



## El delirium: una actualización para Internistas y Psiquiatras [

2017

text (article)

Analítica

Over time, delirium has been known by several names: acute brain failure, acute organic brain syndrome, confusional syndrome, or post-surgical psychosis. However, the currently preferred term is delirium (from the Latin term delirare, which means "to go out of the furrow"). Delirium, as a syndrome, is a set of signs and symptoms of acute onset characterized by fluctuating cognitive impairment, clouding of consciousness and diminished ability to maintain and shift attention from one point to another. Numerous studies have shown that patients who develop delirium have an increased risk of adverse outcomes both during hospitalization and after discharge. This risk is independent of any existing comorbidity, severity of disease, age or other associated variables. Likewise, delirium is associated with an increase in mortality, increase in hospitalization time and the development of cognitive dysfunctions after discharge. This review article presents an update on the pathophysiology of delirium, the tools for recognizing the condition and its treatment. All this information is useful in the daily management of this type of patients, by both internists and psychiatrists

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**Título:** El delirium: una actualización para Internistas y Psiquiatras electronic resource]

**Editorial:** 2017

**Tipo Audiovisual:** delirio trastornos neurocognitivos síndrome confusional delirio - fisiopatología delirio - tratamiento farmacológico delirium neurocognitive disorders confusional state physiopathology pharmacologic treatment

**Documento fuente:** Revista Virtual de la Sociedad Paraguaya de Medicina Interna, ISSN 2312-3893, Vol. 4, N°. 2, 2017, pags. 54-64

**Nota general:** application/pdf

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**Lengua:** Spanish

**Enlace a fuente de información:** Revista Virtual de la Sociedad Paraguaya de Medicina Interna, ISSN 2312-3893, Vol. 4, N°. 2, 2017, pags. 54-64

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