



Use of Antipsychotics in delirium – A pilot Study to Aid Development of a protocol for a Multinational Study

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Introduction:

Delirium is a complex syndrome characterized by disturbances in cognitive function, consciousness, attention and perception, commonly observed among older hospitalised patients. Antipsychotics have been described as “the gold standard” for treating delirium, despite their potential as a risk factor for causing delirium. The lack of clear evidence translates into a paucity of clear prescribing guidance for practice. This study aims to explore the use of antipsychotics in delirium, both as a treatment and as a potential cause, by gathering insights from healthcare professionals.

Methods:

A qualitative focus group pilot study was conducted using a purposive sample of physicians, clinical pharmacists and nurses with a specialisation in geriatrics, psychiatry and intensive care medicine from Landspítali University Hospital, Iceland (n=9). Data extracted from several previous systematic reviews was collated into an antipsychotic risk stratification table for delirium in adult patients. Two focus groups were carried out to assess the applicability of information to clinical practice. An inductive thematic analysis of responses was performed.

Results:

The analysis identified four main themes: (1) Antipsychotic use in practice, (2) administration of antipsychotics, (3) statements in the table and (4) layout of the table (Figure 1). Focus group participants view antipsychotics as an alternative when non-pharmacological interventions are not successful or if the patient poses a danger to themselves or others. Certain antipsychotics, predominantly haloperidol, are then used to calm the patient and alleviate their symptoms. Quetiapine and olanzapine were also mentioned as an alternative to treat delirium, usually as a secondary treatment when haloperidol is not successful. Conversely, some antipsychotics listed in the table are considered to be a risk factor for inducing delirium and should therefore be avoided. The risk stratification table was adapted according to the findings from the focus groups. Some statements needed to be modified, added or taken out of the table and the focus group participants also suggested using colors and icons, making the table more visual to aid the reader and make it more applicable in practice. Finally, a set of Delphi statements was developed to inform the protocol of a multinational study.



Scan to view the entire
Risk Stratification Table (docx)

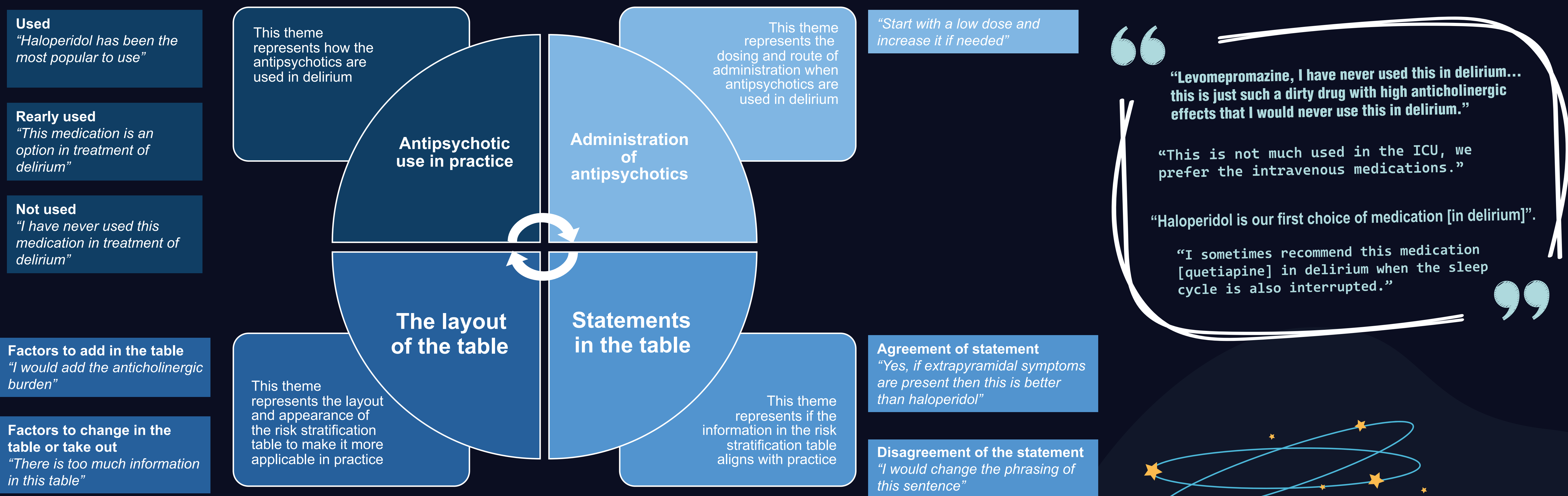


Figure 1: The thematic framework from data analysis. Four main themes were identified, and a brief description of each is provided. Quotes and subthemes are presented in the corner of each theme.

Conclusion:

The focus group discussions gave valuable information about antipsychotics and their use in delirium in practice, both as a treatment and as a potential risk factor for inducing delirium. The results indicate the need for delirium guidelines based on high-quality studies that healthcare professionals can follow in practice. The focus group discussions helped improve the Antipsychotic risk stratification table for delirium in adult patients. This will be used in a multinational Delphi Study to aid the development of consensus guideline to inform clinical practice.

