



Background

• Antipsychotics, as anti-delirium medications, as well as benzodiazepines, opioids and corticosteroids, as delirium-inducing medications, are often prescribed in terminal cancer.

• However, no accurate and extensive analysis of these drugs taken prior and after a delirium episode has been published.

Objective

• To describe the use of antipsychotics, benzodiazepines, opioids and corticosteroids before and after the occurence of a episode of delirium in terminal cancer patients.

Methods

 1516 patients admitted in seven palliative care units in Canada were followed prospectively from October 2001 to January 2005 from admission until patient's death.

 Data on medication were collected daily. Benzodiazepines, corticosteroids, opioids and antipsychotics doses were converted in equivalent units (mg of lorazepam PO, dexamethasone PO, morphine Sc and haloperidol PO).

• The Confusion Rating Scale (CRS) was used for delirium screening and monitoring.





Results

Mean daily doses of medications (opioids, corticosteroids, antipsychotics and benzodiazepines before and after delirium symptoms were observed (Day 0)





Supported by funding from The National Cancer Institute of Canada with funds from the Canadian Cancer Society (Grant no. 14371)

Delirium and psycho-active medications in terminal cancer

Benzodiazepines

Table 1 Demographic data of patients at admission (n = 646).

Characteristics	Patients with delirium (n = 311)		Patients without delirium (n = 335)	
	No	%	No	%
Age (years) Means (± STD)	68.8 (±13.0)		68.7 (±12.3)	
Length of stay/survival (days) * Means (± STD)	36.3 (±20.1)		29.9 (±15.5)	
Performance status (ECOG)				
• 1	4	1	3	1
• 2	34	11	42	13
• 3	145	48	148	45
• 4	121	40	135	41
Gender Female	173	56	192	57
Patients with past history of delirium *	58	26	30	13
Primary tumor site				
Trachea, bronchus, lungs	69	22	64	19
Digestive track	56	18	61	18
Colon & Rectum	48	15	47	14
Genital and urinary tract	34	11	49	15
Breast	33	11	26	8
Prostate	11	4	19	6
Others	56	19	66	20
* n < 0.001				

Conclusion

• In a large cohort of terminal cancer patients, an increase in antipsychotics and benzodiazepines, a stability in opioids as well as a decrease in corticosteroids doses were observed between the fifth day prior and the fifth day after the formal detection of a delirium episode.

• The observed increase in benzodiazepines and stability in opioids doses remain a controversial practice in delirium management, contrary to the observed increase in antipsychotics and decrease in corticosteroids which reflect current recommendations.

References

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