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Delirium and Length of Stay in Internal Medicine: A Prospective

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Background and Aims: Delirium is a common complication among elderly patients admitted to Internal Medicine and is associated with increased length of stay, functional decline, and mortality. Early identification of modifiable risk factors may offer a valuable opportunity for prevention and improved clinical outcomes. Purpose: to evaluate the association between delirium and length of stay (LOS), and identify the main modifiable triggers.

Materials/Patients and Methods: A prospective observational study from September 2024 to May 2025 in an Internal Medicine ward. Thirty-eight patients aged ≥65 years without a previous diagnosis of severe dementia or delirium at admission were enrolled. Delirium was assessed using the Confusion Assessment Method (CAM). The following risk factors were analyzed: use of sedatives (especially benzodiazepines), presence of urinary catheter, prolonged immobility (>48h), and intercurrent infections [1, 2].

Results: Delirium occurred in 26.3% of patients (n=10). Mean LOS was significantly longer in patients who developed delirium (11.2 ± 3.8 days vs 7.1 ± 2.7; p=0.01). The strongest associated factors were benzodiazepine use (OR 3.1), urinary catheterization (OR 2.4), and prolonged immobility (OR 2.7).

Discussion: Delirium is associated with a significantly prolonged hospital stay in Internal Medicine. Intervening on modifiable risk factors should be considered a core component of multidisciplinary management strategies to improve patient outcomes and optimize healthcare resources. Our data support the implementation of structured screening and preventive protocols in Internal Medicine wards. Investing in delirium prevention means improving care quality and reducing avoidable hospital costs.

References

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