

Journal Watch

Neuroleptic Dose in the Management of Delirium in Patients with Advanced Cancer

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Reference: Hui D, Bush S, Gallo LE, et al. Neuroleptic Dose in the Management of Delirium in Advanced Cancer Patients.

Abstract:

Neuroleptics are commonly used in the management of delirium. Limited information is available regarding the dosage requirements and efficacy of neuroleptics in the palliative care setting. We determined the type and dose of neuroleptic use by delirium subtype. The medical records of 99 inpatients with advanced cancer were reviewed retrospectively. The doses of different neuroleptics, expressed as haloperidol equivalent daily doses (HEDDs), were correlated with delirium recall, recalled delirium symptom frequency, and associated distress from the patients', family caregivers', nurses' and palliative care specialists' perspectives. Subtypes of delirium included hypoactive in 20 (20%), mixed in 66 (67%), and hyperactive in 13 (13%). The median HEDD was 2.5mg, interquartile range (Q1-Q3) 1-4.7 mg (mean 4.0+/-5.9 mg), and it was significantly higher in agitated and mixed delirium as compared with hypoactive delirium (P=0.008). The neuroleptic dose was low and appeared to be ineffective in preventing patient delirium recall, with 73 (74%) patients remembering their episode of delirium as distressing. HEDD did not correlate with delirium recall, recalled symptom frequency, or distress for patients and family caregivers. However, HEDD increased with nurses' distress related to patients' symptoms (disorientation to place P=0.002, disorientation to time P=0.008, delusions P=0.041, and agitation P<0.001), and palliative care specialists' distress related to patients' hallucinatory symptoms (P=0.006) and agitation (P=0.006). In this study, the administered neuroleptic dose was influenced more by health care professional distress than by delirium symptom frequency. Future studies should examine the efficacy of neuroleptic dose according to individual delirium symptoms. Copyright 2010 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Strengths: The study makes use of a defined daily dose (DDD) and haloperidol equivalent daily dose (HEDD). It also uses multiple assessment tools to assess delirium recall, and associated distress. Multiple individuals (involved in the patient's care including the patients, caregivers, nurses, and palliative care specialists) distress was assessed.

Weaknesses:

Retrospective study and potential for recall bias.

Small patient numbers, although could be considered reasonable for a palliative care based study.

Relevance to Palliative Care: Delirium is common in patients with advanced cancer, particularly in the last weeks of life. Symptoms associated with delirium have been determined to be distressing for the patient, formal, and informal caregivers. Few studies have been conducted examining the relationship between neuroleptic dose, delirium symptom frequency, and associated distress, as captured by this study. The study raises the questions as to whether higher neuroleptic doses and earlier dosing are required to successfully manage delirium in this patient population.