

Platelet Nadir and Postoperative Delirium after Cardiac Surgery with Cardiopulmonary Bypass

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Purpose

We hypothesize that nadir platelet counts following cardiac surgery with cardiopulmonary bypass (CBP) will be associated with incidence of post-operative delirium.

Background

- Cardiac surgery with CPB has one of the highest rates of postoperative delirium when compared to other surgery types with an estimated incidence of 26-52%¹
- Risk factors, pathophysiology, and treatment of delirium is still not fully understood.²
- Similar mechanisms that have been proposed to explain the development of postoperative delirium have been implicated in CPB-associated platelet activation and decline.3-7
- Platelet activation following CPB has been associated with postoperative consequences such as acute kidney injury (AKI), stroke, and mortality.8-10

Methods

- Multi-site retrospective cohort of cardiac surgery patients (n = 2,455) at an academic medical hospital and community hospital with cardiac surgery programs
- Primary exposure: platelet nadir
- Secondary exposures: platelet nadir time in | minutes and age
- Multivariate logistic regression was performed to develop a prediction model for delirium within 7 days of intensive care unit admission
- Sensitivity analysis was performed to compare the full model, a parsimonious model, and a univariate model using Akaike information criterion

Results

- Patients experiencing delirium compared to those who did not, had a lower platelet nadir, later platelet nadir time, and were older (table 1)
- Age, sex, diabetes, platelet nadir, and platelet nadir time were independently associated with the incidence of delirium (table 2)
 - AUC ROC of 0.685
- A parsimonious model containing age, sex, platelet nadir, and platelet nadir time carried 98.7% of the cumulative model weight (table 3a)
 - AUC ROC of 0.638
- A univariate model with platelet nadir carried 96.9% of the full model weight (table 3b)
 - AUC ROC of 0.601
- The optimal cutoff value for platelet nadir was 83 x 10⁹/L using Youden's J statistic

293/2433 (12%)

78/2433 (3%)

Post-operative Death

Table 2. Multivariable regression of the full model and ROC curve

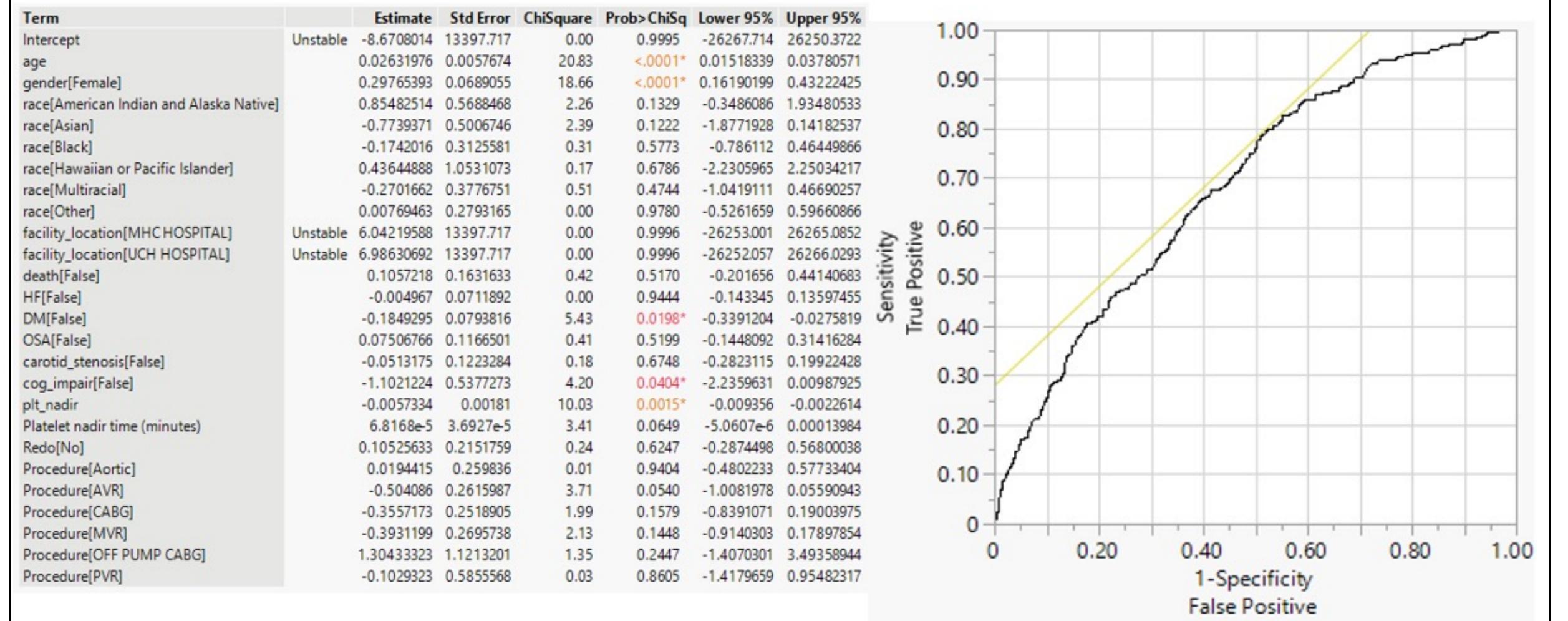
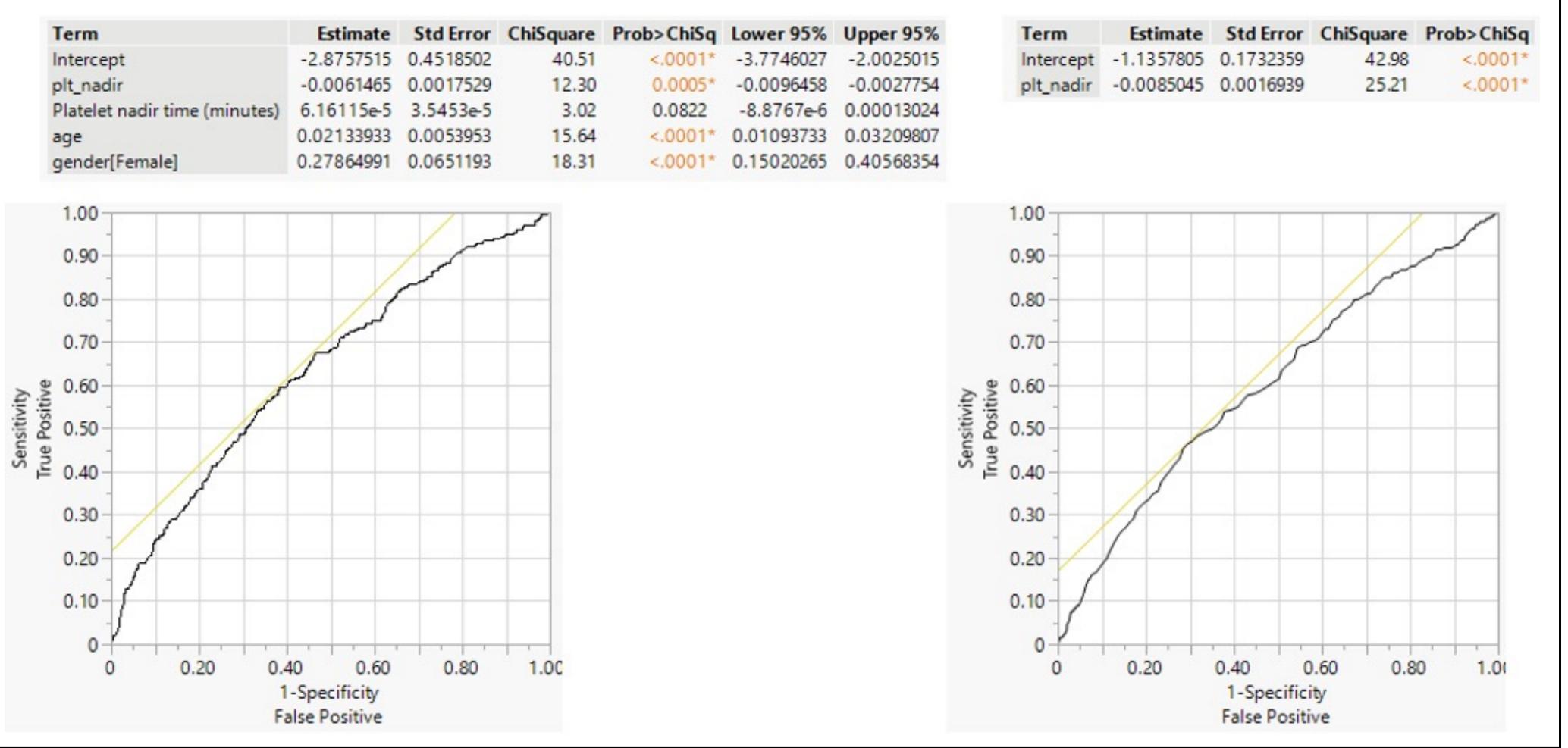


Table 1. Cohort characteristics and comparison between patients with and without a diagnosis of delirium in the first 7

		•	patients with and without a diagnosis of acimain in the mot i						
days after cardiac surgery in a univariate analysis									
			All	No	Delirium				
62.7 ± 12.9		Univariate	n = 2,433	delirium	293/2,433	P value			
1724/2433 (71%)		analysis		2140/2,43 3					
1889/2455									
1769/2433 (73%)		nadir	106 ± 42	10/ ± 42	94 ± 41	<0.0001			
Pre-operative characteristics		(XIOv9/L)							
804/2433 (33%)									
572/2433 (24%)		Platelet nadir time (minutes)	e 763	3551 ± 1694	4028 ± 2,133	0.003			
225/2433 (91%)									
195/2433 (8%)									
4/2433 (0.2%)		Age (years)	62.7 ±	62.2 ± 12.9	66.1 ± 12.3	< 0.0001			
			12.9						
453/2419 (19%)									
532/2419 (22%)									
983/2419 (41%)									
3/2419 (0.1%)									
26/2419 (1%)									
18/2419 (1%)									
	62.7 ± 12.9 1724/2433 (71%) 1889/2455 1769/2433 (73%) 572/2433 (24%) 225/2433 (91%) 195/2433 (8%) 4/2433 (0.2%) 453/2419 (19%) 532/2419 (22%) 983/2419 (41%) 3/2419 (0.1%) 26/2419 (1%)	iac surgery in 62.7 ± 12.9 1724/2433 (71%) 1889/2455 1769/2433 (73%) 28 804/2433 (33%) 572/2433 (24%) 225/2433 (91%) 195/2433 (8%) 4/2433 (0.2%) 453/2419 (19%) 532/2419 (22%) 983/2419 (41%) 3/2419 (0.1%) 26/2419 (1%)	iac surgery in a unival 62.7 ± 12.9 1724/2433 (71%) 1889/2455 1769/2433 (73%) 804/2433 (33%) 572/2433 (24%) 225/2433 (91%) 195/2433 (8%) 4/2433 (0.2%) 453/2419 (19%) 532/2419 (22%) 983/2419 (41%) 3/2419 (0.1%) 26/2419 (1%)	iac surgery in a univariate at	iac surgery in a univariate analysis 62.7 ± 12.9 1724/2433 (71%) 1889/2455 1769/2433 (73%) Platelet nadir (x10^9/L) Platelet nadir time (minutes) 195/2433 (8%) 4/2433 (0.2%) Age (years) 62.7 ± 12.9 All No delirium 2140/2,43 3 107 ± 42 107 ± 42 107 ± 42 109 ± 42 107 ± 42 109 ± 42 109 ± 42 109 ± 42 107 ± 42 109 ± 42 1	iac surgery in a univariate analysis 62.7 ± 12.9 1724/2433 (71%) 1889/2455 1769/2433 (73%) Platelet nadir (x10^9/L) 804/2433 (33%) 572/2433 (24%) 225/2433 (91%) 195/2433 (8%) 4/2433 (0.2%) Age (years) 62.7 ± 10.6 ± 42 107 ± 42 94 ± 41 106 ± 42 107 ± 42 94 ± 41 4028 ± 2,133 453/2419 (19%) 532/2419 (22%) 983/2419 (41%) 3/2419 (0.1%) 26/2419 (1%)			

Table 3. Sensitivity analysis of a parsimonious multivariable model and univariate model



The authors have no financial interests or relationships to disclose

Conclusion

 Platelet count after cardiac surgery with CPB may be a pragmatic indicator for predicting the incidence of delirium in the cardiothoracic intensive care unit

References

1. Jarvela K, Porkkala H, Karlsson S, Martikainen T, Selander T, Bendel S. Postoperative Delirium in Cardiac Surgery Patients. J Cardiothorac Vasc Anesth. Aug 2018;32(4):1597-1602. doi:10.1053/j.jvca.2017.12.030 2. Chen H, Mo L, Hu H, Ou Y, Luo J. Risk factors of postoperative delirium after cardiac surgery: a metaanalysis. J Cardiothorac Surg. Apr 26 2021;16(1):113. doi:10.1186/s13019-021-01496-w

3. Maldonado JR. Neuropathogenesis of delirium: review of current etiologic theories and common pathways. Am J Geriatr Psychiatry. Dec 2013;21(12):1190-222.

doi:10.1016/j.jagp.2013.09.005

I. Ormseth CH, LaHue SC, Oldham MA, Josephson SA, Whitaker E, Douglas VC. Predisposing and Precipitating Factors Associated With Delirium: A Systematic Review. JAMA Netw Open. Jan 3 2023;6(1):e2249950. |doi:10.1001/jamanetworkopen.2022.49950

5. Schenning KJ, Deiner SG. Postoperative Delirium in the Geriatric Patient. *Anesthesiol Clin*. Sep 2015;33(3):505-16. doi:10.1016/j.anclin.2015.05.007 6. Koning NJ, Atasever B, Vonk AB, Boer C. Changes in microcirculatory perfusion and oxygenation during cardiac surgery with or without cardiopulmonary bypass. J | Cardiothorac Vasc Anesth. Oct 2014;28(5):1331-40. doi:10.1053/j.jvca.2013.04.009

7. Lannemyr L, Bragadottir G, Krumbholz V, Redfors B, Sellgren J, Ricksten S-E. Effects of Cardiopulmonary Bypass on Renal Perfusion, Filtration, and Oxygenation in Patients Undergoing Cardiac Surgery. Anesthesiology. 2017;126(2):205-213.

doi:10.1097/aln.0000000000001461

8. Karhausen JA, Smeltz AM, Akushevich I, et al. Platelet Counts and Postoperative Stroke After Coronary Artery Bypass Grafting Surgery. *Anesth Analg*. Oct 2017;125(4):1129-1139.

doi:10.1213/ANE.0000000000002187

41. doi:10.1378/chest.06-2233

9. Kertai MD, Zhou S, Karhausen JA, et al. Platelet Counts, Acute Kidney Injury, and Mortality after Coronary Artery Bypass Grafting Surgery. *Anesthesiology*. Feb 2016;124(2):339-52. doi:10.1097/aln.0000000000000959 10. Moreau D, Timsit JF, Vesin A, et al. Platelet count decline: an early prognostic marker in critically ill patients with prolonged ICU stays. Chest. Jun 2007;131(6):1735-