Delirium and Inpatient Psychotropics



Delirium definition

Context: Delirium is a clinical syndrome characterized by an alteration of attention, consciousness, and

cognition, with a reduced ability to focus, sustain, or shift attention.¹

Current: The clinical presentation can vary, but it usually involves psychomotor behavioral disturbances such

as hyperactivity or hypoactivity, sleep duration, or architecture impairment.

Cutting Edge: 30-40% of delirium cases are preventable.¹

Delirium screening

Context: The prevalence of delirium in older

adults hospitalized for medical

illness is 11-41%.²

Current: Several easy-to-use tools are

available for delirium screening.

Cutting Edge: Confusion Assessment Method

(CAM) is the most commonly used delirium screen. The diagnosis of delirium requires the presence of features of "acute onset and fluctuating course" and "inattention" plus either

*1 Acute onset and fluctuating course	Usually obtained from a family member or nurse and shown by positive responses to the following questions:
	"Is there evidence of an acute change in mental status from the patient's baseline?"
	"Did the abnormal behavior fluctuate during the day, that is, tend to come and go, or increase and decrease in severity?"
[#] 2 Inattention	Shown by a positive response to the following:
	"Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?"
"3 Disorganized thinking	Shown by a positive response to the following:
	 "Was the patient's thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject?"
*4 Altered level of consciousness	Shown by any answer other than "alert" to the following:
	"Overall, how would you rate this patient's level of consciousness?"
	- Normal = alert - Hyperalert = vigilant
	- Drowsy, easily aroused = lethargic - Difficult to arouse = stupor
	- Unarousable = coma

[&]quot;disorganized thinking' or "altered level of consciousness".3

Antipsychotics and delirium

Context: Several antipsychotics have been used for treatment

of delirium.

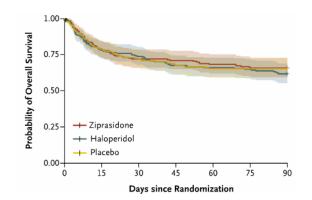
Current: There was no significant difference in mortality

related to delirium between haloperidol vs.

ziprasidone vs. placebo.4

Cutting Edge: Approximately one in five patients who received

antipsychotics for ICU delirium were discharged from the hospital with continued antipsychotics.⁵



References:

- 1. Fong TG et al. Delirium in elderly adults: diagnosis, prevention and treatment. Nat Rev Neurol. 2009;5(4):210-220.
- 2. Ham RJ et al. 2014. Primary Care Geriatrics: A Case-Based Approach. Elsevier.
- 3. Inouye SK et al. Clarifying confusion: the confusion assessment method. A new method for detection of delirium. Ann Intern Med. 1990;113(12):941-8.
- 4. Girard TD et al. Haloperidol and Ziprasidone for Treatment of Delirium in Critical Illness. N Eng J Med 2018;379:2506-2516.
- 5. Marshall J et al. Antipsychotic utilization in the intensive car unit and in transitions of care. J Crit Care. 2016;33:119-24.