Preface

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Delirium is very common in the elderly. It complicates both psychiatric and somatic disorders and creates problems in the care of elderly patients. Little research has focused on delirium in the elderly. The diagnosis of delirium is not very well defined, but accumulating data indicate that the disorder might be due to disturbed cholinergic function in the brain. In dementia, for instance, where we know that cholinergic activity in the brain is reduced, the risk of developing delirium is increased. It is also clear that, in elderly people, confusion is a common complication of the use of drugs with anticholinergic effects. Regarding the course of delirium, it is important to separate risk factors from precipitating factors. Aging, dementia and other degenerative neuropsychiatric disorders increase the risk of delirium, whereas somatic disorders usually precipitate confusion.

There is certainly an underdiagnosis of delirium in the elderly. The disorder is assumed to be of short duration. However, thorough investigations of elderly patients indicate that there are also recurrent and chronic forms of delirium. Assessment scales for delirium are few and not very sophisticated. The effects of treatment of delirium in the elderly have not been investigated in detail. The patients often show symptoms of restlessness and even aggressiveness. These symptoms are controlled with powerful drugs such as neuroleptics, to which elderly people are susceptible. This treatment is perhaps intended to make elderly patients easy to nurse rather than to improve their mental status.

The foundation Gamla Tjänarinnor in Stockholm, Sweden, has organized a series of symposia at which aging and aging disorders have been discussed. At the third symposium, which took place in Stockholm on September 3–4, 1998, leading scientists in the field were invited to present different aspects of delirium in the elderly. These presentations are published in this special issue of *Dementia and Geriatric Cognitive Disorders*.