cognitive impairment and dementia. Not only does the presence of delirium portend adverse patient-related outcomes; both delirium duration and delirium severity have also been identified as predictors of mortality and other adverse consequences.

Research studies to date exploring pharmacological strategies to manage ICU delirium have not been successful in demonstrating efficacy and further work is needed. Dr. Khan through his presentation will discuss the current diagnostic criteria for ICU delirium and will lay out the evidence specifically the trials data focusing on delirium prevention and treatment.