Haloperidol May Work as Delirium Prophylaxis

BY DOUG BRUNK
San Diego Bureau

LONG BEACH, CALIF. — So little is known about effective interventions for delirium that efforts to help elderly patients with the condition leave many clinicians, well, delirious.

The goal of treating delirium is not just to control agitation, but to reverse the delirium and thereby mitigate associated morbidity and mortality risks, Dr. Jay S. Luxenberg said at the annual meeting of the California Association of Long Term Care Medicine.

“The modern concepts of delirium emphasize that delirium can be a persistent issue for a given patient, persisting months and even years,” said Dr. Luxenberg, an internist and geriatrician who is medical director of the Jewish Home in San Francisco. “It may actually reflect a current decline in cognitive functions.”

Another emerging concept about delirium is that it markedly and independently affects patient outcomes such as length of stay, functional decline, and loss of independent living.

“We need to be thinking of is baseline vulnerability to delirium: what pushes people over the edge,” said Dr. Robert M. Palmer, head of the section of geriatric medicine at the Cleveland Clinic Foundation.

“The condition is estimated to cost more than $7 billion annually in increased Medicare hospital expenditures.”

Protocol Targets Six Modifiable Risk Factors for Delirium

BY BRUCE JANCIN
Denver Bureau

DALLAS — Prevention of delirium in hospitalized seniors is a largely unappreciated opportunity to achieve major improvements in health care—and the blueprint for success already exists in the form of standardized evidence-based approaches such as the Elder Life Program.

“We don’t have really convincing evidence that we can cure delirium. Our best hope is to prevent it. And there’s data out there to say we can,” said Dr. Robert M. Palmer, head of the section of geriatric medicine at the Cleveland Clinic Foundation.

He cited a seminal yet underappreciated clinical trial published 8 years ago by Dr. Sharon K. Inouye and coworkers at Dr. Palmer stressed at the annual meeting of the Society of Hospital Medicine.

“The point is, these are things we and our colleagues can do,” he added.

Another potential opportunity was highlighted in a separate study that identified five delirium precipitants that occur with increased frequency within 24 hours before diagnosis of the condition. These precipitants are the addition of more than three medications, malnutrition, use of physical restraints, any allergic event, or use of a bladder catheter.

“Dr. Palmer, a syndrome with multiple etiologies and pathophysiologies, is marked by a unifying theme: acute decline in attention and cognition.”

Delirium, a concept that has long been underappreciated and underestimated, is now recognized as a serious issue that affects a large number of elderly patients who are admitted to the hospital. According to recent studies, delirium affects up to 40% of hospitalized elderly patients and is associated with increased risk of mortality, morbidity, and functional decline.

Protocol Targets Six Modifiable Risk Factors for Delirium

By targeting six modifiable risk factors, the protocol aims to prevent the onset of delirium in at-risk patients. The six risk factors include: medication use, electrolyte disturbances, infection, anesthesia, alcohol or drug withdrawal, and cognitive impairment.

1. Medication Use:
   - Monitor for adverse side effects of medications.
   - Use medications that have been shown to be less delirious.
   - Avoid sedatives and anxiolytics, especially benzodiazepines.

2. Electrolyte Disturbances:
   - Monitor electrolyte levels, especially potassium and sodium.
   - Correct electrolyte imbalances promptly.

3. Infection:
   - Screen for infections, especially urinary tract infections.
   - Treat infections promptly.

4. Anesthesia:
   - Use anesthetic agents that are less likely to cause delirium.
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5. Alcohol or Drug Withdrawal:
   - Monitor for signs of alcohol or drug withdrawal.
   - Provide supportive care and gradual detoxification.

6. Cognitive Impairment:
   - Screen for cognitive impairment.
   - Provide cognitive stimulation and cognitive rehabilitation.

By targeting these risk factors, the protocol aims to prevent the onset of delirium in at-risk patients. The protocol is designed to be implemented in the hospital setting, and it includes a targeted intervention program for patients who are identified as being at risk for delirium.

The protocol involves a daily review of patient medications, electrolyte levels, and clinical status. Patients are screened for infections, and cognitive assessment is performed. If delirium is suspected, interventions are initiated to prevent its progression.

Evaluation of the protocol showed a significant reduction in the incidence of delirium among patients who were identified as being at risk. The protocol was also associated with improved patient outcomes, including decreased hospital length of stay, reduced use of restraints, and improved functional status.

Conclusion:

The protocol targets six modifiable risk factors for delirium and has been shown to be effective in reducing the incidence of delirium among at-risk patients. The protocol is a promising intervention for the prevention of delirium, and it has the potential to improve patient outcomes and reduce healthcare costs. Further research is needed to evaluate the long-term effectiveness of the protocol and to identify other modifiable risk factors for delirium.