

# The role of primary prevention in the management of postoperative delirium – analysis of the updated guideline of the European Society of Anaesthesiology and Intensive Care (ESAIC)

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**Background and objective:** Postoperative delirium (POD) is a serious complication after surgery and occurs disproportionately in older patients. The current update [1] of the 2017-European Society of Anaesthesiology and Intensive Care (ESAIC) evidence- and consensus-based guideline [2] summarizes the most recent evidence and recommendations for the management of POD in adult patients.

**Objectives:** To analyze the recommendations concerning their levels of prevention.

**Methods:** Each recommendation from the six chapters of the revised guideline was analyzed using the common definitions of primary to tertiary prevention [3].

 Basic science	0	 Risk Factors	1
 Pharmacological prevention	4	 Non-pharmacological prevention	3
 Neuromonitoring	2	 Treatment	3

**Results:** The current ESAIC POD-guideline lists 13 evidence- and consensus-based recommendations. Of these, ten recommendations address primary prevention and three recommendations address tertiary prevention (treatment). Additionally, the authors suggest an expert-based gold standard for POD screening in future studies<sup>#</sup>.

## References:

- [1] Aldecoa C, Bettelli G, Bilotta F et al. 2021-Update of the European Society of Anaesthesiology and Intensive Care Medicine (ESAIC) evidence-based and consensus-based guideline on postoperative delirium in adult patients. Eur J Anaesthesiol 2023. doi:10.1097/EJA.0000000000001876
- [2] Aldecoa C, Bettelli G, Bilotta F, et al. European Society of Anaesthesiology evidence-based and consensus-based guideline on postoperative delirium. Eur J Anaesthesiol 2017; 34:192–214.
- [3] Porta M (editor). A Dictionary of Epidemiology. Fifth Edition. International Epidemiologic Association (IEA). Oxford University Press. Oxford New York. 2008 (page 192).  
# ".../ to start screening for POD in the recovery room. The screening for POD should be continued at least until day 3 after surgery and at least twice a day." (page 22 in [1])

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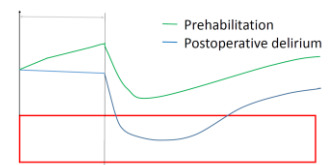
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The recommendations for primary prevention cover a broad range of activities, including:

- Risk factor assessment and evaluation
- Non-pharmacological measures
- Pharmacological measures
- Neuromonitoring
- Prehabilitation

## Conclusion/lessons learned:

Perioperative curative-oriented disciplines such as surgery and anesthesia have traditionally focused less on prevention and health promotion. However, these disciplines play a crucial role in the implementation and management of POD-prevention strategies. These include the systematic screening for risk factors such as frailty, the initiation of preventive strategies in the peri-operative pathway, and, in elective surgery, the implementation of prehabilitation strategies.



## Relevance to HPH:

The best 'treatment' of POD is its prevention. Curative orientated perioperative disciplines play a key role.



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POD prevention strategies in hospitals

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**Conflict of interest:** The ESAIC paid travel and accommodation to BN, GB & CS for scientific meetings during the current update of the POD-guideline.