**The Impact of Patient Delirium in the Intensive Care Unit: Patterns of Anxiety Symptoms in Family Caregivers**

*Supplemental Information*

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**Supplemental Table 1.** STROBE Statement; Checklist of items that should be included in reports of *cross-sectional studies*

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| --- | --- | --- | --- |
| **Section** | **Item No** | **Recommendation** | **Location** |
| Title and abstract | 1 | (*a*) Indicate the study’s design with a commonly used term in the title or the abstract | 1 |
| (*b*) Provide in the abstract an informative and balanced summary of what was done and what was found | 3 |
| *Introduction* |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported | 5 |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses | 5 |
| *Methods* |
| Study design | 4 | Present key elements of study design early in the paper | 6 |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection | 6 |
| Participants | 6 | (*a*) Give the eligibility criteria, and the sources and methods of selection of participants | 6Table 1  |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable | 7 |
| Data sources/ measurement | 8\* | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group | 7 |
| Bias | 9 | Describe any efforts to address potential sources of bias | 7 |
| Study size | 10 | Explain how the study size was arrived at | 6 |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why | 7 |
| Statistical methods | 12 | (*a*) Describe all statistical methods, including those used to control for confounding | 8 |
| (*b*) Describe any methods used to examine subgroups and interactions | 8 |
| (*c*) Explain how missing data were addressed | 8 |
| (*d*) If applicable, describe analytical methods taking account of sampling strategy | 8 |
| (*e*) Describe any sensitivity analyses | 8 |
| *Results* |
| Participants | 13\* | (a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed | 9Figure 1 |
| (b) Give reasons for non-participation at each stage | Figure 1 |
| (c) Consider use of a flow diagram | Figure 1 |
| Descriptive data | 14\* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders | 9-10Table 2 |
| (b) Indicate number of participants with missing data for each variable of interest | Table 2 |
| Outcome data | 15\* | Report numbers of outcome events or summary measures | 10Table 3 |
| Main results | 16 | (*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included | 10-11Table 4 |
| (*b*) Report category boundaries when continuous variables were categorized | 11Table 4 |
| (*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period | N/A |
| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses | 11Table 4Figure 2 |
| *Discussion* |
| Key results | 18 | Summarise key results with reference to study objectives | 12 |
| Limitations | 19 | Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias | 14 |
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence | 12 |
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results | 14 |
| *Other information* |
| Funding | 22 | Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based | 2 |

*Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.*

**Supplemental Table 2.** Delirium Prevalence Among Patients and Family Caregivers (N=147)

|  |  |  |
| --- | --- | --- |
|  |  | **Family Caregiversc** |
| **Delirium prevalence** | **Patient** | **Clinically Significant Anxietyd** | **No Anxietye** | **Mild Anxietye** | **Moderate Anxietye** | **Severe Anxietye** |
| Clinical assessment CAM-ICUa | 35.4 (28.0-43.5) | 42.0 (29.1-56.1) | 28.8 (19.1-40.9) | 41.2 (26.0-58.2) | 27.8 (12.0-52.1) | 48.3 (30.9-66.0) |
| Family-administered  Sour Sevenb | 64.6 (56.5-72.0)\* | 68.0 (53.9-79.5) | 54.5 (42.4-66.1)\* | 82.4 (65.7-91.9) | 38.9 (19.7-62.3) | 82.8 (64.5-92.7) |

CAM-ICU = Confusion Assessment Method for ICU

aScored as present/absent

bSour Seven is scored out of 18; cutpoint of 4

cAssessed by the Generalized Anxiety Disorder-7

dScores 10 and above indicate clinically significant condition

eScored as 0-5 = none; 6-10 = mild; 11-15 = moderate; 16-21 = severe

All values represent % with 95% CIs

\* = *p*<0.05 family-administered compared to clinical assessment

**Supplemental Table 3.** Anxiety Prevalence for GAD-7 Items by Family Caregiver Anxiety Subgroup

|  |  |
| --- | --- |
| **GAD-7 Itemsa** | **Family Caregiver Anxietyb** |
| **Clinically Significant Anxietyc** | **No Anxietyd** | **Mild Anxietyd** | **Moderate Anxietyd** | **Severe Anxietyd** |
| Feeling nervous, anxious or on edge | 96.0(85.2-99.0) | 6.06(2.27-15.2) | 32.4(18.8-49.7) | 94.4(68.9-99.2) | 96.6(78.9-99.5) |
| Not being able to stop or control worrying | 88.0(75.6-94.5) | 1.52(0.21-10.1) | 35.3(21.1-52.6) | 77.8(53.3-91.5) | 100.0- |
| Worrying too much about different things | 84.0(71.0-91.8) | 1.52(0.21-10.1) | 14.7(6.21-40.0) | 66.7(42.7-84.3) | 100.0- |
| Trouble relaxing | 84.0(71.0-91.8) | 3.03(0.75-11.4) | 26.5(14.3-43.7) | 66.7(42.7-84.3) | 100.0- |
| Being so restless that it is hard to sit still | 66.0(51.8-77.8) | 0.00- | 0.00- | 44.4(23.9-67.1) | 86.2(68.3-94.8) |
| Becoming easily annoyed or irritable | 62.0(47.8-74.3) | 1.52(0.21-10.1) | 11.8(4.45-27.6) | 38.9(19.7-62.3) | 79.3(60.8-90.5) |
| Feeling afraid as if something awful might happen | 92.0(80.4-97.0) | 1.52(0.21-10.1) | 23.5(12.2-40.6) | 88.9(64.5-97.2) | 100.0- |

aEach item scored as 0, not at all; 1, several days; 2, more than half the days; 3, nearly every day

bAssessed by the Generalized Anxiety Disorder-7

cScores 10 and above indicate clinically significant condition

dScored as 0-5 = none; 6-19 = mild; 11-15 = moderate; 16-21 = severe

All values represent % with 95% CIs