

20TH GLOBAL NURSING EDUCATION CONFERENCE

March 21-23, 2018 | New York, USA

Postoperative cognitive decline in the elderly

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Despite advances in perioperative care, a significant number of elderly patients experience postoperative delirium (PO) and/or a transient postoperative cognitive dysfunction (POCD). PO has been shown to be associated with longer and more costly hospital course and higher likelihood of death within 6 month or postoperative institutionalization. POCD has been associated with increased mortality, risk of leaving the labor market prematurely, and dependency on social programs. Development of PO may play an important role in the pathophysiology of POCD. This lecture will review risk factors for PO and POCD following cardiac and non-cardiac surgery. It is most likely that the etiology of PO and POCD is multifactorial and may include factors such as age, general health status and, possibly, intraoperative events. Existing research suggests that patients with preoperative cognitive impairment are at higher risk for POCD because of their already compromised status and their potential vulnerability to worsen into dementia due to a less cognitive reserve. Currently there is single therapy that can be recommended for treating these disorders. Primary prevention of PO and possibly POCD is currently the most effective treatment strategy. Several large clinical trials show the effectiveness of multifactorial intervention protocols that are designed to target well-documented risk factors in order to reduce the incidence of confusion and cognitive decline in the geriatric patients.