TODAY’S DEBATE:
Antipsychotics and Delirium: To prescribe or not to prescribe?

Background:
Delirium is a common symptom experienced by palliative care patients, especially near the end of life. Currently, there are no FDA-approved medications indicated for the prevention or treatment of delirium. Guidelines recommend antipsychotics for the treatment of delirium when it is associated with behavioral disturbances or non-pharmacological options have proven unsuccessful. Antipsychotics carry a black box warning for increased mortality in elderly patients with dementia-related psychosis and may cause other adverse effects, such as extrapyramidal symptoms and anticholinergic effects.

Importance:
Delirium can be a distressing symptom for palliative care patients and has been associated with cognitive decline and increased risk of death. Appropriate management of these symptoms is necessary to promote comfort and minimize suffering.

The Literature:
Have you seen the newest study on this topic?


Efficacy of Oral Risperidone, Haloperidol, or Placebo for Symptoms of Delirium Among Patients in Palliative Care: A Randomized Clinical Trial.


Antipsychotic Medications for Prevention and Treatment of Delirium in Hospitalized Adults: A Systematic Review and Meta-Analysis.


If you have a topic you would like the pharmacy team to answer, please send your suggestions to: pruskowskija@upmc.edu


- Midazolam available every 2 hours as needed for safety or distress.

- All participants received nonpharmacological therapy for delirium.

- No statistically significant difference in mortality was found among the intervention groups (p=0.22) (HR 1.29; 95% CI 0.91-1.84).

- Survival was better with placebo compared to haloperidol (HR 1.73; 95% CI 1.2-2.5) but not risperidone (HR 1.29; 95% CI 0.91-1.84).

- Risperidone use was significant lower in placebo group compared to risperidone or haloperidol groups (p<0.05).

- Using antipsychotics for the treatment of delirium resulted in higher delirium symptom scores compared to supportive strategies alone.

- Making it a tricky trial and it is highest debated. Here are some notes to consider.

- CMM may be a more reliable way to identify delirium compared to NuDESC (sensitivity 93.98% vs 96%, specificity 77.10% vs 82%).

- Midazolam may have contributed to poorer delirium symptom scores, since the group receiving antipsychotics also received more midazolam.

- These individuals may have received inadequate antipsychotic doses, since total daily doses of up to 20 mg haloperidol and 6 mg risperidone are used in clinical practice.

- Most participants received total daily antipsychotic doses of <4 mg and <2 mg for haloperidol and risperidone, respectively. Most individuals achieve steady state in 2-3 days with haloperidol and 4-5 days with risperidone.

- Patients may not have experienced the maximum benefit from these agents after only 3 days.

- We never check just one study...

- “antipsychotic pharmacotherapy does not improve outcomes when used for prevention or treatment of delirium in hospitalised adults.”

- Discussion: The studies included were heterogeneous in design due to a lack of available studies regarding this topic. Additionally, symptomatic relief was not an outcome for any of the included studies, which is commonly the treatment goal for palliative care patients.
So... What does this all mean Jenn Gina?:

- Recent literature suggests that antipsychotics may be ineffective at treating or preventing delirium and may even worsen delirium symptoms compared to nonpharmacological methods alone.
- Consider the benefits and risks of medications, such as benzodiazepines, which have the potential to contribute to delirium.
- Nonpharmacological methods, such as presence of family, use of vision or hearing aids, and reorientation, remain first-line treatment of delirium.
- Antipsychotics, should be reserved for treating delirium that is associated with hyperactive or aggressive behavior that causes the patient to suffer or threatens a patient’s safety.
- Particular antipsychotic selection is often based on side effect profile and cost – as per previous PCP Phast Phacts, always consider haloperidol (with a target dose of 2mg).

Look forward to other PCP Phast Phacts on delirium - or take a look at last year’s “Demystifying Delirium” mini-series.

CLINICAL PEARL:

Antipsychotics should be used cautiously in patients with delirium but remain a potential treatment option when nonpharmacological agents have failed.