

Delirium in patients with cancer at the end of life

Cobb JL, Glantz MJ, Nicholas PK, Martin EW, Paul-Simon A, Cole B, Corless IB. Cancer Practice 2000; 8(4):172-177.

Prepared by: : Dr. Robin Fainsinger

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Abstract:

Purpose: : Delirium is a common and distressing syndrome seen in patients with advanced cancer. Behavioral manifestations of delirium, such as agitation, may result in medical intervention, stress to family caregivers, and inpatient hospice admission. The purpose of this study was to examine the frequency, characteristics, and presumed causes of delirium in patients with advanced cancer.

Description of Study: : Records of all patients with cancer who were admitted to an inpatient hospice facility in 1995 were reviewed retrospectively (N = 210). Patients were classified as delirious based on the clinical judgement of the admitting physician.

Results: Delirium was the third most common reason for admission (20%). Male gender (P = .04) and the presence of a primary or metastatic brain tumor (P = .03) were significant risk factors for delirium, while advanced age and primary or metastatic liver, lung, or bone cancer were not. Resolution of the agitation, the most disruptive symptom of delirium, occurred in 69% of patients before death or discharge.

Clinical Implication: Delirium is common in hospice patients with cancer and is an important cause of family distress and increased cost of care. The recognition of early clinical signs and predisposing factors should facilitate prompt diagnosis. Appropriate intervention is usually successful in alleviating the most distressing symptoms of delirium.

Comments:

Strengths/uniqueness: This report recognizes the need for better assessment, diagnosis and intervention for delirium in cancer patients.

Weakness: The diagnosis of "poor pain control" as a cause for delirium rather than an emphasis on the concern that medications for pain and other symptoms may cause agitated behavior which is then misinterpreted as "poor pain control", is a major weakness of this report. The diagnosis of constipation as a cause for delirium is dubious. A more thorough reading of the quoted literature would provide a better understanding of the reversible causes to be excluded in treating hypoactive to agitated delirium. The management that resulted in the improvement of agitated symptoms is inadequately described, and the frequent use of lorazepam suggests many patients may have been sedated.

Relevance to Palliative Care: The weaknesses of this report outnumber the strengths and limit the overall value. Nevertheless the recognition that simple approaches, such as decreasing or discontinuing medications, can result in significant improvement, adds to the literature calling for better treatment and research in this area.