

Why it is important to recognize delirium in our emergency department

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Dear Editor,

We feel it is appropriate to highlight the need for accurate diagnosis and sustained monitoring of delirium in the Emergency Department (ED) context. Despite the high-risk setting, there is a notable lack of research quantifying the incidence of delirium specifically within the ED, which remains a significant gap in the current literature. Over the past four decades, the published prevalence and incidence of delirium in adult acute medical inpatients has remained broadly stable at 23%¹ (approximately one in four older hospitalized adults). A recent limited data collection in two emergency departments in northern Italy showed that the percentage of patients aged >65 years with delirium was 16.1% and 34.6%, respectively.² Still now it remains poorly detected, being missed in up to 76% of cases attending the ED.³

There are several reasons to look for delirium: it can be a symptom of life-threatening conditions such as infection, metabolic disorders or drug intoxication. Early recognition allows for timely intervention. Identifying delirium leads to a structured search for underlying causes, improving diagnosis and treatment. A formal

diagnosis of delirium helps patients and families understand the condition, reducing anxiety and improving support.

Undiagnosed delirium has profound clinical and economic consequences. Research shows a 39% increased risk of death and a threefold increase in the likelihood of developing dementia in affected patients.⁴ Delayed or missed diagnoses of delirium contribute to longer hospital stays, increased institutionalization rates and poor cognitive outcomes. In addition, mismanagement - including inappropriate pharmacological interventions - can exacerbate patient morbidity, highlighting the need for timely and accurate recognition.

The 4AT is an accurate method of screening for delirium in ED. Its brevity and simplicity make it easy to use in routine clinical practice.⁵ The high prevalence and serious consequences of undetected delirium require the implementation of standardized diagnostic protocols, routine staff training and comprehensive care models. By promoting early detection and intervention, healthcare providers can reduce mortality, minimize cognitive decline and improve quality of care for this vulnerable population.

Because of its ubiquity and heterogeneous clinical presentation, the responsibility for the diagnosis and management of delirium extends to all clinicians. The prevalence of delirium is not limited to a single specialty, but spans both hospital and community settings. Emergency physicians are the first point of contact, making their vigilance and expertise essential in managing this critical condition.

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Key words: delirium, emergency medicine education, older adults.

Conflict of interest: the authors declare no potential conflict of interest, and all authors confirm accuracy.

Received: 1 April 2025
Accepted: 28 April 2025
Early view: 13 June 2025

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Licensee PAGEPress, Italy
Emergency Care Journal 2025; 21:13861
[doi:10.4081/ecj.2025.13861](https://doi.org/10.4081/ecj.2025.13861)

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