Delirium in the elderly: the importance of accurate diagnosis

Sir,

We read with interest the review on delirium in the elderly by Vilches and colleagues (vol 66(8), 2005, p. 474). We are surprised to read that schizophrenia is considered to be a differential diagnosis. Does this reflect stigmatization or a poor understanding of psychiatry within hospital medicine?

Schizophrenia is a specific diagnosis under the umbrella of psychosis. Diagnostic criteria include a prodrome followed by first rank symptoms. These include formal thought disorder, auditory hallucinations, delusional perception and passivity phenomena. Unlike delirium consciousness is not affected, symptoms exceed 1 month's duration and are not attributable to a medical condition.

We believe that acute psychotic disorders should replace schizophrenia as a differential for delirium. In this, hallucinations and delusions are more variable, present for less than 1 month and are not attributable to a medical condition.

The correct diagnosis is paramount as psychiatric diagnoses attract stigma. The label 'schizophrenia' carries images of dangerous young men with split personalities. This misunderstanding is largely a result of media distortion, but medical professionals are not immune to this negative portrayal. It causes discrimination of the mentally ill and an avoidance of psychiatry (Crisp, 2004). A survey carried out in 2000 identified that a third of mental health patients felt discriminated against by health professionals (Chadda, 2000).

The ability to accept mental illness and respond appropriately is an attribute required by all doctors. This can be achieved by decreasing stigma and increasing knowledge. Modernising Medical Careers will expose more junior doctors to psychiatry. The impact of this initiative remains to be seen.

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Sir,

The manifestations of delirium lack specificity and symptoms such as disturbed thinking, hallucinations (can occur in any sensory modality), delusions, illusions, suspiciousness and passivity phenomena can all be found in delirious patients. Persistent delirium at 1 year is well described in the literature (Leslie et al, 2005).

Perhaps this wide range and length of symptoms explains the inclusion of schizophrenia in the differential diagnosis of delirium found in national practice guidelines (British Geriatrics Society, 2003) and published clinical reviews by psychiatrists such as Gleason (2003) or Meagher (2001), particularly when no clear aetiology is immediately apparent.

A correct diagnosis is paramount but it is equally important that health professionals recognize a psychotic disorder, irrespective of whether it is acute or persistent, and feel confident in its management and/or appropriate referral to specialist mental health services, to clarify the diagnosis and ensure the most appropriate treatment including patient–family support and follow up.

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The levonorgestrel-releasing intrauterine system for menorrhagia

Sir,

We completely agree with the conclusion of the article 'The levonorgestrel-releasing intrauterine system in modern gynaecology' (vol 66(10), 2005, p. 574) that high levels of patient satisfaction can be obtained using this system without subjecting women to unnecessary surgical intervention. We would like to outline the results of an audit performed which illustrates the benefits of the Mirena in patients with menorrhagia.

An audit undertaken in Wigan and Leigh Hospital involved a questionnaire which was sent to 100 patients who had had a levonorgestrel-releasing intrauterine system (Mirena) fitted in 1999 for gynaecological reasons.

Five-year follow up of these patients showed that 48% had had a Mirena in situ for 5 years and 20% for 3 years, and 78% experienced less heavy or no periods. These are similar results to those seen in women using Mirena as contraception.

Of the patients surveyed, 84% felt that adequate information had been give before fitting regarding the purpose of the coil, the content (hormones) of the device, its mechanism and duration of action, time of insertion, benefits of the coil, complications involved, side effects, follow up required, its effectiveness for long-term contraception and as an alternative to invasive procedures. Some minor side effects were noted, namely cramps in 40% of patients and spotting in 60%.

Adequate counselling regarding the procedure involved in insertion of the Mirena, its advantages and side effects has been shown to increase the continuation rate for use of this device and the Mirena is a cost-effective method for the treatment of menorrhagia.

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