



LETTERS TO THE EDITOR

The diagnosis of delirium in pediatric intensive care: A burdensome yet essential task[☆]



Diagnóstico del *delirium* en pediatría: una tarea ardua pero imprescindible

To the Editor,

After reading the article published by Ricardo Ramírez et al. on the diagnosis and characteristics of delirium in the pediatric population between 5 and 14 years of age¹ we agree with the authors on the relevance of this highly prevalent neurological disorder. Its relevance is often underestimated regarding the progression and prognosis of patients admitted to pediatric intensive care units (PICU).

However, we would like to emphasize that if not conducted repeatedly and systematically, the use of the pCAM-ICU diagnostic tool can lead to underestimating the prevalence of delirium since it is a fluctuating disturbance not only at consciousness level, but also regarding the characteristic attention disorder. The authors do not specify how many times a day or for how many days the screening of delirium went on. The Cornell Assessment of Pediatric Delirium (CAPD) is a validated scale with excellent sensitivity and specificity to detect these fluctuations through a continuous 8 h to 12 h assessment,² and it can be a promising alternative.

We would like to mention here that, in our sample and after the multivariate analysis, benzodiazepines were not associated with a higher risk of suffering from delirium. This finding is in clear contradiction with the medical literature published.^{3,4} Also, it is surprising to see that this finding was not even approached in the discussion.

It is significant to see that the assessment of iatrogenic withdrawal syndrome was not mentioned, a disease closely related to delirium that shows similar characteristics compared to hypoactive delirium and is one of the main differential diagnoses of delirium.⁵

The pathophysiology of delirium is a complex one and still not very well known, which makes it hard to achieve diagnosis in an already established atmosphere of suspicion.

In conclusion, although we agree with the authors on the need to perform routine evaluations of the presence of delirium in patients admitted to PICUs given its high prevalence and association with mortality, mid-long-term sequelae, stays, and hospital fees, we believe that taking the data mentioned here into consideration may shed light on the identification of the prevalence and risk factors of this disorder in future publications.

References

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