

Instrument	<b>Informant Assessment of Geriatric Delirium</b> <small>NOTE: This card is populated with information from the instrument's original validation study only.</small>
Acronym	I-AGeD
Primary Use	Delirium Screening
Area assessed (Number of questions)	Area assessed: 10 items related to hyperactive and hypoactive delirium, indicated by sudden onset of behavioral or cognitive changes, including: nonsensical communication, combativeness, increased forgetfulness, not usual self, inattentive, reduced spontaneous movements, eyes closed when not engaged in conversation, drowsy during daytime, difficult to arouse, day/night reversal.
Description	A brief caregiver-based questionnaire for use as a screening instrument for delirium in older adults at hospital admission. Caregivers are defined as having contact with the patient at least once a week during the previous year including the week prior to admission. Results of the questionnaire were compared to diagnosis of delirium by geriatricians using DSM-IV criteria for instrument validation
Versions	1
Scoring information	Rating: 10 items yes/no, sum the number of 'yes' answers; delirium is present if score >4
Cognitive testing	Not needed
Estimated time to rate	5 minutes (estimate)
Require trained rater	Not needed
Administer to	Caregiver who is a relative or professional caregiver who was providing homecare or working in a nursing facility, who had contact with the patient at least once a week during the previous year, including the week prior to admission; self-administered survey
How to obtain	Available in <a href="https://doi.org/10.1016/j.eurger.2012.11.006">https://doi.org/10.1016/j.eurger.2012.11.006</a> (Note-article may be behind paywall)
Licensing Fee*	None
Languages available	English, Dutch
Highest COSMIN** rating	4.5/6 <sup>†</sup>
Test Performance Characteristics	<b>Rhodus-Meester 2013 (Study: N=88 geriatric patients from two teaching hospitals in the Netherlands)</b> <ul style="list-style-type: none"> <li>•Reference Standard: clinical diagnosis of delirium by geriatricians using DSM-IV criteria</li> <li>•Convergent Validity: correlated positively with the Delirium Observation Screening Scale (DOS) (r = 0.28–0.48, P = 0.04–0.04)</li> <li>•Sensitivity/Specificity: 0.70/0.67 (V1); 0.89/1.0 (V2)</li> </ul>

\* Fees and licensing information is effective as of 2018, but is subject to change over time

\*\* COSMIN is used to rate a study's evaluation of a survey or test's measurement properties. COSMIN does NOT rate the instrument itself, but helps readers understand if they can have confidence in the results of studies evaluating measurement properties of surveys and tests. For example, a rigorous study evaluating a test with poor measurement properties will receive a "good" COSMIN rating, while a poorly-conducted study evaluating a test with good measurement properties will receive a "poor" COSMIN rating. Small sample size can impact all COSMIN ratings. You must consider both the COSMIN rating and the results of studies provided when forming your opinion about that test. *COSMIN ratings shown are based solely on the instrument's original validation study.*

† COSMIN breakdown: content validity: GOOD, effect indicators: GOOD, internal consistency: GOOD, inter-rater reliability: NONE, construct validity: FAIR, external validity: GOOD

### Reference:

Rhodus-Meester HF, van Campen JP, Fung W, Meagher DJ, van Munster BC, de Jonghe JF. Development and validation of the Informant Assessment of Geriatric Delirium Scale (I-AGeD): recognition of delirium in geriatric patients [in Dutch]. *Tijdschr Gerontol Geriatr.* 2013. 44:206–214.

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