



Occupational therapy for delirium management in elderly patients without mechanical ventilation in an intensive care unit. A pilot randomized clinical trial



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Dear Editor,

We address to you in response to the letter sent by Launa Williamson about our article "Occupational therapy for delirium management in elderly patients without mechanical ventilation in an intensive care unit: A pilot randomized clinical trial".

We would like to clarify a few key points; we value and understand the relevance of multidisciplinary interventions in medical and health processes, in this case the prevention of delirium in intensive care units [1]. This research was carried out by a team composed of doctors, nurses, occupational therapists, physiotherapists and nursing assistants, every-one with several years of work experience in intensive care units (ICU).

This research included several strategies with highly recognized scientific evidence for its control group. Among them temporal and spatial orientation, correction sensory deficit, environmental management and sleep protocol were implemented by the nursing team, while early mobilization was performed by physiotherapists [2,3]. The obtained results were consistent with previous literature, lowering the incidence of delirium in the study population.

Patients in the experimental group received the same intervention as the control group, implemented by the nursing and physiotherapist team, and added the intervention of occupational therapy (OT), achieving better results. It does not mean that occupational therapy's work by itself was successful, but teamwork including occupational therapist allows improvements in terms of preventing delirium in ICU.

Nowadays, there are many studies highlighting the work of nursing and physiotherapy, which are widely recognized by ICU. In this article, we tried to differentiate the actions of the OT which is still imprecise, with limited evidence, which requires precise protocols in order to be able to integrate and provide better resources to ICU teams.

The medical and nursing advances achieved in critical patient units have generated a greater number of survivors, which persist with

various long-term cognitive, physical, affective and medical impairment [4]. This challenge requires joint efforts of different health professionals, with systematized and evidenced contributions.

Conflicts of interest

AE, GM, VS, BC, PS and GF received fees by the award of a public fund research and development in health belonging to a government commission. TE no received fees.

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