

Article: 0768

Topic: EPW30 - e-Poster Walk Session 30: Geriatric Psychiatry

Psychometric Evaluation of the DMSS-4 in a Cohort of Elderly Post-operative Hip Fracture Patients with Delirium.

D. Adamis¹, A. De Jonghe², B.C. Van Munster², S.E.J.A. De Rooij², D. Meagher³

¹Psychiatry, Sligo Mental Health Services, Sligo, Ireland ; ²Faculty of Medicine AMC, University of Amsterdam, Amsterdam, Netherlands ; ³Psychiatry, Cognitive Impairment Research Group (CIRG) Graduate Entry Medical School University of Limerick, Limerick, Ireland

Introduction: Delirium is a common neuropsychiatric syndrome with considerable heterogeneity in clinical profile. Rapid reliable identification of clinical subtypes can allow for more targeted and research efforts.

Aims: The aims of this study are to evaluate the concurrent validity (agreement) and reliability (internal consistency) of DMSS-4 in a new cohort of delirious hospitalised patients.

Methods: We explored the concordance in attribution of motor subtypes between the DMSS-4 and the original DMSS (assessed cross-sectionally) and subtypes defined longitudinally using the Delirium Symptom Interview (DSI) method.

Results: We included 118 elderly patients developing DSM-IV delirium after hip-surgery [mean age 87.0±6.5 years; range 65–102; 66% females; 28 (23.7%) had no previous history of cognitive impairment]. Concordance was high for both the DMSS-4 and original DMSS ($k=0.80$), and for the DMSS-4 and DSI methods ($k=0.82$). The DMSS-4 also demonstrated high internal consistency (McDonald's $\omega = 0.78$). The DMSS-11 and DMSS-4 had higher inclusion for motor subtypes than the DSI method.

Conclusions: The DMSS-4 provides an ultra-rapid means of identifying motor-defined clinical subtypes of delirium and is a reliable alternative to the more detailed and time-consuming original DMSS and DSI methods of subtype attribution. The DMSS-4 can be readily applied to further studies of causation, treatment and outcome in delirium.