INPLASY PROTOCOL

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Review Stage at time of this submission: Preliminary searches.

Conflicts of interest:

None declared.

INTRODUCTION

Review question / Objective: To explore whether the occurrence of delirium during hospitalization in patients without delirium before admission will have long-term effects on quality of life, anxiety,

Long-term effects of delirium on life after discharge: a systematic review and meta-analysis

Yang, C1; Feng, XQ2.

Review question / Objective: To explore whether the occurrence of delirium during hospitalization in patients without delirium before admission will have long-term effects on quality of life, anxiety, depression and cognitive ability after discharge

Condition being studied: Delirium is a cognitive disorder characterized by acute cognitive decline. Current studies have demonstrated that delirium can adversely affect hospitalized patients, for example, the length of stay in hospital is prolonged, the mortality rate is increased, the cognitive function is decreased, the medical cost is increased, etc., through this review, we hope to find some better evidence.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 06 February 2023 and was last updated on 06 February 2023 (registration number INPLASY202320026).

depression and cognitive ability after discharge.

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affect hospitalized patients, for example, the length of stay in hospital is prolonged, the mortality rate is increased, the cognitive function is decreased, the medical cost is increased, etc., through this review, we hope to find some better evidence.

METHODS

Participant or population: In-patients without delirium before admission.

Intervention: None.

Comparator: None.

Study designs to be included: Cohort

Study.

Eligibility criteria: There are no other exclusion criteria for inclusion.

Information sources: Pubmed, embase, cochrane, CINAHL.

Main outcome(s): The quality of life, anxiety, depression and cognitive ability of the patients after discharge.

Quality assessment / Risk of bias analysis: The quality of the included literatures was evaluated by the Newcastle-Ottawa Scale.

Strategy of data synthesis: Baseline data were presented using mean ± standard deviation or median (IQR), and heterogeneity was assessed using P + i2, if heterogeneity was small, using a fixed-effects model, and heterogeneity was greater using a random-effects model to pool the studies, publication offset was assessed by drawing funnel plots, and combined effect sizes were performed with STATA version 12 and RevMan version 5.0.

Subgroup analysis: The outcome measures were analyzed by subgroup according to quality of life, anxiety, depression and cognitive ability.

Sensitivity analysis: Stata software was used to Sensitivity analysis, by deleting one

of the articles after the effect size changes to reflect the sensitive situation.

Country(ies) involved: China.

Keywords: Delirium, post-discharge, quality of life, anxiety, depression, cognitive function.

Contributions of each author:

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