

# National Institute for Health and Clinical Excellence

## Delirium Guideline Comments on the Scope

### Stakeholder Comments

Please use this form for submitting your comments to the Institute.

1. Please put each new comment in a new row.
2. Please do not paste other tables into this table, as your comments could get lost – type directly into this table.
3. Please insert the **section number** in the 2<sup>nd</sup> column. If your comment relates to the document as a whole, please put **'general'** in this column. **Please refer to section numbers and not page numbers.**

	<b>Name:</b>	<b>John Goddard, BPS NICE Coordinator</b>
	<b>Stakeholder Organisation:</b>	<b>British Pain Society</b>
<b>Comment No.</b>	<b>Section number</b> <small>Indicate <b>section number</b> or <b>'general'</b> if your comment relates to the whole document</small>	<b>Comments</b>  Please insert each new comment in a new row.
1	3-f	Pain can be a factor contributing to delirium. More commonly, it is the drugs used to treat pain, both acute and chronic, that are a causative factor in precipitating delirium. Opioids, and atypical analgesics for neuropathic pain, are frequently implicated. Careful titration of analgesic medication is recommended, particularly in the elderly.
2	3-i	Unrelieved pain is more commonly a precipitating factor for delirium in patients with underlying cognitive and sensory impairment. This is particularly true in the elderly and those in long-term residential care. Assessment of pain in the elderly can be difficult. We recommend the recently published document: The assessment of pain in older people: National Guidelines (2007). <a href="http://www.britishpainsociety.org/pub_professional.htm#painolderpeople">http://www.britishpainsociety.org/pub_professional.htm#painolderpeople</a> This is joint publication produced by the Royal College of Physicians, the British Geriatrics Society and the British Pain Society.
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Closing date: 14 May 2008