Background

Delirium is a neglected complication of stroke, affecting 10–48% of acute stroke patients. It manifests clinically as a fluctuation in the level of consciousness and poor attention. There is clear evidence that delirium negatively impacts mortality and morbidity in stroke survivors. In contrast to this, Allied Health interventions, a mainstay of acute post-stroke care, help to regain and improve functional ability following a stroke. We conducted a systematic review of available literature. We sought to determine the influence, if any, of delirium on the ability of stroke patients to participate in allied health interventions and the impact this might have on recovery.

Methods

We initially planned a systematic review to determine the impact of delirium on post-stroke rehabilitation. However, there was a surprising lack of published research. We then expanded our search to include studies that assessed the impact of delirium on rehabilitation irrespective of the underlying diagnosis. The result of our search is shown in the figure below.

Results

Only two papers out of 1959 returned in our systematic search of the literature addressed the impact of delirium on participation in allied health interventions. One of these was a case report and the other an ICU based study. Both reported a significant reduction in participation in allied health interventions in delirious patients.

A number of studies explored the impact of delirium on patient outcomes such as morbidity and mortality, but there were no articles, other than the two mentioned, that dealt specifically with the effect of delirium on participation in allied health interventions.

There is no published research that specifically addresses the impact of delirium on post-stroke rehabilitation.

Discussion

Our review highlights a significant lack of research regarding the impact of delirium on the ability to participate in allied health interventions. Of particular importance is the lack of research amongst stroke patients. Intuitively, we would assume that delirium negatively impacts on participation in any form of therapy and the result of our review supports this, albeit weakly.

Considering that allied health interventions are a key part of standard care, there is a need for clear evidence either way. The field of stroke care is long overdue for a well designed prospective study which looks specifically at the impact of delirium on a stroke patient’s ability to participate across all aspects of allied health interventions.

The impetus for such research would include the significant cost of stroke and delirium, the importance of allied health interventions to a patient’s overall recovery and the potential benefit to patients, carers and health systems.