Table of Contents

1. ADS 2nd Annual Meeting a Success
2. Keynote Speakers Energize the ADS
3. Highlights of the ADS Sessions
4. Clinical Trial Updates
5. Winner of the 2012 ADS Poster Competition
6. Welcome to New Board Members
7. ADS Website: Help Us Grow by Linking Us/Connecting Us to Your Favorite Websites
8. Thanks to the Organizers of This Year’s ADS Meeting
9. New President’s Charge to the American Delirium Society!
10. Next Year’s Meeting: Indy 2013!

Editor
Joseph Flaherty, MD
Division of Geriatrics
Saint Louis University
1. ADS 2nd Annual Meeting a Success

This year’s meeting in Indianapolis was “outstanding,” “awesome,” and “amazingly informative.” Over 100 participants from several parts of the US and as far as Australia, China, Europe and Canada, came together for two and half days to share the latest in Delirium Science.

Many new members joined previous members from June 3rd through June 5th for outstanding updates on clinical and basic science research, awesome interactive educational sessions and amazingly informative discussions about where we, health care professionals with a passion in the area of delirium, are headed. The current state of delirium science (neuropathophysiology, screening, diagnosis, management and treatment) is young, yet full of energy and ideas.

Thanks to all participants who came and joined in the success of this meeting and in the efforts to bring delirium science to the forefront of medical care.
2. Keynote Speakers Energize the ADS

‘ADS Keynotes Inspire’

The opportunity to personally meet and learn firsthand from leaders in the field is one of the greatest advantages of attending American Delirium Society annual meeting. Sharon Inouye, M.D., MPH, and Ann Kolanowski PhD, RN provided rousing keynote addresses which presented current delirium knowledge and innovations from the perspectives of both medicine and nursing. Dr. Inouye is considered a pioneer, and her major contributions have included the development of a diagnostic instrument for delirium, in addition to the creation of multiple prevention strategies. She is a Professor of Medicine at Harvard University, physician and researcher at Beth Israel Deaconess Medical Center, the Milton & Shirley F. Levy Family Chair at Hebrew SeniorLife’s Institute for Aging research, and the director of Hebrew SeniorLife’s Aging Brain Center. Dr. Kolanowski is a renowned leader in delirium research and clinical care. Her research has focused on complex care issues for older adults, particularly in the area of non-pharmacological interventions for delirium in persons with dementia. She is the Elouise Ross Eberly Professor at Penn State University’s School of Nursing and the director of the Hartford Center of Geriatric Nursing Excellence.

Dr. Inouye’s keynote, entitled, “Delirium—The Way Forward” was delivered on the first full day of the meeting. She addressed the crowd with a sentiment of gratitude, noting that it has been an encouragement to see the field grow in the past several decades. Dr. Inouye offered several recommendations regarding her sense of the best ways to continue this growth moving forward. She stressed the importance of highlighting the burden delirium places on society as a whole as well as patients and their care providers. In order to maximize research impact she promoted the undertaking of cost effectiveness studies of prognosis and treatment. Additional suggestions were to increase implementation and quality improvement efforts, as well as to find ways to influence policy makers. At the conclusion of her talk, Dr. Inouye was recognized with this year’s Delirium champion award “for her advocacy, leadership and numerous contributions to the advancement of delirium science and care”.

Dr. Kolanowski’s keynote, entitled, “The Care of Delirium: What’s Next?” was delivered during the second full day of the meeting. She addressed the audience with a passion for the care of delirium patients, noting that while there has been significant progress in the field, there is still much to be done. She emphasized the need for continued research and education to improve the care of delirium patients. She also highlighted the importance of interdisciplinary collaboration in the care of delirium patients and the need for better reimbursement for delirium care.
Dr. Kolanowski provided the keynote on the final day of the meeting, which was entitled “Innovative Nursing Approaches to Delirium Assessment, Intervention and Knowledge Dissemination”. As a representative from the discipline of nursing, she advocated for the essential element of interdisciplinary collaboration when striving to prevent and treat delirium. The argument that nurses are at the forefront of delirium care was well supported by her reference to the fact that nurses are better at behavioral observation, a critical component of delirium detection and care. Dr. Kolanowski cited Canada’s RADAR Assessment, which stands for Recognize Active Delirium as a Routine, as an example of how delirium recognition can be integrated into the regular practice of daily inpatient care. Also highlighted was the importance of continuing to use non-pharmacological interventions when providing care to patients with delirium.

Both speakers inspired the audience and encouraged all participants to continue their own efforts in delirium prevention and treatment nationally, as well as across the globe. While it was acknowledged that there is a long way to go, a palpable excitement was evident in regards to what everyone’s combined contributions might provide for those currently suffering with delirium, and those who may never need to in the future.

Thank you to Elizabeth Archambault MSW, LICSW, VA Boston Healthcare System for contributing this review.

3. Highlights of the ADS Sessions

Delirium Measurement

One of the most heated and near raucous sessions discussed delirium measurement. After an overview of various delirium measurements and screening tools, with a focus on “cutting edge” research findings, a panel discussion stimulated the audience to question the status quo in this area. Although there was no final consensus, the discussion (and debate) will surely continue while waiting for next year’s ADS meeting.

Thanks to attendees of this session for a lively discussion, and special thanks to our speakers/panel: Michelle Weckmann, MD (University of Iowa; moderator), Paula Trzepacz, MD (Eli Lilly & Company), Laura Hoofring, MSN, ARNP-PMH (Johns Hopkins University), Jean-David Gaudreau, MD (Centre Hospitalier de l’Université Laval), Edward Marcantonio, MD (Harvard University), Ann Gruber-Baldini, PhD (University of Maryland School of Medicine) and David Meagher, MD, MRCPsych (University of Limerick).
For participants looking for that day-to-day practical (and fun) session, *Delirium Care in the 21st Century* was the place to be. The lively session was moderated by Teresa McCarthy, MD (University of Minnesota).

James L. Rudolph, MD, MS (Harvard University) presented his innovative “Delirium Tool Box,” a set of “anti-delirium” devices (such as ear-plugs and eye-masks for sleeping).

Joseph Flaherty, MD (St. Louis University School of Medicine) and Sharon Gordon, Psy.D (VA Tennessee Valley Healthcare System) demonstrated their T-A-DA method of delirium management (Tolerate, Anticipate, Don’t Agitate). The “nurse” (Gordon) had her hands full as the delirious older man (Flaherty) climbed out of bed, pulled on his attachments and argued, “I am NOT in the hospital.”

Noll Campbell, PharmD (Purdue University/Regenstrief Institute) gave one of the most thorough reviews the crowd has ever seen on existing data for medication use in the area of delirium. E.

Wesley Ely, MD, MPH (Vanderbilt University) then wowed the crowd with the latest breakthroughs (emerging data as well as practical experiential advice) for the care of ICU patients with delirium.

Last, but definitely not least, Amy Pawlik, PT, DPT, CCS and Cheryl Esbrook, OT (University of Chicago) gave participants an inside look at their sentinel study on early mobilization of ventilated ICU patients. This was published in Lancet and will no doubt become the standard of care along with daily “wake and breathing trials,” (which was pioneered by Wes Ely).
Other “hot-topic” sessions included **Pathophysiology and Biomarkers**, moderated by Jeff Silverstein, MD (Mount Sinai School of Medicine), with speakers Malaz A. Boustani, MD, MPH (Indiana University), Stacie G. Deiner, MD (Mount Sinai School of Medicine), Edward Marcantonio, MD (Harvard University), Alasdair MacLullich, MB, ChB, PhD (University of Edinburgh) and James C. Root, PhD (Memorial Sloan Kettering Cancer Center), **Post-Operative Delirium**, moderated by Rakesh C. Arora, MD, PhD (St. Boniface Hospital), with speakers Gregory Crosby, MD (Harvard University), Thomas Robinson, MD (University of Colorado at Denver), Karin Neufeld, MD, MPH (Johns Hopkins University), Pratik Pandharipande, MD, MSCI (Vanderbilt University), Yoanna Skrobik, MD (Université de Montréal) and Michele C. Balas, PhD, RN, CRNP, CCRN (University of Nebraska Medical Center), and **Long-Term Outcomes of Delirium**, moderated by Yesne Alici, MD (Central Regional Hospital), with speakers Daniel Davis, MD (University of Cambridge), Dimitry Davydow, MD (University of Washington), Alasdair MacLullich, MB, ChB, PhD (University of Edinburgh), O. Joseph Bienvenu, MD, PhD (Johns Hopkins University), Frederick Sieber, MD (Johns Hopkins University) and Jose Maldonado, MD (Stanford School of Medicine).
4. Clinical Trial Updates

Similar to the inaugural meeting in 2011, the 2012 Clinical Trial Update session was fortunate to offer “First-Look” presentations from ongoing and recently completed clinical trials in delirium recognition, prevention, and treatment.

Recognition and monitoring presentations included Dr. Jin Han (Nashville, TN) and Dr. Gideon Caplan (Sydney, Australia). Dr. Han presented ongoing data about screening for delirium in the Emergency Department. Dr. Caplan discussed use of cerebral blood flow monitors for measuring duration of delirium.

Studies about pharmacologic approaches to delirium prevention were presented by Dr. Simon Mears (Baltimore, MD), Dr. Jeff Silverstein (New York, NY), Dr. Dongxin Wang (Beijing, China), and Dr. Laura Sands (West Lafayette, IN). Dr. Mears reviewed prevention of delirium among orthopedic patients. Dr. Silverstein gave an update on the ongoing Dexlirium Trial (use of dexmedetomodine). Dr. Wang showed data from his institution on the use of postoperative haloperidol. Dr. Sands presented data on the use of gabapentin.

Finally, treatment studies were presented by Dr. Babar Khan (Indianapolis, IN) and Dr. Wes Ely (Nashville, TN) who presented updates on their individual pharmacologic treatment studies targeting the reduction in severity and duration of delirium among ICU patients.

Don’t miss next year’s session on clinical trial updates as these presentations offered attendees an insider’s look at study design and early findings from clinical trials that will shape the clinical care of delirium for years to come!

Thank you to Noll Campbell, PharmD, Purdue University/Regenstrief Institute for this review.
5. Winner of the 2012 ADS Poster Competition

The poster session was a success, with twice as many researchers presenting the latest in delirium compared to last year. Nearly all participants at the meeting attended the session for some lively exchange of ideas. The winner of this year’s Poster Competition (Dr. Jeff Silverstein serving as judge) was Terri G. Monk, MD, MS, Professor of Anesthesiology at Duke University School of Medicine, for her research in the area of postoperative cognitive impairment. This was and is a key part to the success of the ADS meeting this year. Thanks to all presenters.
6. Welcome to New Board Members

The ADS welcomes the commitment of the following “deliriologists” onto the board: Rakesh C. Arora and Jose Maldonado.

Continuing board members include Ken Shay, Joseph Flaherty, James Rudolph, Karin Neufeld, Malaz Boustani, Ann Gruber-Baldini, Marianne Shaughnessy, Sharon Gordon, Barbara Kamholz, Yesne Alici and Noll Campbell.

The board met several times before and during the ADS annual meeting to discuss and develop working plans for some of the important agenda items for the coming year. These items include the research committee’s plans to promote more networking among researchers and bring in young researchers into the area of delirium, improvement and expansion of the ADS website, and of course, strategies, ideas and proposals for the 2013 ADS Annual meeting. Thanks to all the board members for their commitment to the ADS mission:

“To foster research, education, quality improvement, advocacy & implementation science to minimize the impact of delirium on short and long-term health and well-being, and the effects of delirium on the health care system as a whole.”

Keep up the great work!
7. ADS Website: Help Us Grow by Linking Us/Connecting Us to Your Favorite Websites

You can help raise our status on “google searches” in 2 ways:
1. Put our link onto your website
2. Visit our website often
   (http://www.americandeliriumsociety.org)

8. Thanks to the Organizers of This Year’s ADS Meeting

The American Delirium Society’s Second Annual Conference held June 3-5, 2012 in Indianapolis was a tremendous success. Over 100 attendees were brought up to date on scientific and clinical advances in delirium. On behalf of the American Delirium Society’s Board of Directors, sincere thanks go out to the Organizers of the 2012 ADS Meeting: Malaz Boustani (conference chair) and Karin Neufeld and Rakesh Arora (co-chairs), and the rest of the conference planning committee: Barbara Kamholz, Barbara Pambrun, Ella Bowman, Jeff Silverstein, Jim Rudolph, Jose Maldonado, Marianne Shaughnessy, Michelle Weckmann, Noll Campbell, Sharon Gordon, Teresa McCarthy and Yesne Alici. The ADS appreciates the unrestricted educational grant from Hospira and the efforts at Roberta Manns for making this conference possible.

Thank you to, Marianne Shaughnessy, Ph.D., CRNP, University of Maryland School of Nursing and Baltimore VA GRECC for this piece.
9. New President’s Charge to the American Delirium Society!

On the opening night of the ADS conference, the new president, Dr. Malaz Boustani gave an energetic charge to the attendees. Based on his many years of experience in the area of dementia research, he brings great insight into some of the next major steps for delirium researchers.

The following are a few of his key slides from his presentation,

**Bringing Delirium Specific Medications to the Bedside:**
A Global Regulatory Approval Framework for Delirium Drugs

---

### Objectives

- Initiate a partnership between ADS and NIH (NIA/NIMH) to facilitate the development of a pathway for FDA approval of drug for delirium.

  - Work with FDA to define delirium as a target for drug indication.

  - Publish a consensus statement on the minimally specified design of phase 2 and phase 3 clinical trial evaluating new therapeutics for delirium treatment.

---

*There is a large body of empirical evidence for the usefulness of pharmacological treatment of delirium though there is a relative dearth of double-blind randomized clinical trials and few that are placebo controlled. There are no registration quality double-blind, randomized, placebo-controlled trials that evaluate efficacy and safety, nor is there a regulatory body in any country that has approved a drug with an indication to treat delirium. Reasons include inadequate training for design and implementation of clinical trials, too few patients at a given research site to adequately power a study, confounding variables such as dementia, multifactorial underlying etiologies that are difficult to control, inadequate understanding of the neuropathophysiology of delirium that could theoretically guide a choice of drugs, referral populations where the primary physician may not be the one interested in pursuing the research, confounding factors for attribution of safety signals, and lack of funding for an adequately powered trial outside of the pharmaceutical industry. This article provides basic information aimed at educating physicians and other clinicians about design and implementation considerations to conduct an adequately powered double-blind, randomized placebo-controlled clinical trial to evaluate a drug’s efficacy in delirium.*

*2008 Elsevier Inc. All rights reserved.*
Next Year’s Meeting: Indy 2013!

The 3rd Annual American Delirium Society Conference will be June 2-4, 2013, in Indianapolis, Indiana. The planning committee and the Board decided that having the meeting one more year in Indianapolis was the prudent choice for financial and organizational reasons. After this, it is likely the meeting will be held in various cities around the country in order to grow the membership in different regions.

Please join us next year and bring some colleagues! We are growing!

Don’t forget to Like us on

[Facebook logo]