Patient Safety

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counseling on an outpatient basis improved exercise capacity and muscle strength, and increased lean body mass at 12 months after liver transplantation in a randomized trial.[20] Postoperative intervention would be more practical and effective than short-term preoperative intervention for geriatric frail patients to improve long-term operative outcomes.

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We read the recently presented best practices guideline for postoperative delirium in older adults with great interest.[1] We think this guideline is properly equipping the health care professional caring for older adults in the perioperative setting with a set of evidence-based recommendation statements about the optimal care of older adults with delirium. Evidence-based nonpharmacological measures are the cornerstone of prevention and treatment for the frequent problem of delirium in perioperative patients.

We strongly emphasize the advice of the group against preoperative prophylactic application of antipsychotics. We are surprised, however, that the use of melatonin in vulnerable patient groups is not mentioned in the guideline. Recently, 3 randomized controlled trials have been published that compared melatonin with placebo. Two of these studies found a clear reduction in the incidence of delirium.[2,3] The third study, by our group, included hip-fracture patients with a mean age of 84 years.[4] In this highly vulnerable population, we failed to confirm an influence on the incidence of postoperative delirium, but in the melatonin arm, significantly fewer patients experienced longer-lasting delirium (ie, 3 or more days). We miss a role for melatonin in the recommendation statements within the

guideline. We strongly endorse the use of effective and safer drugs in the prevention and treatment of postoperative delirium, with fewer side effects than antipsychotics.

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