

CME COURSE TITLE	How to manage Delirium in the General Hospital
COURSE DIRECTOR AND CO-DIRECTORS	A. Diefenbacher¹, D. Georgescu², A. Barbosa³ Institute(s): ¹ Psychiatric Department, Ev. Krankenhaus Königin Elisabeth Herzberge, Berlin, Germany ² Departement Gerontopsychiatrie und Neuropsychiatrie, Psychiatrische Dienste Aargau AG, Brugg, Switzerland ³ Centro de Bioetica / Equipa de Psiquiatria de Ligação, Faculdade de Medicina de Lisboa, Lisbon, Portugal
COURSE LEVEL	Basic
EDUCATIONAL OBJECTIVES	Participants shall learn how to diagnose and treat delirious states in the general hospital. At the end of the course they will be able to develop simple interventions and know how to advise staff on medical-surgical wards on how to manage patients with behavioural disturbances due to delirium.
COURSE DESCRIPTION	Delirium is very often present among general hospital inpatients, nursing home residents and/or palliative care settings. It has organic causes, that lead to psychological-behavioural consequences, and affect as well the patients' environment, i.e. caregivers like family and staff alike. This workshop will deal with each of these three domains, thus reminding us of the "father" of the biopsychosocial approach, George Engel who in the 1950s performed EEG studies and demonstrated disturbances of brain electric activity in delirious patients. Recent guidelines, e.g. NICE, on delirium will be presented, and perspectives of management of delirious patients in the general hospital will be developed. We will discuss organic causes, and present a simple rooster for the training of staff, in order to conceptualize vulnerability in elderly frail patients prone to develop delirium. The clinical picture will be outlined, with special emphasis on the differential diagnosis of hypoactive deliria. Simple screening methods, like the Confusion Assessment Method (CAM), to be used by nurses in order to improve early detection of delirious patients will be presented. Pharmacological interventions for the treatment of acutely ill patients, as well as the possibility of preventing postoperative deliria by the administration of neuroleptics preoperatively will be presented. Non-pharmacological interventions by nursing staff will be demonstrated. Psychosocial interventions towards family members, as well as perspectives of further development of hospital structures will complete our biopsychosocial approach towards delirious patients. NB. This is a proposal of the Section for Consultation-Liaison Psychiatry. Basic English knowledge, 25 participants.
PREQUISITE KNOWLEDGE	Basic knowledge in psychopathology and psychiatric nosology and drug treatment, as should have been learnt by the end of a 1-2 year residency program.
COURSE METHODS AND MATERIAL	Small group discussions; case studies; debate; slides; handouts
RECOMMENDED READINGS	Chapter on "Delirium" in Levenson J (2011) Psychosomatic medicine psychiatric care of the medically ill. 2.ed. The American Psychiatric Publishing, Washington DC, London
LANGUAGES	English, German
EARLY CAREER PSYCHIATRISTS	Yes