

Psychopharmacological management of delirium in a consultation-liaison psychiatry service

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Introduction

Delirium is a neurobehavioral syndrome caused by the transient disruption of normal neuronal activity secondary to systemic disturbances. It is the most common neuropsychiatric syndrome found in the general hospital setting and one of the main reasons for referral to consultation-liaison psychiatry departments [1,2]. Despite the wide use of the pharmacological approach in the treatment of delirium, there are few studies providing efficacy data [3]. In the clinical practice, antipsychotics are the most commonly used psychotropic drugs due its usefulness for the management of symptoms like agitation, behaviour disturbances or confusion [4].

Purpose

The aim of this study was to examine the psychopharmacological management of a sample of inpatients with delirium, referred to a general hospital consultation-liaison psychiatry service.

Methods

This is an observational and descriptive study. Data were collected prospectively over a 11-year period (from January 1, 2005 to December 31, 2015). We used a nonprobability sampling method assessing adult inpatients with delirium according DSM-IV-TR criteria that were admitted to non-psychiatric units of the University Clinical Hospital of Barcelona who were consecutively referred to our CLP service. Our hospital is located in the northeast of Spain and is an 819-bed tertiary care general hospital that attends to the health of 540,000 inhabitants. We collected the following clinical variables: age, gender, personal psychiatric history, sources according to medical specialties, reasons for referral, and length of hospital stay and psychopharmacological intervention. The study protocol was approved by the Ethical Committee Board of the hospital. All statistical procedures were carried out using IBM SPSS Statistics 23.

Results

During the study period, 10,287 psychiatric consultations were requested with an average of 935 requests per year. 1,625 of these consultations (15.8%) concerned patients with the diagnosis of delirium. On average, the patients with delirium were aged 68.3 ± 14.9 years and a 63.1% were above 65 years. A 58.9% were male and 50.9% of them had psychiatric history. The mean length of hospital stays within this subgroup was 32.6 ± 12.7 days. The main referral sources according to medical specialties were: surgery (15.5%), general medicine (12%), haemato-oncology (10.8%) and cardiology (9.8%). The most common reasons for referral were: confusion (44.9%), behavior management/agitation (21.7%) and depression (15.4%). With respect to the psychopharmacological intervention, 93% of the patients with delirium need the prescription of medication, as follows (Table 1): second-generation antipsychotics (59.7%), first-generation antipsychotics (23.2%) and other psychopharmacological drugs like benzodiazepines or antidepressants (10.1%).

Table 1. Psychopharmacological intervention (n = 1,625).

Psychopharmacological treatment	%
Second-generation antipsychotics	59.7
Risperidone	36
Quetiapine	20.2
Olanzapine	1.6
Others	1.9
First-generation antipsychotics	23.2
Haloperidol	21.3
Others	1.9
Others	10.1
Mirtazapine, Trazodone, Venlafaxine and Reboxetine	2.5
Selective Serotonin Reuptake Inhibitors	2.3
Benzodiazepines	1.9
Chlormethiazole	1.9
Mood-stabilizers and others	1.5
No treatment	7

Conclusions

In our sample, the prescription of antipsychotics for patients with delirium was around an 80%, mainly at expense of the second-generation ones. In the last decade, second-generation antipsychotics have been increasingly used for the management of psychiatric and behavioral symptoms among medically ill patients due its ability to lower incidence of adverse effects. Nevertheless, head-to-head data comparing these drugs against haloperidol and other typical antipsychotics in the treatment of delirium are lacking.

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