

PSYCHOPHARMACOLOGICAL TREATMENT OF PATIENTS WITH DELIRIUM REFERRED TO A CONSULTATION-LIAISON PSYCHIATRY SERVICE

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INTRODUCTION

Delirium is a syndrome of neuropsychiatric signs and symptoms that can accompany virtually any serious medical condition. It is characterized by a disturbance of attention and awareness, as well as variety of other aspects of cognition that develops over a short period of time in response to another medical condition. The development of delirium involves the complex interrelationship between a vulnerable patient (one with predisposing factors) and exposure to precipitating factors or noxious insults [1]. It is an independent risk factor for increased morbidity and mortality and is associated with increased lengths of stay and costs of care [2]. Nonpharmacologic approaches to managing symptoms of delirium should be instituted in every patient and most of them also require a psychopharmacologic management [3].

PURPOSE

The main objective of this study is to describe the psychopharmacological treatment profile of a sample of inpatients with delirium, referred to the consultation-liaison psychiatry service of the University Clinical Hospital of Barcelona.

METHODS

Longitudinal observational and descriptive study, using a standardized computerized clinical database. We used a nonprobability sampling method, assessing adult patients with diagnosis of delirium according DSM-IV-TR, who were consecutively referred to our general hospital consultation-liaison psychiatry service over a 10-year period (from January 1, 2005, through December 31, 2014). We performed a descriptive analysis of the following variables: age, gender, personal psychiatric history, sources (medical specialties) and reasons for referral and psychopharmacological intervention.

RESULTS

Demographic and clinical characteristics:

During that period, 9,808 psychiatric consultations were requested. 1,559 of these consultations (15.9%) concerned patients with the diagnosis of delirium. On average, the patients with delirium were aged 68.3 ± 14.9 years and a 63.3% were above 65 years. A 58.5% were men. A 50.8% of patients had psychiatric history.

Sources and reasons for referral:

The main referral sources according to medical specialties were: surgery (15.5%), general medicine (11.5%) and haemato-oncology (10.8%). The three most frequent reasons for referral were: confusion (44.9%), behavior management/agitation (22.1%) and depression (15.4%).

Psychopharmacological intervention:

A 93.1% of the sample needed psychopharmacological treatment. A 59.8% of the patients were treated with second-generation antipsychotics (mainly Risperidone and Quetiapine) and a 23.4% with first-generation antipsychotics (mainly Haloperidol). The rest of psychopharmacological drugs like benzodiazepines or antidepressants only represented a 10%.

CONCLUSIONS

The effectiveness of antipsychotic medications in preventing and treating delirium is not clear due the contradictory results obtained by different research groups [4], [5]. Nevertheless, they have a wide utilization in the clinical practice for the management of symptoms like agitation, behaviour disturbances or confusion. In our sample the prescription of antipsychotics was around an 80%, mainly at expense of second-generation ones. Additional methodologically rigorous studies using standardized outcome measures are needed for exam the real impact of these drugs in the outcome clinical outcome of patients with delirium.

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Disclosure:

There is no potential conflicts of interest.

