LETTERS TO THE EDITOR

Updated Nomenclature of Delirium and Acute Encephalopathy

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We read with interest the article by Singh et al. on acute encephalopathy as an adverse effect of the cephalosporin cefepime [1]. The authors state that they follow recent recommendations on the terminology of delirium and acute encephalopathy and related terms [2]. They used the term ‘acute encephalopathy’ to describe patients with a positive Confusion Assessment Method for the Intensive Care Unit and a decreased level of consciousness (Richmond Agitation Sedation Scale score > −3). In doing so, the authors define ‘acute encephalopathy’ in reference to clinical features instead of a pathobiological process in the brain (i.e., the underlying substrate). According to updated nomenclature of delirium and acute encephalopathy, the term ‘delirium’ would therefore have been appropriate and not ‘acute encephalopathy.’ In addition, they state that ‘an expert panel recently recommended using the term acute encephalopathy (AE) to refer to alterations of consciousness in critically ill patients [2].’ This is not correct.

According to the updated nomenclature the authors refer to, ‘acute encephalopathy’ is defined as a rapidly developing (over less than 4 weeks, but usually within hours to a few days) pathobiological process in the brain, which can lead to a clinical presentation of subsyndromal delirium, delirium, or in case of a severely decreased level of consciousness, coma—all representing a change from baseline cognitive status. ‘Delirium’ refers to a clinical state characterized by a combination of features defined

by diagnostic systems such as the DSM-5 [3]. In other words, acute encephalopathy is recognized as the substrate, and subsyndromal delirium, delirium, and coma are identified as the possible clinical manifestations. In the updated nomenclature, the terms acute confusional state, acute brain dysfunction, acute brain failure, or altered mental status are not recommended, as they lack precision and validity. This updated nomenclature is endorsed by ten professional societies, including the Neurocritical Care Society (NCS), the American Academy of Neurology (AAN), and the European Academy of Neurology (EAN), and aims to facilitate advances in research and clinical care in relation to this important public health problem.

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